

## Mulrennan Middle School

### Nature's Classroom Field Trip

**October 21<sup>st</sup>, 22<sup>nd</sup>, and 25<sup>th</sup>, 2021**

Dear Parent:

The 6<sup>th</sup> Grade at Mulrennan Middle School is scheduled to attend Nature's Classroom on the dates above. The busses will leave promptly after homeroom and return to school in time for regular dismissal.

Nature's Classroom is an outdoor educational center for Hillsborough County Public Schools. It is located on 365 acres owned by Southwest Florida Water Management District in Northeast Hillsborough County on the Hillsborough River. Nature's Classroom offers all public school sixth grade students in Hillsborough County a three day, hands on learning adventure.

The cost for this trip is \$12, which will cover the bus transportation to and from Nature's Classroom on October 21<sup>st</sup>, 22<sup>nd</sup>, and 25<sup>th</sup>. The bus transportation must be paid for separately and can be paid by **exact cash** or **check** made out to **Mulrennan Middle School**. Your child's student number must be written on the check.

While at Nature's Classroom, students may want to have additional money to purchase ice cream sandwiches or other snacks for **\$2** cash. The vending machines in the shelters have water bottles that can be purchased for **\$1.75**. Official Nature's Classroom t-shirts will be sold for **\$15** cash. These items can be purchased any of the days attending the trip.

Students may bring their own lunch from home or pre-order an official bagged school lunch (sandwich, fruit, drink, etc.). Containers will be available for students to leave lunches in during the day. **Please do not bring any glass containers.**

**\*\*\*\*\* ALL STUDENTS NEED TO BRING A WATER BOTTLE \*\*\*\*\***

Clothing for this trip should be in accordance with the School District dress code. The students will be outside for the majority of the day. Students should dress in layers depending on the weather each day. **Closed-toed, closed-backed shoes are required to be worn by students.** Bug spray and sunscreen is **not permitted** at Nature's Classroom. It should be applied **before** coming to school. Nature's Classroom is a heavily shaded area. Students do not need to bring backpacks to school for these three days, just a drawstring bag.

There will be several photo opportunities while students are engaged in their learning activities. Students are allowed to bring cell phones, digital cameras, or disposable cameras while enjoying these activities. Students will wait for permission from their instructor for appropriate times when cameras may be used. **Please do not bring any other electronic devices other than what is listed above. Cameras along with other items brought to Nature's Classroom will be the student's responsibility.** No candy or gum is allowed on school campus or at Nature's Classroom.

Appropriate behavior is expected from **ALL** students. Misbehavior will result in the students losing the privilege of attending the remaining days of the field trip. **NO REFUNDS** will be given. **In order for students to attend the first day of the field trip, the attached forms and money need to be returned by Friday, October 15<sup>th</sup>, 2021 (completely filled out) to the homeroom teacher.**

\* Fill out completely



## APPLICATION FOR PARTICIPATION

### Instructional Field Trips

This form is used for recording student requests to participate in instructional field trips and the parent or guardian's permission for them to participate and travel in specified transportation. It must be on file before a student may participate.

#### Student Request

I, \_\_\_\_\_, am a student in \_\_\_\_\_ class at \_\_\_\_\_ School.  
Print Name of Student                      Print Name of Class                      Print Name of School

My parent/guardian's name is: \_\_\_\_\_  
Print Name of Parent/Guardian

My home address is: \_\_\_\_\_  
Print Street Address                      City                      State                      Zip

The intent of this voluntary statement is to form an agreement in which I pledge my compliance with the policies specified in the School District of Hillsborough County Student Handbook and to conduct myself on all field trips in such a manner as to bring honor to my school and myself in return for the privilege of being included as a participant in field trip activities.

\_\_\_\_\_  
Student's Signature                      Date of Signature

#### Parent/Guardian Request

As parent or guardian, I request that \_\_\_\_\_ participate in the field trip to  
Print Name of Student

Nature's Classroom that will be conducted on October 21<sup>st</sup>, 22<sup>nd</sup>, and 25<sup>th</sup>, 2021  
Print Name of Trip Destination                      Month/Day/Year

I understand that transportation for the trip will be provided by

- ☐ A private automobile of a parent, teacher, and/or licensed student, none of which is under control of the School District of Hillsborough County  
AND/OR  
☒ A regular school bus operated by the School District of Hillsborough County.  
AND/OR  
☐ A private bus under charter to the School District of Hillsborough County.  
AND/OR  
☐ Public transportation (HART)

Transportation is dependent upon the program and student's needs. A copy of this form must be turned in to the office 3 days prior to the field trip.

\* Fill out completely



\* This form does not have to be notarized

### FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. A notarized signature is required for an overnight or out-of-state field trip.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student #: \_\_\_\_\_

Location of Field Trip: Nature's Classroom Date(s) of Field Trip: October 21<sup>st</sup>, 22<sup>nd</sup>, and 25<sup>th</sup>, 2021

As the parent and/or legal guardian of (print student name): \_\_\_\_\_,

I authorize Hillsborough County Public Schools, its agents, employees, and other officers to procure and consent to any medical emergency treatment, including hospital care, to be rendered to my child by or under the supervision of a licensed health care provider. The parent/legal guardian is responsible for any fees or costs. My signature below represents consent and agreement to the matters stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary: \_\_\_\_\_ Print Name: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address (street, city, state): \_\_\_\_\_

Check any health conditions that apply (if none, leave blank). Allergies ☐ Asthma ☐ Diabetes ☐ Seizures \_\_\_\_\_

Heart condition ☐ Other (please describe): \_\_\_\_\_

Medications prescribed: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

*NOTE: In the event of an emergency medical situation, the chaperone/teacher will call 911 and all attempts will be made to contact the student's parent/guardian regarding the emergency.*

**Fill out this page completely and return to the HOMEROOM Teacher by  
Friday, October 15<sup>th</sup>, 2021**

Student Name **(Please print):** \_\_\_\_\_

Parent Name **(Please print):** \_\_\_\_\_

Emergency Phone Number **(in case we need to reach you while at Nature's Classroom):**  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following: **THIS IS VERY IMPORTANT**

\_\_\_\_\_ My child **DOES NOT** need medication for the N. Classroom field trip

\_\_\_\_\_ My child needs to take medication on the N. Classroom field trip. **(Ensure your child's medication is up to date with the school nurse)**

Please check one of the following: **THIS IS VERY IMPORTANT**

\_\_\_\_\_ My child **WILL NEED** a bagged school lunch

\_\_\_\_\_ My child will bring lunch from home. (Please make sure lunch is in a lunch box or Ziploc plastic bag)

Checklist: **Turned in to HOMEROOM teacher by Friday, October 15th, 2021**

\_\_\_\_\_ Application for Participation Instructional Field Trip Form **(completely filled out)**

\_\_\_\_\_ Field Trip Medical Release Form **(completely filled out)**

\_\_\_\_\_ \$12 Transportation Fee **(exact cash or checks made out to Mulrennan Middle School- include student number on check)**