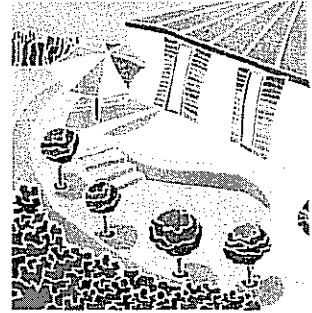


6th GRADE POOL PARTY
JUNE 5, 2009
11:30am to 3:00pm



All the 6th graders will leave Madrona at 11:30a, walk to Yost Pool, eat pizza, snacks and play games. All the fun will be wrapped up at 3:00pm when the students will walk back to school. Parents may choose to pick up their child at Yost but must be there by 3:00pm as all remaining students will be walking back. If you choose to have another parent bring your child home then you MUST have a signed note stating who will be taking your child with them.

Each center needs to provide the following:

- Watermelon – 1 Large size from Costco, cut in slices
- Chips – 4 Costco size bags
- Water Balloons – 100 filled
- Large ice chest filled with ice
- 4 volunteers (include 1 man per center to help in changing room)

All volunteers must stay and help with the party. Two volunteers from each center will walk back with the students and two will stay and help clean up. Please let your classroom coordinator know if you are able to help with this fun event!

The cost is \$10.00 per student (including \$3 for DARE graduation).

Permission slips and money are due no later than May 20th.

Questions? Debi Waters, Summit Center
(425) 672-4318 or webehappycampers@verizon.net

Times:

11:00a	Two parent volunteers from each center meet at Yost to set up
11:30a	Students walk to Yost
12:15p	Students eat and change clothes
1:00p	Students swim
2:00p	Water balloons, limbo, tug of war, ice cream
3:00p	Two parent volunteers from each center stay to clean up Two parent volunteers from each center walk back with students Optional parent pick up



EDMONDS SCHOOL DISTRICT NO. 15
Parent/Guardian Informed Consent for Field Trip

Student Name _____ School Madrona Date _____

GENERAL INFORMATION

The Madrona 6th graders is planning a trip to Yost Pool
Purpose of trip 6th Gr. Pool Party
Trip Destination Yost Pool Phone No. (425) 775.2645
Address 9535 Bowdoin Way Place of Lodging _____
We will leave from Madrona at 11:30 AM PM
on (date) June 5th We will return to the school on (day) Friday (date) June 5th
at 3:40 AM PM Itinerary is attached List of items needed is attached

TYPE OF TRANSPORTATION

District Vehicle Commercial Transportation District Bus Other (explain) Walk

MEDICAL INFORMATION

The following current health problems should be noted and adequate precautions taken (please list conditions such as unusually severe reaction to bee stings, other severe allergies, diabetes, seizures, etc.): _____

If your student requires medication on a field trip, a current Medication Authorization (H-145, signed by an MD/health care provider) must be provided. These are available at the school main office or district website.

Medical insurance? yes no Carrier Name _____
If yes, includes Dental Insurance? yes no

Student Accident Insurance is recommended; low cost plans applications are available in the school offices.

Name of Preferred Health Care Provider or Clinic: _____ Phone (____) _____
Name of Preferred Dentist or Dental Clinic: _____ Phone (____) _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning.

If you have questions or concerns about this activity, please contact: _____

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks,

I hereby give consent for: (student) _____ to participate in the activity.

Parent/Guardian Name _____ Day Phone (____) _____
Home Address _____ Evening Phone (____) _____
Emergency Contact _____ Emergency Phone (____) _____
Signature of Parent/Guardian _____ Date _____

Parent/guardian signature reflects their knowledge and approval of the activity described above