**Learning Expedition Schedule**

**2nd Quarter 2014 - 2015**

TO: The Museum School of Avondale Estates’ Third Grade Parents

RE: General Permission Slip

During the school day, our students travel to visit our partner museums. Please sign the general permission slip to cover all of the trips during this nine weeks. A reminder will be sent several days before each trip with any additional information you may need. Your child’s trips are listed below. Please sign and return the permission slip portion as soon as possible. Keep the schedule section for future information. Thank you for your cooperation.

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| --- | --- |
| October 23  **Tellus Museum**  Departure Time: 8:45 AM  **Chaperones: third grade staff** | November 13  **Zoo Atlanta**  Departure Time: 9:00 AM  **Chaperones: third grade staff** |
| November 18  **Atlanta Botanical Garden**  Departure Time: 9:00 AM  **Chaperones: third grade staff** |  |

(Cut Here) ------------------------------------------------------------------------------------------------------------------

I/We, the undersigned, hereby grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the above activities. (student name)

I/we do hereby agree to release from any and all liability and otherwise hold harmless all school personnel acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity, including transportation to and from the partner site.

I further authorize the above stated chaperone(s) to seek and arrange for emergency medical care, hospitalization or surgery that may become necessary in my absence and I/we will assume financial responsibility for same.

The school staff will make every reasonable effort to properly supervise, control, and render safe all activities in the planned program above.

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Parent(s) Name Parent(s) Signature Emergency Phone

**We need your help as a chaperone.**

Please check the date if you can assist. If you check the date, we will count on you to attend.

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_