



Today's Date:	August 12, 2021	Class:	Schoolwide
Date of Event:	Sept 8 (Grades K – 5) August 23(Grades 6 – 12)	Method of Travel:	Parents to drop students off and pick them up from the park
Location of Event:	Wickham Park 2500 Parkway Drive Melbourne, FL	Drop Off Time:	8:15 a.m., at Wickham Park (see drop off/pick-up map)
Cost of Trip:	\$0	Return Time:	3:30 p.m. at Wickham Park (see drop off/pick-up map)
Food Accommodations:	Hotdogs, a bag of chips, and bottles of water will be provided for lunch. Students who wish to bring their own lunch must have their lunch in a sealed disposable bag that is labeled with their name.	Before Care and After Care:	Before Care will be provided at Wickham Park starting at 7:00 a.m. Students will be transported back to PA Campus for After Care through 6:00 p.m.
Students Need to Bring:	<ul style="list-style-type: none"> • Wear your team T-shirt (provided to students before 1/14), comfortable lower wear, and close-toed shoes that are comfortable for outdoor activity. • A face mask • Sunscreen (applied before arriving at the park) • Hats are permissible (see Family Handbook for restrictions) • Daily and Emergency Medications held at school will be transferred to the Park by school personnel. 		

To give permission for your child to attend this field trip, please complete, sign, and return the lower portion of this form to their first period teacher by Friday, August 20, for MS/HS and Friday, Aug 27, for Elementary.

(Keep the top half of this form for your information.)

Student's Name (please print): _____

I, _____, parent/guardian of _____ give permission for my son/daughter to attend the above described field trip and to take part in all of the activities/events listed.

I understand that my son/daughter is expected to follow all school rules and regulations as outlined in the Family Handbook. I also understand that my son/daughter is expected to adhere to specific field trip communications procedures which will be discussed between students and field trip organizations prior to the trip.

YES, I do or NO, I do not give permission to Parkhurst Academy to take and use images of my child's participation in this field trip, for lawful purpose and in any form or medium (such as newspaper, internet, school social media sites, etc.) to promote school events.

Please be aware of the following medical or other specific needs of my child:

I can be reached at the following telephone number during the hours of the field trip: (____) _____

Parent/guardian signature

Date