

Cumberland County Schools, NC Prime Time Summer Camp Program

PERMISSION SLIP FOR FIELD TRIPS- NEW CENTURY ELEMENTARY

<u>Destinations</u>	<u>Field Trip Date(s)</u>	<u>Departures/Return Times</u>
Botanical Gardens	6/5/24	8:30 am – 12 pm
Fascinate-U	6/27/24	8:30 am – 12 pm
Lafayette Lanes	7/11/24	9:30 am – 12 pm
Lake Rim Aquatics Center	Every Tuesday	9:30 am – 12 pm
Millstone 14*	6/20/24 and 7/18/24	9:15 am – 12 pm
Mountasia	6/13/24	9 am – 12 pm
Sweet Valley Ranch	7/25/24	8:15 am – 12 pm
Westover Recreation Center Pool*	Please see additional information below.	
71st Round-A-Bout Skating Center	8/1/24	9:30 am – 12 pm
Mode of Transportation:	Activity Buses	
Additional Information:	<ul style="list-style-type: none"> To ensure accurate headcounts at all times while off campus, children cannot be dropped off or picked up while on a field trip. Please drop children off 15 minutes prior to field trip departure time. Field trip costs are included in each week's fee. In the event of inclement weather or unforeseen circumstances, Prime Time may alter the field trip schedule from the originally planned field trip to the Millstone 14 Movie Theater.* Please note that in some instances, the field trip may be canceled. If Lake Rim Aquatics Center is unavailable we will use Westover Recreation Center Pool.* In the interest of safety, children are required to wear their camp shirt on all field trips except swimming. If your child arrives not wearing their camp shirt when required one will be provided for a fee of \$10. 	

A field trip has been planned to serve as an enrichment experience for those students participating. Students participating must have a completed permission slip on file. In the event that an accident happens, medical assistance will be sought immediately. The parent will be contacted and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Inappropriate behavior will result in disciplinary action, including in extreme cases being returned home separately at the parent's expense.

Name of Student: <i>(Print)</i>			DOB:
Name of Parent/Guardian: <i>(Print)</i>			
Parent/Guardian contact numbers:	(h):	(w):	(cell):
Emergency contact name:	Relationship to child:		
Emergency contact numbers:	(h):	(w):	(cell):

Medical Information and Release

I hereby certify that (student's name) _____ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising camp staff to seek medical assistance and I will assume responsibility for all expenses.

Doctor's Name _____ Doctor's Phone Number _____

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature