



We are going on a field trip.....

Tuesday, Oct. 2nd Nursery – Grade 8 will be going on a fall outing to Ellms Farm in Ballston Spa. Students will enjoy a day of activities, a corn maze, pumpkin picking, snack (peanut free) and a hay ride. The students will eat their lunch at Ellms before returning back to school at approximately 2:15pm.

Students need to be at school by 8:10am.

Doors will open early at 7:50am.

Here are a few items to make the field trip easier:

- ◇ If you want to attend- you MUST be VIRTUS trained!
- ◇ 3 yr olds need BOOSTER seat (high back car seats don't fit well on school bus)
- ◇ Students should wear Spirit Shirts/ASCA Gym Sweatshirts and jeans
- ◇ Footwear should be appropriate for running around outside
- ◇ A light jacket/sweatshirt (labeled with their name)
- ◇ If the weather is cool- appropriate layers and outerwear
- ◇ If your child ordered hot lunch that day- they will be provided a bag lunch & drink
- ◇ If you did **NOT** order a school lunch, please send a **disposable bag** lunch (labeled with their name) and a disposable water bottle
- ◇ ***Additional disposable water bottles are encouraged as the students will be moving around all morning and no drinking water is available on site***

Please return the attached permission slip with payment

- \$15 per student (includes transportation fee)
- Chaperon - \$9 Admission Only (for space reasons, only teachers/staff may ride the bus)

For safety and security reasons students are required to ride the bus to and from the field trip. Parents may not bring their child to Ellms and / or leave early with their child.

PERMISSION FORMS AND PAYMENT DUE BY 10/1/18

Field Trip Permission Form

All Saints Catholic Academy

I, _____, am the parent / guardian of _____,
(Name of Parent/Guardian) (Student's Name)

a student enrolled at ALL SAINTS CATHOLIC ACADEMY, in the _____ grade. I hereby grant permission

for the above named student to attend EIIM'S FARM
(Description of Activity/Event)

on 10-02-18 at EIIM'S FARM from approximately
(Date of Activity/Event) (Location of Activity/Event)

8:30 to 2:15 by means of SCHOOL BUS
(Means of Transportation to and from Activity/Event)

I, as parent/guardian of above named student, authorize the employees, representatives and volunteers of ALL SAINTS CATHOLIC ACADEMY to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in the above noted activity/event. I understand that I will be notified immediately at _____ (emergency contact phone number) should it become necessary to obtain emergency medical treatment for my child. In the event that I cannot be immediately reached, I consent the following individual to be notified and authorized to be in loco parentis until the time I can be reached.

Name: _____ Phone Number: _____

As an enrolled student at ALL SAINTS CATHOLIC ACADEMY, I agree to follow all rules and policies as determined by ASCA's Family and Student Handbook, Parish, and the Diocese of Albany for this activity/event. I understand that my personal belongings may be checked before, during or after the field trip for unacceptable/unapproved items. In the event I decide not to comply with all rules and regulations, my parent/guardian will be notified at the time of any violation(s) requiring my dismissal from the activity/event and that I will be sent home at my own and/or my parent's/guardian's expense. Additional behavioral actions may be pursued.

Student's Signature: _____
(Agreeing to all rules and regulations as referenced above.)

In consideration of my child's participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims of damages I may have against ALL SAINTS CATHOLIC ACADEMY, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, volunteers, successors, and assigns arising out of any and all injuries to my child while participating in the above named activity/event. I fully understand what is involved in the field trip, and I understand that I have the opportunity to call the teacher / administrator and ask him/her about the details of the activity/event that I have given consent for my child to attend.

Parent / Guardian Signature: _____ Date: _____

By signing I acknowledge and agree to all the stated information regarding consent and the participation of my child in the above stated activity/event.

In the event your child requires medication while attending the field trip, a Medication Administration Form is required. (Available at www.ascaalbany.org or by request from the school office.)