



Canopy Connections

FRMS 6th Grade Field Trip

Please complete the permission slip & waiver and return to the office by Monday, April 15th.

Dear Parent/Guardian:

6th grade science students have an amazing all day outdoor field trip planned to Canopy Connections, where students engage in scientific investigation – setting up biodiversity plots, learning how to use a compass and maps, honing field observation skills through the use of field notebooks, and ascending 90 feet into a Douglas-fir to learn about micro-habitats. This experience creates an opportunity for students to form personal connections with the awe-inspiring ecosystems of the Pacific Northwest. Our goal is to provide a space where students and facilitators can investigate, learn, and create in partnership. Canopy Connections fosters environmental awareness and provides the necessary tools to create active stewards of Oregon’s forests.

Field Trip Dates & Times

- Thursday, April 25th: Ms. Davis’ 3rd period class
- Thursday, May 2nd: Mr. Stoe’s 1st period class
- Friday, April 26th: Ms. Pizzola’s 4th period class
- Friday, May 3rd: Ms. Pizzola’s 5th period class

My child will bring a sack lunch _____

My child will need a sack lunch provided _____

Your student will be transported via bus, leaving Fern Ridge Middle School promptly at 8:15 a.m. (on their date listed above) and will return to FRMS at 5:00p.m. Students will need to bring a sack lunch or have one provided by the school. Please let us know if you would like to chaperone! Chaperones need to have a Criminal History Background Check on file with the district.

For your student to participate in the field trip, it is required that he/she have this permission slip **AND** liability waiver form completed by a parent/guardian. Parent approval will not be granted by telephone.

I, _____, grant permission for _____ to participate in the above
Parent/Guardian Name Student Name

activity. In consideration of my child’s participation, I agree to indemnify the school from any claim or lawsuits brought against the school by myself, my child, or others, which arise out of any behavior by my child at the event described above. I also agree to pay reasonable attorney’s fees or expenses incurred by the Fern Ridge School District 28J in defense of such a claim or lawsuit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency requiring medical attention, I hereby grant permission for appropriate district personnel **1)** to transport my son/daughter by emergency vehicle, and **2)** authorize a physician or other hospital personnel to attend my son or daughter.

Insurance Information:

Emergency Contact Name & Phone: _____

Insurance Company and Policy Number: _____

Allergies and Medications: _____

In addition to the above permissions, I understand that my student will follow the Fern Ridge School District policies/ expectations of riding a school bus. Furthermore, I will ensure my student will be picked up in a timely manner after the trip, and not hold Fern Ridge School District for further transportation after the return to FRMS.

Parent/Guardian Signature

Date