

ADVENTURE CLUB Field Trip Form

WITTE MUSEUM

Dear Adventure Club Parent or Guardian,

Thank you for enrolling your child in the Witte Museum's Adventure Club— we've lined up a wonderful week!

COMFORTABLE CLOTHES

Adventure Club includes walking and exploring, so please dress your child in closed-toe, comfortable shoes and clothes. Since the classrooms are air conditioned, your child may want to bring a sweater to keep in the classroom.

MESSY ACTIVITIES

Please keep in mind that many of our activities can be messy, especially when we are working with water or art supplies.

FIELD TRIPS

All Adventure Club sessions begin and end on the Witte Museum campus. Some sessions include field trips away from the Witte campus. Children must have a signed parental consent form turned in to the Witte Museum before they will be allowed to go on any field trip. If you want your child to attend the field trip(s), please sign the form below and return it to the Witte Museum no later than the start of the Adventure Club session. Please see your weekly agenda for specific information about your child's trips. **No child will be allowed to participate in a field trip without a signed consent form.**

EMERGENCIES

In case of an emergency, you may contact the Witte Museum Public Programs staff. In case of an emergency on a day when your child is on a field trip, contact us and we will contact the group leaders via cell phone.

- Manager of Children & Family Programs 357-1903
- Education Programs Associate 357-1901
- Director of Public Programs 357-1933

QUESTIONS

If you have any additional questions, please contact the Public Programs department at 357-1903.

~ Return this portion to the Witte Museum ~

FIELD TRIP PARENTAL CONSENT FORM

My child, _____, has my permission to participate in the Witte Adventure Club field trip(s). He/She is in good condition and has not had any serious illness or operation since his/her last health examination. Should any accident or illness occur to him/her on the trip, I shall not hold the leader of the group, his/her agents, or the Witte Museum responsible and I authorize the leader to obtain medical services, if necessary.

Parent or Guardian, name

Signature

Date