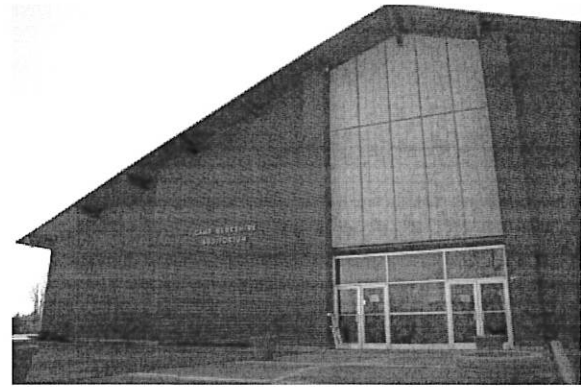


BRONX-MANHATTAN SDA SCHOOL

1440 Plimpton Ave. Bronx, NY 10452 T. (718)588-7598/F. 588-1052 * www.bmsdaschool.org



Field Trip Permission Slip

To: The Parent/Guardian of _____ **SEVENTH - EIGHTH GRADES**

Student named above requires your permission to attend a field trip to:

Location: Camp Berkshire – Located at: 680 Berkshire Road Wingdale, NY 12594 T.(845) 832-6681

Date: 10/6 – 10/7/2018

Transportation: Private Cars

Departure at: 10/6/2018 - 7:30AM

Returning at: 10/7/2018 - 5:00PM

Cost: \$95.00 (Includes Transportation, Meal, Lodging, and apple orchard)

Purpose: SPIRITUAL DAY TRIP

Other: Chaperones are Welcome

DETACH HERE AND RETURN TO THE SCHOOL

_____ has permission to attend with the _____ class to _____
(Student Name) (Grade) (Place)

If your child has any allergies or medical concerns we should be aware of, please indicate below:

If during the course of the trip it becomes necessary for my child to receive medical attention, the staff has my permission to seek such service. The physician and/or hospital has my permission to administer necessary treatment.

(Parent/Guardian Signature) (Date)

Person to contact in case of emergency: _____ / _____
(Name) (Phone number)