



FULTON SCIENCE ACADEMY

6th GRADE SPACE CAMP

May 14TH -16TH , 2010

Permission Form

Return by Wednesday, September 23rd, 2009

FSA 6th Grade students are invited to join the annual 6th grade field trip to SPACE CAMP where teamwork, self confidence and communication will be achieved through state-of-the-art simulations, missions, rocket building and robotics.

What is Included in the Trip?

A three-day, two-night program including a shuttle mission, space history and astronaut training for the Aviation program, land survival techniques, air to air simulated missions, and a Top Gun competition. We will have first class motor coaches equipped with a rest room and DVD's. Students are led by space camp instructors at all times. The trip cost for parent chaperones and students is \$375.

How Much Does the Trip Cost?

The total cost of the trip is \$375.

To hold your spot, a \$75 non-refundable fee is due by Wednesday, September 23rd, 2009.

\$35 late fee will apply after this date.

You may pay the full amount of \$375 or submit subsequent payments as follows:

Installments:

\$100 by Friday, November 6th , 2009

\$100 by Friday, January 8th , 2010

\$100 by Friday, February 5th , 2010

- Please return your checks (payable to: FSA) or cash along with this application form to your child's homeroom teacher.
- The payment for November and January is non-refundable. No exception. The February payment becomes non-refundable unless a student moves or is ill at the time of the trip.

Can Parents Chaperone?

If you wish to be a parent chaperone, please e-mail Ms. Michelle Reid, mreid@fultonscience.org. The cost for parent chaperones is \$375.

Questions? Please contact Ms. Michelle Reid at mreid@fultonscience.org.

I fully understand and accept the refund policy for the 6th Grade Space Camp field trip. I understand and agree with the purpose of the Fulton Science Academy field trip to Space Camp, Huntsville, AL and give permission for my son/daughter _____, to participate in the field trip program experience.

Parent/Guardian Name

Parent Signature

Date

FULTON SCIENCE ACADEMY
SPACE CAMP 2010
TRIP PERMISSION, MEDICAL, AND CONSENT FORM
Return by Wednesday, September 23rd, 2009

In the rare event of illness or accident, I hereby give my consent for the necessary emergency treatment of my son/daughter during the FSA Space Camp trip. In doing this, I am giving permission for _____ to be on the trip. I understand every effort will be made to contact a parent or guardian.

PLEASE COMPLETE AND RETURN:

STUDENTS NAME: _____
Last First

ADDRESS: _____
Street City Zip

PHONE: (Home) _____ **(Work)** _____ **(Cell)** _____

INSURANCE PLAN: _____

INSURANCE ID #: _____ **GROUP #:** _____

In order to provide the best service to your student during the trip, the following information will help us.

1. Does your child have any type of illness that needs to be monitored? Yes _____ No _____
Explain: _____

2. Does your child have food, drug, or insect allergies? Yes _____ No _____
Explain: _____

3. Does your child have special dietary requirements? Explain: _____

4. Will your child need to take medication regularly during the trip? Yes _____ No _____
If so, please give the name of medicine(s). Send a 2-day supply.
 1. _____
 2. _____
 3. _____

On the morning of the trip, all medications must be sent in a baggie, in original bottles, with an 'Authorization to Give Medication Form'. This form is available on www.fultonscience.org or in the FSA Front Office. Medication should be given directly to the FSA teacher organizing this field trip.

LIABILITY RELEASE

Should my child sustain or incur any accident or illness while on the FSA, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

I give permission for my child to participate in any and all activities on the FSA, and I do not hold the FSA liable for my child.

Parent/Guardian Signature _____ **Date** _____

****PARENTS: KEEP THIS SHEET AT HOME FOR YOUR REFERENCE****

FULTON SCIENCE ACADEMY - 6th GRADE SPACE CAMP TRIP
May 14TH -16TH, 2010

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Questions?

Prior to leaving for the trip, parents will receive a suggested list of items for their student to bring/not to bring and contact numbers. If you have questions, please e-mail Ms. Reid, mreid@fultonscience.org.

ITINERARY

Friday, May 14th, 2010

7:30 AM Load motor coaches
8:00 AM Leave FSA
11:30 AM Arrival to Space Camp & eat lunch at Space Camp
12:30PM Check into the habitat at Space Program (Central Time Zone)
Attend briefing and move into the Habitat. (Bring sleeping bag or blanket, sheet and towels)
Begin program with counselors
Eat dinner at Space Camp (as well as all meals during stay)
9 PM Finish with Pathfinder Program for a good night's sleep
Snacks can be eaten outside (Vending machines available)

Saturday, May 15th, 2010

Eat breakfast with your Pathfinder Counselor
Pathfinder Program and meals throughout the day and evening

Sunday, May 16th, 2010

11:00 AM Pathfinder Program is completed at 11:00 AM
Bring everything to motor coaches for loading
11:00 AM Load motor coaches
11:30 AM Eat lunch at Space Camp
12:15 PM Leave Huntsville (This is 1:15 PM Eastern time)
5:00 PM Approximate arrival at FSA