# CHESPAX Field Trip

## Parent Information and Permission Slip

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents/Guardians:

Your son/daughter will be participating in a CHESPAX environmental education program at King’s Landing Park in Huntingtown, Maryland, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). This program is sponsored by the Calvert County Public Schools in cooperation with other County agencies. Students will be monitoring submerged aquatic vegetation (SAV) from canoes. They will also monitor fish populations using a seine net.

CHESPAX programs are designed to provide students with hands-on activities in the outdoors while learning about the environment. During the field trip, students will engage in aquatic exploration using nets or other tools to capture and study animals which may include fish, shrimp, crabs, tadpoles, and shellfish. It is recommended that any cuts on your student’s hands, arms, or legs be covered with a waterproof bandage to prevent infection.

It is important that your child dress appropriately for the outdoors and for the weather that day. Comfortable old clothes, shoes and rain gear, if needed, are recommended. Please **provide water and a waste free lunch (see attached flyer) with your child’s name on it** for the day of the trip. If there is any medical information about your child that should concern the CHESPAX staff, please note the information on the permission slip below.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Teacher

**~~~ Complete and detach the form below and return to your child’s teacher ~~~**

## CHESPAX Field Trip Permission Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to go on the CHESPAX trip to King’s Landing Park in Huntingtown, Maryland, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Medical Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Emergency Phone Number

**ALL CHAPERONES MUST REGISTER AS VOLUNTEERS.**

You may register online.