

# 6<sup>th</sup> Grade Field Trip Information

## South Mountain YMCA

Dear 6<sup>th</sup> Grade Families,

We have an exciting field trip planned to kick off the 2023-2024 school year! The sixth-grade students and teachers will be spending a day at South Mountain YMCA in Reinholds, PA. We have a full schedule of team-building activities planned to help our students develop relationships and practice teamwork, leadership, problem-solving, and communication skills.

**Departure & Pick-Up:** Students should arrive to school on time. We will be leaving PAMS at 10:30am and will return at approximately 7:45pm. Please arrange for prompt pick-up.

**What to Bring:** Students should bring a packed lunch, snacks and a water bottle (no glass products). Please wear sneakers and comfortable clothes.

**Cost:** The cost of the trip is **\$56 (cash or check)**. **Make checks payable to Phoenixville Area School District and write your child's first and last name on the check in the memo line. Please place your payment and completed permission slip in an envelope with your child's name and homeroom teacher's name.** Families in need of financial assistance should contact Mrs. Andruczyk (andruczykk@pasd.com), our 6<sup>th</sup> grade guidance counselor, as soon as possible.

**Date:** Use your child's schedule to determine their homeroom teacher and trip date.

- **Aviator Homerooms:** Clark, Coppola, Cesarski, Freeman, Welte, Cummins, Nyce/Jackson, Madyun, Meister
  - **Trip Date:** Tuesday, September 19<sup>th</sup>
  - **Rain Date:** Wednesday, September 20<sup>th</sup>
  - **Questions:** Contact Mrs. Clark at clarkl@pasd.com
- **Pathfinder Homerooms:** Neff, McDonnell, Gray, Lafferty, Williams, Holmes, Parris, Brewer, Lorenz, Cain
  - **Trip Date:** Thursday, September 21<sup>st</sup>
  - **Rain Date:** Friday, September 22<sup>nd</sup>
  - **Questions:** Contact Ms. Plaxe at plaxeb@pasd.com

Payment and a completed permission slip is due to your child's **homeroom teacher** no later than **Friday, September 8<sup>th</sup>**. **Late payments and permissions slips will not be accepted.** Please contact Ms. Plaxe or Mrs. Clark with any questions or concerns. We're looking forward to a great trip!

Sincerely,  
The 6<sup>th</sup> Grade Teachers

## **South Mountain YMCA Field Trip Activities:**

*Students will have the option to participate in the following activities:*

### **Arts & Crafts:**

We will provide the materials and instruction for a variety of simple do-it-yourself craft projects that range from beading to candle-making.

### **Field Sports:**

Burn off some energy and break a sweat on one of our two athletic fields. Soccer, softball, kickball, and Ultimate Frisbee are just some of the sports that our enthusiastic staff can organize.

### **Outdoor Cooking:**

Cooking al-fresco...no electricity, no running water, no problem! Participants experience cooking tasty treats using a variety of techniques from sticks over an open fire to a classic cast iron Dutch Oven to a cardboard box oven.

### **Team Challenges**

Begin a progressive experience aimed at building a group's ability to communicate and function together toward common goals. Participants must use critical thinking and leadership skills to solve problems as a group. These fun and challenging activities encourage teamwork and camaraderie.

### **Climbing Tower:**

The tower of power! In this 'Challenge by Choice' activity, participants decide how high they will aim for on our three-sided climbing tower. Self-esteem increases and fears are overcome as group members encourage each other to climb to their goals and beyond. Participants wear protective gear; facilitators are trained in belaying and climbing safety equipment.

### **Map Quest:**

Solve the clues to figure out where your group is headed next! Participants will learn how to orient themselves using a map and enjoy roaming camp on this fast-paced scavenger hunt.

**FIELD TRIP STUDENT PERMISSION FORM**

Date of trip: 9/19/2023

Destination: South Mountain YMCA

Teacher: 6<sup>th</sup> Grade Aviator Teachers

Class/Grade: 6<sup>th</sup> Grade

Total Cost: \$56

Cost of trip includes: SMYMCA fee, transportation, and a snack

**PLEASE COMPLETE THE REST OF THIS FORM.**

***This form must be turned in by Tuesday, September 13<sup>th</sup>.***

STUDENT NAME: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_

**EMERGENCY:** In case of illness, accident, or need for medical care, parent authorization is required to allow the sponsor to perform or arrange for medical assistance or hospitalization.

Parent or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Alternative Contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternative Contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_

**INSURANCE INFORMATION:** \*If you have medical insurance, please provide information below.

Insurance Company: \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

**MEDICAL INFORMATION:**

Special Health Concerns: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- **Please check if your child receives doctor prescribed medication dispensed by the school nurse during the school day. (If this box is checked, please choose from one of the following.)**
  - **I choose NOT to have my child receive his/her medication on the day of the field trip.**
  - **I will arrange an adjusted time with the school nurse for the medication to be given to my child either before or after the field trip.**
  - **I prefer that my child be given his/her medication on the day of the trip during the regular dosage time.** (Under PA law and School Code, only a licensed nurse may dispense medication to a student. An independent contracted nurse will be hired by the District to dispense the medication during the trip.)
- **Please check if your child will be self-administering any medication. If this is the case, a doctor's note must be provided.**

Daily Required Medication: \_\_\_\_\_

\*Note: Medication must be sent in a prescription container clearly labeled with:

- 1) Student's name
- 2) Name of medication
- 3) Dosage
- 4) Time to be taken.

**PARENT/GUARDIAN PERMISSION AND AUTHORIZATION**

**I give permission for my son/daughter to attend this field trip.** If my child is receiving medication on the field trip, I hereby waive, release, discharge and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my child by reason of

administering the medication pursuant to my authorization herein, including but not limited to negligent acts or omissions.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**FIELD TRIP STUDENT PERMISSION FORM**

Date of trip: 9/21/2023

Destination: South Mountain YMCA

Teacher: 6<sup>th</sup> Grade Pathfinder Teachers

Class/Grade: 6<sup>th</sup> Grade

Total Cost: \$56

Cost of trip includes: SMYMCA fee, transportation, and a snack

**PLEASE COMPLETE THE REST OF THIS FORM.**

***This form must be turned in by Tuesday, September 13<sup>th</sup>.***

STUDENT NAME: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_

**EMERGENCY:** In case of illness, accident, or need for medical care, parent authorization is required to allow the sponsor to perform or arrange for medical assistance or hospitalization.

Parent or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Alternative Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:** \*If you have medical insurance, please provide information below.

Insurance Company: \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

**MEDICAL INFORMATION:**

Special Health Concerns: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- **Please check if your child receives doctor prescribed medication dispensed by the school nurse during the school day. (If this box is checked, please choose from one of the following.)**
  - **I choose NOT to have my child receive his/her medication on the day of the field trip.**
  - **I will arrange an adjusted time with the school nurse for the medication to be given to my child either before or after the field trip.**
  - **I prefer that my child be given his/her medication on the day of the trip during the regular dosage time. (Under PA law and School Code, only a licensed nurse may dispense medication to a student. An independent contracted nurse will be hired by the District to dispense the medication during the trip.)**
- **Please check if your child will be self-administering any medication. If this is the case, a doctor's note must be provided.**

Daily Required Medication: \_\_\_\_\_

\*Note: Medication must be sent in a prescription container clearly labeled with:

- 1) Student's name
- 2) Name of medication
- 3) Dosage
- 4) Time to be taken.

**PARENT/GUARDIAN PERMISSION AND AUTHORIZATION**

**I give permission for my son/daughter to attend this field trip.** If my child is receiving medication on the field trip, I hereby waive, release, discharge and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my child by reason of administering the medication pursuant to my authorization herein, including but not limited to negligent acts or omissions.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_