**4th Grade Instructional Field Trip to Medieval Times Parent/Guardian Permission Form**

Dear Parents:

In connection with the study of Europe this semester, the 4th grade will take a field trip to Medieval Times on [INSERT DATE]. Medieval Times is an exciting, two-hour dinner show that reenacts life in the Middle Ages with knights, horses, jousting, audience participation and a four course meal. The Medieval Times company provides special discounted matinee showings for student groups. For more information about the venue and show, please visit the Medieval Times’

website at [http://www.medievaltimes.com](http://www.medievaltimes.com/). Students will leave for the show at [INSERT START TIME]. on [INSERT DATE] and will return by approximately [INSERT ARRIVAL TIME] that afternoon. We will be traveling by commercial school busses

and will have 20+ adult chaperones.

**SPECIAL NOTE:** Persons with respiratory conditions, allergies, or asthma should be aware that Medieval Times is a live horse show with stroboscopic and pyrotechnic effects in an enclosed arena.

The cost of the trip is $36.10 for each student. The cost includes the show, meal and transportation. Please make a cheque payable to [INSERT SCHOOL NAME]. All students who wish to participate will be given the opportunity to do so, regardless of receipt of payment. We feel that all 4th grade students will benefit from this unique educational trip; however, participation is not required and will in no way affect any student’s instruction or evaluation. We do reserve the right to cancel this field trip if sufficient money is not available to cover costs.

Please complete the bottom of this form and return the entire form with payment no later than [DATE DEADLINE].

Please check one below:

* I give permission for my child to accompany his/her class on the above trip and enclose the requested payment.
* I do not give permission for my child to accompany his/her class on the above trip. I understand he/she will be given school work to complete and be placed in another teacher’s room until class returns.

For parents (optional):

* I wish to accompany class as a chaperone for the field trip

**Check the type of meal your child requires:**

\_\_\_\_\_Regular \_\_\_\_\_Vegetarian

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

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Signature of Parent/Guardian Date

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Student’s Name Student’s Homeroom Teacher