

# FIELD TRIP PERMISSION SLIP

Dear Parent or Guardian,

HCHC anticipates a wonderful season of upcoming field trip and events for your children! Our mission as an outdoor school is to encourage hands-on learning, self-discovery, social growth, and an appreciation for the environment through immersive, child-led learning. At HCHC, we're committed to excellence in everything we do. Thanks for joining us!



## HELPFUL HINTS TO HELP YOU PREPARE:

- Field Trip Coordinator: \_\_\_\_\_ Tel: \_\_\_\_\_
- Field Trip Date \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Payment Due: \_\_\_\_\_
- ADD-ONS:            FTO Shirt            Folder            Bumper Sticker            Note Pad
- Drop-off Location: \_\_\_\_\_ at \_\_\_\_\_
- Pick-up Location: \_\_\_\_\_ at \_\_\_\_\_
- Meal(s) during field trip: \_\_\_\_\_
- Provided by HCHC\* \_\_\_\_\_ OR \_\_\_\_\_ Bring Bag Lunch from Home
- \* If meals are provided by HCHC, please inform your Field Trip Coordinator of any food allergies or restrictions, so we can best meet the needs of your child.*

Appropriate Clothing: Students may be outdoors for several hours, so please dress your child in weather appropriate clothing. During severe inclement weather we have ample, indoor, teaching space.

For further information, please do not hesitate to contact your Field Trip Coordinator, [sign-up here](#) to become a chaperone, or call us at (802) 424-2099. Thank you for your patronage and support of school choice.

Happy Homeschooling,  
Rayna Remondini  
Head of School

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I give permission for my student to participate in this field trip.

*I acknowledge:*

*(1) Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. (2) Potential hazards associated with travel to and from the field trip site. (3) Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases. (4) I have provided all necessary medical information, including a list of allergies, instructions, and medications in a Student Participation Form to ensure adequate care is available for my child(ren). (5) I will send a check (made payable to HCHC) to 9091 Snowden River Parkway, Suite #1017 Columbia, MD 21046 before the payment due date or make an online payment via Meetup.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date