

January 11, 2019

Dear Grade 6 Parents:

In conjunction with our Canadian History unit, I have planned a two-day, one-night trip to Sainte-Marie Among the Hurons in Midland, Ontario. I believe it will allow the children to experience life first hand as the Hurons did in the 17th century. We will be staying right in the historic village. We will be leaving Tuesday, February 19th, around 9:00 a.m. and returning to the school by 3:30 p.m. on Wednesday, February 20th. Please have your child at the school for 8:25 a.m. for regular attendance.

Meals are not provided by the venue, so each child will be asked to bring a few items to cover dinner Tuesday night, breakfast Wednesday morning and snacks. A list of food items to bring is attached to this letter. They will need a disposable lunch for Tuesday as well as \$10.00 to cover lunch on Wednesday at McDonald's/Subway.

Please bring: warm jacket, mittens, boots/gloves, hat, scarf, snow pants, pants, shirts, socks, (extra pairs), indoor shoes or slippers, underclothing, pajamas, towel, wash items, toothbrush, hairbrush, sleeping bag and pillow, etc. Mattresses are provided.

Important: Please send in your child's actual Ontario Health Card on Tuesday, February 19, 2019, for the trip. It is imperative that we have the cards in case of an emergency. The hospital now requires the actual card, not just the number or a photocopy. Mrs. Poggensee will keep the health cards and will return them to you on Wednesday, February 20, 2019.

Please complete the permission form and return it to the school as soon as possible.

Thank you.

Yours in His Service,

Mr. K. Derr
Grade 6 Teacher
KD/dp

(Gr. 6 - Sainte-Marie Among the Hurons Trip, February 19th – 20th)

I give _____ permission to participate in this activity.

I do not give _____ permission to participate in this activity.

Parent's Name

Does your child have any special medication with them?

Yes _____ **No** _____ **Type:** _____

I give permission for the school to administer: Advil Tylenol Gravol Benadryl None

In the event of a medical emergency, if reasonable attempts to contact me have failed, I give permission to a representative of the Pickering Christian School to obtain necessary medical assistance for my child, including x-ray examination, if required.

Parent's Signature

Date