

**Maria Montessori Academy**  
**Field Experience on October 25<sup>th</sup> 2016**  
**The Natural History Museum**  
**301 Wakara Way, Salt Lake City, Utah 84108**

The lead instructor is Ms. Amy Otto [aotto@mariamontessoriacademy.org](mailto:aotto@mariamontessoriacademy.org)

We are going on this field trip to supplement our science learning in the classroom.

**What you will do and what you will learn**

- The fourth graders will be attending a workshop on Outdoor Explorations. They will be learning all about Utah Ecosystems.
- The fifth graders will be attending a workshop about Traits. This workshop will go hand in hand with the science curriculum.
- The Natural History Center does not offer a workshop for the sixth graders so they will be split between the fourth and the fifth grade workshops.

**What you will need to wear or bring**

- Sack lunch – We will not have access to a microwave
- Jacket – Fourth graders will be spending some time outside.
- Writing Utensil – Study booklet will be provided by teachers.

**Our Schedule**

- The students will leave around **8:30 a.m.** and return around **3:00 p.m.** The students will be transported by **private drivers**.

**Who to contact about carpools**

- Please contact our room mother to arrange for a carpool to get to this field trip at [heidibradley81@gmail.com](mailto:heidibradley81@gmail.com).
- You should be getting an e-mail from her in the next few days.

# Informed Consent

## Maria Montessori Academy Parental Permission Slip

This is an Informed Consent Form for Minors, which identifies risks of participating in the Maria Montessori Academy Field Trips, and a Consent for parents/guardians.

**Ms. Amy's** class will be attending several educational and recreational fieldtrips during the 2016-2017 school year. Please take a moment to initial the fieldtrip(s) that you would like your student to attend. Further information regarding specific fieldtrips will become available as the date draws nearer. If you later decide you do not wish your student to attend specific fieldtrip(s), it is your responsibility to inform the school and your student's teacher.

\_\_\_\_\_ **October 25<sup>th</sup>**

**Natural History Museum  
301 Wakara Way, Salt Lake City, Utah 84108**

**Injury may result from a student's participation in this activity, which involves traveling by foot on sidewalks along public roadways and intersections. Students are expected to familiarize themselves with the activity and what is required, including rules of conduct for the activity. Students are expected to follow proper operating procedures including safety procedures as outlined by the activity supervisors, plus any directions given by an authorized school employee.**

### **Student Consent**

I, \_\_\_\_\_, acknowledge that I have familiarized myself with what is required to participate in the activities, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school representative.

\_\_\_\_\_  
(Signature of student)

### **Parental Consent**

The undersigned, the legal guardian of \_\_\_\_\_ (hereinafter "student"), a student at Maria Montessori Academy under eighteen years of age, in consideration of student's participation in each of the school's junior high library days, do hereby agree to this consent.

I recognize that participation in this activity may involve moderate to strenuous physical activity and may cause physical and or emotional harm or distress to participants. There may also be associated health and safety risks. I state that the student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

**I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover student's participation in this activity for each of the scheduled days.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_  
(Parent or legal guardian signature)

Dear Parent,

We will be going on a field trip to the Natural History Museum of Utah. During our visit we will be participating in the *Junior Science Academy: Outdoor Explorations*. This class will be held just outside the museum, providing students the opportunity to interact closely with nature and make scientific observations in a field work setting. Taking students outdoors will be a positive addition to our science program, and will help us study weather, plants, animals, and habitats.

During the Outdoor Explorations class, students will spend 90 minutes in the outdoors-- on the museum terraces, Bonneville Shoreline Trail, and surrounding natural areas. The museum will establish rules for safe student conduct and explain the rules to all participating students and chaperones, and provide the proper equipment and tools for our science investigation.

General hazards outside the museum include walking on uneven terrain, slippery or unstable rocks or animal burrows/holes, potentially allergic substances or poisonous plants, insects, spiders, dogs, squirrels, birds and snakes. To ensure the safety of our students and chaperones, we ask parents to share any physical concerns, allergies, or other conditions that could prevent or limit your child's participation.

Please make sure your child is dressed appropriately for this field trip:

- Closed toed shoes
- Hats
- Long pants
- Sunglasses if desired
- Layers for cooler weather

Consider the weather and prepare your child with:

- Sunscreen
- Filled water bottle
- Bug spray

Fill out the accompanying liability waiver that is required by the University of Utah and return it to school with your child.

Sincerely,

## **UNIVERSITY OF UTAH**

**IMPORTANT: THIS IS A LEGAL DOCUMENT,  
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

### **MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): \_\_\_\_\_

Program and/or Course: \_\_\_\_\_

Date(s) of Program/Course: \_\_\_\_\_

#### **MINOR PARTICIPANT INFORMED CONSENT**

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Program instructor, plus any directions given to me by an authorized University employee during the course of the Program.

\_\_\_\_\_  
(Signature of Minor Participant, under 18)

#### **PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE**

I \_\_\_\_\_ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

\*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name and Relationship to Participant

\_\_\_\_\_  
Phone Number

***Participant has been advised to maintain health & accident insurance to cover the costs of treatment in the event of any injury or illness.***

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

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