

# Summertime Lunch Program



## Henry Ford West Bloomfield Hospital Field Trip Permission Form



HENRY FORD  
WEST BLOOMFIELD HOSPITAL



**Date:** THURSDAY, August 17, 2017

**Destination:** Henry Ford West Bloomfield Hospital, 6777 W. Maple Road, West Bloomfield, MI. 48322

**Time:** 10:00 am - 2:30 p.m. Please arrive at Orchard Hills Elem. School for bus assignments.

**Method of transportation:** Novi School Bus- No infants or strollers allowed on the bus.

**Departure:** Students and parents will check-in and depart from Orchard Hills Elementary at 10:30 am via school bus. **All students and parents attending the trip must ride the bus to and from the hospital.**

\*Note: A student drop off option is available for adults unable to attend the trip. Program volunteers will chaperone the trip.\*

**Activity time:** Students will have activities from 11:00 to 2:00.

**Cost:** Free

**Lunch:** Students will receive a bagged lunch that will be provided.

**Return:** Student and parents will depart from Henry Ford Hospital by 2:15 and return to Orchard Hills by 2:30.

**Permission slips:** All permission slips **must be returned by August 4<sup>th</sup>** in order for your child to attend. No exceptions.

\*For students who are not attending the trip, lunch will still be served from **11-12** at Orchard Hills. No activities will occur on this day.\*

Please return the bottom portion by **August 4th. Complete ONE (1) form for each child.**

**Student name:** \_\_\_\_\_  
(Please print first and last name)

**Childs Date of Birth:** \_\_\_\_\_ **Parent Phone #:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_  
(Please print first and last)

**How Many Parents Attending?** \_\_\_\_\_ **Drop Off?** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Ph.#** \_\_\_\_\_  
(Please print first and last name)

Please share any restrictions your child may have:  
\_\_\_\_\_

I give my child, \_\_\_\_\_, permission to attend the trip to Henry Ford Hospital on THURSDAY August 17, 2017.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Henry Ford Hospital Permission Slip: August 17, 2017**