



McCormick Junior High School
Committed to Academic Excellence

Chad Carter, Principal
Dayle Ritter, Counselor

September 29, 2009

Dear Parent/Guardian:

On Monday, October 5, 2009, the eighth grade class will be taking a field trip to EHOVE for a state mandated Career Exploration Day. We will depart from school at approximately 8:45 for EHOVE. We will return to school in time for the students to eat lunch in the cafeteria at noon; the 7th and 8th graders will be switching their lunch schedule that day to accommodate our trip.

The students will be busy with several activities to help them start thinking of a career that will be satisfying and enjoyable for them. These activities include meeting with the EHOVE counselors, participating in activities to help determine individual interests, some hands-on activities, completing an individual career plan (ICP), viewing a video and touring the EHOVE campus.

On the reverse side of this letter is the permission slip/emergency medical authorization that must be returned to the student's homeroom teacher *no later than Thursday, October 1*. If you have any questions, please feel free to call the school at 419-433-1234, ext. 2000.

Respectfully,

Mrs. Dayle K. Ritter
Guidance Counselor

Mr. Chad Carter
Principal

COMPLETE REVERSE SIDE AND RETURN



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Dayle Ritter, Guidance Counselor

**PERMISSION FOR FIELD TRIP
and
EMERGENCY MEDICAL AUTHORIZATION FOR FIELD TRIP**

_____ has my permission to go on a class field trip to **EHOVE**
(Name of Student)

on **Monday, October 5th**. There is no cost for this trip. Students are to observe all regularly adopted rules contained in the McCormick Junior High School Student Code of Conduct book while engaged in any field trip. Attendance is mandatory.

In the event reasonable attempts to contact me at _____ or
(phone number)

_____ at _____
(other parent or guardian) (phone number)

have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician or dentist or the transfer of my child to any hospital reasonably accessible. Facts concerning the child's medical history including allergies, medication being taken, and any physical impairment(s) to which a physician should be alerted are listed below.

8:45 AM	Depart from McCormick
12:00 PM	Return to McCormick

_____/_____/_____
Date / Signature of Parent/Guardian

Please circle the name of your child's homeroom teacher. Thank you.

Kucbel Demos Cramer Rowen Schoenherr

*****Return this form by Thursday, October 1, 2009*****