

**ELIZABETH CITY STATE UNIVERSITY**

1704 Weeksville Road Elizabeth City, NC 27909

June 28, 2018

Dear Parent/Guardian,

On **Tuesday,** June 28, 2018 your child, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, will be attending a field trip to the **Dismal Swamp Museum Field Trip** as part of the PiMERS Summer Program and lunch will be provided. All students taking this field trip must have a permission slip on file prior to each trip. *No child will be able to take this field trip unless this form is signed and returned.* **Please complete the form below.**

Thank you for your assistance!

**PERMISSION SLIP**

I **give**\_\_\_\_ **do not give** \_\_\_\_permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to attend the Dismal Swamp Museum field trip.The van will be leaving Dixon Hall on the ECSU campus on at **9:00 am** and return at approximately **3:00 pm**.

Parent/Guardian’s Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Numbers (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies or medical problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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