



**CAMP BOURNEDALE**  
**Pembroke Public Schools Extended Day Field Trip Permission Form**

The sixth grade will be going on an extended day field trip to Camp Bournedale in Plymouth from Monday, May 13, to Thursday, May 16, 2024. The student fee for the trip will be \$375.00, payable in two installments due on March 22, and April 22, 2024, by check. Please make checks payable to Pembroke Public Schools and include your phone number. Checks should be mailed to Lori Jacobs at the Pembroke Public Schools Central Office location: 72 Pilgrim Road, Pembroke, MA 02359. Students will be provided with breakfast, lunch, and dinner at the camp, as well as transportation to and from their elementary school daily. It is recommended that students wear appropriate clothing, such as warm jackets and sneakers, as most activities will take place outdoors. No additional money will be required during the trip, as students will not be visiting gift shops or cafes. If you need financial support for your child to participate, please reach out to your child's principal. They will gladly arrange accommodations tailored to your family's specific circumstances.

- [Michael.bambery@pembrokek12.org](mailto:Michael.bambery@pembrokek12.org) - North Pembroke
- [Michael.murphy@pembrokek12.org](mailto:Michael.murphy@pembrokek12.org)- Hobomock
- [Jennifer.Simmons@Pembrokek12.org](mailto:Jennifer.Simmons@Pembrokek12.org)- Bryantville

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**Please sign the attached permission slip and return it with your child by Monday, March 25, 2024 along with the required Camp Bournedale Health Form.**



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I understand that although the students will be supervised by Camp Bournedale and/or Pembroke Public Schools staff, I assume the risk associated with my student's participation in the event. If I choose not to permit my child to participate in this field trip activity, the student will be expected to attend school on the day(s) of the field trip and will be provided with meaningful alternative educational activities under the supervision of a teacher.

I acknowledge that I will not seek to hold the School District liable in the event of any accident, injury, loss of property, or any other circumstance or incident that occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability encompasses accidents, injuries, losses, or damages to the student, as well as to other individuals or property that may result from the student's participation in the event. I hereby release and agree to hold harmless the School District, its officials, agents, and employees from any claims arising out of my son's/daughter's participation in the event.

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Teacher's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

\_\_\_\_\_ I grant permission for my child to take the trip.

\_\_\_\_\_ I will not grant permission for my child to take the trip.

Parent/Guardian Signature \_\_\_\_\_