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| Your child’s class will be attending a field trip: | Fairfax County Animal Shelter . |
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| Date | Wednesday, December 6, 2017 | Time | **10:30 AM- 1:00PM** |
| Location | 4500 West Ox Road, Fairfax, Virginia, 22030 |
| Cost | $7 |
| Transportation | Pinnacle Van, 15 passenger van, and parent vehicles |
| Notes | **We will bring the items from our pet drive and animal service project to the shelter with us. There we will hear a presentation about why animals are brought to shelters, what the animal shelter does for animals. Then we will decorate name tags to help make the animals in the shelter more adoptable to perspective animal parents. We will play and interact with a rescue bunny (or other small animal like a Guinea pig) Then they will go and verbally greet the dogs and cats in the shelter (we will not be touching the shelter dogs or cats) we will only be looking and seeing how they enjoy our service projects. We will then travel back to the school on the pinnacle van, 15 passenger van, and parent vehicles. At some points of this field trip a chaperone will be directly responsible for your child.**[**https://www.fairfaxcounty.gov/animalshelter/**](https://www.fairfaxcounty.gov/animalshelter/) [(703) 830-1100](https://www.google.com/search?rlz=1C1GGRV_enUS756US756&tbm=lcl&ei=B9wAWt2OJobTmwG-97KwCw&q=Animal+Shelter+near+me&oq=Animal+Shelter+near+me&gs_l=psy-ab.3..0l10.1968500.1973560.0.1973733.24.23.0.0.0.0.485.3084.0j8j5j0j1.14.0....0...1.1.64.psy-ab..10.14.3083...46j0i67k1j0i131k1j0i3k1j0i46k1.0.lMYmwM-PUj8) |
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| Please return this permission slip and $7 by: | **Thursday, November 30th, 2017** |
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**Animal Shelter Permission Slip**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in grade \_\_**\_\_\_\_\_**\_\_\_

to attend the field trip at \_\_ **Fairfax County Animal shelter 4500 West Ox Road Fairfax, Virginia, 22030**\_\_ on \_\_\_\_**Wednesday, December 6, 2017**\_\_ from \_\_\_\_\_**10:30 AM**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_**1:00 PM**\_\_\_\_\_\_.

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I have paid: **\_\_\_\_\_\_\_\_\_\_\_\_** with: **□cash or □check**