



GLOBAL EXPERIENCE MAGNET SCHOOL

James Thompson Jr., Ed.D., [Superintendent of Schools](#) • Desi Nesmith, [Assistant Superintendent](#) • Frank Macchi, Ed.D., [Interim Principal](#)

(Name) _____ has my permission to attend the after school intramural sports program. There students will participate in one of 5 athletics programs. All activities will be at GEMS.

Where: 44 Griffin Road S, Bloomfield, CT

When: Tuesdays and Thursdays starting April 18th and ending Thursday June 8th

Start time: 2:45pm

Ending time: 4:30pm

Thank you,
Richard Michaud
Physical Education, Health and Athletics GEMS

Student's Name: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Relationship: _____

Medical problems of which the chaperone should be aware of

Medications to be taken:

(Doctor's authorization form must be in the Nurse's Office prior to the trip)

Parent/Guardian's Signature _____

*PLEASE NOTE THAT IF THE APPROPRIATE MEDICATION AUTHORIZATION AND MEDICATION (epi-pen, inhaler, etc.) IS NOT COMPLETE, UP TO DATE AND ON FILE WITH THE NURSE YOUR SON/DAUGHTER WILL NOT BE ABLE TO ATTEND EXTRACURRICULAR ACTIVITIES, INCLUDING ATHLETICS AND FIELD TRIPS.

For transportation home please CIRCLE one: either **PICK-UP** or the late buses **HARTFORD** or

SUBURBAN and identify the stop: _____

(Please note the times listed may change if we can eliminate some of the stops)

You can view the late bus stops on our website:

<https://gems.bloomfieldschools.org/cms/One.aspx?portalId=87181&pageId=37025586>

