Brain Builders Academy
A new way to learn

Permission Slip

Student Name: _____
Date of Birth: _____

Field Trip Destination: Museum of Science & Industry
Address: 5700 S DuSable Lake Shore Drive, Chicago, IL

Date of Trip: Friday, January 16, 2026
Time: Departing from school at _9AM_ **and departing the Museum of Science & Industry by** _12:30PM__

Purpose of Trip:
Our January field trip to the **Museum of Science & Industry** to experience the ***Extreme Ice*** exhibit is intentionally scheduled at the beginning of our Arctic habitat trimester to build foundational understanding. Because most young children have little to no direct experience with Arctic environments, this visit provides concrete, sensory exposure to snow, ice, glaciers, and extreme cold before we begin deeper classroom study. The exhibit will help students form accurate mental models of what the Arctic looks and feels like, allowing future lessons on animal adaptations, ecosystems, weather, and survival in cold climates to be grounded in real-world experience rather than abstraction.

Mode of Transportation (if applicable):
☐ Walking
X Carpooling in Private Parent Vehicles
☐ School-arranged transportation
☐ Not applicable

Parent/Guardian Permission

I, the undersigned, give permission for my child, _____ , to participate in the above-named activity with Brain Builders Academy. I understand that all reasonable precautions will be taken to ensure my child's safety and that I may contact the school with any questions or concerns. I hereby release discharge, indemnify, hold harmless and

defend Brain Builders Academy LLC (BBA) its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against BBA due to death, personal injury or illness, loss or damage to property, or future causes that occur.

In case of emergency, I authorize Brain Builders Academy staff to seek necessary medical care and treatment for my child.

☐ I give permission
☐ I do not give permission

Emergency Contact Name: _____
Phone Number: _____

Allergies or Medical Conditions:

Parent/Guardian Name (Printed): _____
Signature: _____
Date: _____