



**SWALLOW SCHOOL DISTRICT**  
**INSPIRING EXCELLENCE SINCE 1844**

Dear 7<sup>th</sup> and 8<sup>th</sup> Grade Parents/Guardians:

On Wednesday, October 9, all 7<sup>th</sup> and 8<sup>th</sup> grade students will have the annual opportunity to take an educational field trip to Arrowhead High School to watch the musical, *The Wedding Singer*. Some of the Swallow Educational Standards that this trip will reach include:

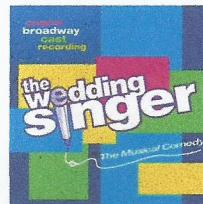
- **Students will respond to a musical composition through analysis using the elements of music from a wide range of cultures, time periods and genres.**
- **Students will demonstrate an understanding of connections between music and the other arts, other disciplines, varied contexts and daily life.**

For families who choose for their student to participate, we will walk to Arrowhead High School around 10:30 a.m. and return about 1:30 p.m. Please remind students to dress appropriately for the weather. Students will eat lunch at school before we go, but due to the timing they need to bring a cold lunch.

Tickets for this musical will be \$5.00. Please sign and return the attached permission slip along with the cost of the ticket. Checks should be made out to Swallow School. Return forms with payment to school by no later than Friday, September 27. Permission slips with payment can be put in the Arrowhead Musical Envelope inside the choir room or dropped off in the office.

Thank you,

Mrs. Calbaum  
[calbaum1@swallowschool.org](mailto:calbaum1@swallowschool.org)  
262 367-2000 Ext 180



**Advisory: Please be advised the rating for this musical is PG-13 due to some language, innuendo, and references to alcohol. It is based on the Adam Sandler movie by the same name. If you prefer your child to stay back at Swallow due to the PG-13 rating and watch an alternative G or PG rated musical they may do this.**

**A synopsis of the musical can be found here: <https://www.mtishows.com/the-wedding-singer>**

W299N5614 County Road E · Hartland, WI 53029 · Phone 262.367.2000 · Fax 262.367.5014 ·  
[www.swallowschool.org](http://www.swallowschool.org)



Fill whole form out. Make sure parent signs in 2 places. Remember to include the \$5.

## Swallow School District Field Trip Permission Form

W299 N5614 County Road E, Hartland, WI 53029 \* Phone 262-367-2000 \* Fax 262-367-5014

To: Parent/Guardian

From: Mrs. Calbaum

Today's Date: Sept. 20, 2019

Field Trip/Activity/Event Name: **Arrowhead Musical**

Grade: 7th and 8th Grade

Field Trip Date: **Wed, Oct. 9**

Field Trip Time of Day: 10:30-1:30

Cost: \$5.00

### SECTION 1: ALL PARENTS/GUARDIANS FILL OUT

1st & Last Name

\_\_\_\_\_ has my permission to participate in the described field trip and/or extracurricular activity. I am providing the following information for the safety of my child:

1. In the event of an emergency, please contact either me or the emergency contact person listed below: **(Please be sure these people are available during the date/time of this trip.)**

(Name of parent/guardian) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Person to call in case of emergency) \_\_\_\_\_ (Phone) \_\_\_\_\_

2. The teacher will accompany your child on the trip and use all reasonable precautions with regard to safety and general welfare. School behavior and bus rules apply on field trips. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be notified and asked to pick up your child, or you may be responsible for any additional incurred trip expenses.

3. I am aware that participation in any Swallow School District related activity can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in any Swallow School Field Trip and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat exhaustion, heat stroke, frostbite, brain damage, blindness, deafness, drowning, heart attacks, paralysis, and even death. Please note that additional waiver/permission forms may be required in addition to this form for particular field trips. Such permission/waiver forms shall be provided to the parent/guardian prior to the field trip and/or attached as an appendix to this form.

4. I represent and warrant that my child has no physical, health-related or other problems which would preclude or restrict his/her participation in any Swallow School Field Trip or otherwise render his/her participation dangerous or harmful to him/herself or others. I further represent and warrant that my child has adequate medical, health, and/or other insurance coverage for participation.

5. Please be aware of health concerns that may require the assistance of school staff. Wearing a Med Alert bracelet is strongly advised if your child has a condition that could be life-threatening without prompt treatment. To comply with state law, any student requiring medication or treatment to be administered by staff during the field trip must have a medication consent form on file at the school. The information contained in this form constitutes such consent.

### SECTION 2: FILL OUT THIS SECTION ONLY IF YOUR CHILD HAS MEDICAL NEEDS/ REQUIREMENTS

I affirm that the information stated below is correct and fully discloses all medical/dental issues that could impact/affect my child's medical/dental emergency care. I am providing the following information for the safety of my child:

The above named child needs to take medication during the field trip.

Name of Medication

Dose

Time(s) to Dispense \_\_\_

The above child has medical needs or requirements/allergies: \_\_\_\_\_  
Describe the Condition

ALL PARENTS/GUARDIANS--over for remainder of permission slip



