

Dear 7th and 8th Grade Parents/Guardians:

On Wednesday, October 9, all 7th and 8th 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:

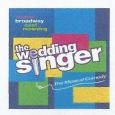
- Students will respond to a musical composition through analysis using the elements of music from a wide range of cultures, time periods and genres.
- Students will demonstrate an understanding of connections between music and the other arts, other disciplines, varied contexts and daily life.

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
calbauml@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

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. Calba	aum	Today's Date: Sept. 20, 2019
Field Trip/Activity/Event Name:	rrowhead	Musical	Grade: 7th and 8th Grade
Field Trip Date: Wed, Oct. 9	Field Trip Time of Day		Cost: \$5.00
SECTION 1: ALL PARENTS/GUARDIANS FILL OUT			
has my permission to participate in the described field trip and/or extracurricular activity.			
I am providing the following informati	ion for the safety of my ch	ild:	
 In the event of an emergency, people are available during the 		or the emergency contact	t person listed below: (Please be sure these
(Name of parent/guardian)		(Phone)	quantition in proceedings of the control of the con
(Person to call in case of emergency)_		(Phone)
welfare. School behavior and bus	rules apply on field trips. e participating group, you	If for behavioral/discipli	tions with regard to safety and general inary reasons your child must return from ed to pick up your child, or you may be
recognize and understand that ther School Field Trip and related activ or tears, head, neck, back, eye and	re are risks and hazards, be vities, including, but not lif I other bodily injuries, heat paralysis, and even death, or particular field trips. Su	oth minor and serious, as mited to: cuts, scrapes, b t exhaustion, heat stroke, Please note that addition ach permission/waiver fo	n potentially be dangerous, and I fully sociated with participation in any Swallow bruises, broken bones, muscle strains, pulls, frostbite, brain damage, blindness, and waiver/permission forms may be bruns shall be provided to the
his/her participation in any Swalle	ow School Field Trip or otl	herwise render his/her pa	oblems which would preclude or restrict articipation dangerous or harmful to lical, health, and/or other insurance
advised if your child has a condition	on that could be life-threat eatment to be administered	tening without prompt tre I by staff during the field	ff. Wearing a Med Alert bracelet is strongly eatment. To comply with state law, any I trip must have a medication consent form
SECTION 2: FILL OUT THIS SEC	TION ONLY IF YOUR	CHILD HAS MEDIC.	AL 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 o Describe the Condition	r requirements/allergies:	•	

Describe the Type, Reaction and Procedure

Explain the procedure to stabilize the child until professional help is available:

Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers. UVes UNo

I have provided, in writing, any medical, activity, or dietary restrictions and have listed any health concerns. I understand that I will be contacted as soon as possible if a medical emergency occurs. I understand that if I cannot be reached, the designated emergency contact will be contacted. I understand that this information will be shared with the trip supervisor(s) and chaperones to ensure my child's safety.

I further authorize patient healthcare records for my child to be released to the above individuals to the degree necessary to provide medical treatment or services to my child, I also hereby assume responsibility for payment of such treatment. I am responsible for any debts incurred in conjunction with any illness or injury or accident and I agree to be responsible for such debts as well as any costs incurred for the early or late return or my child.

I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to reach me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. Permission is also granted to the trip supervisor(s) to provide first aid to the above named child in the event of illness or injury.

Parent/Guardian Signature

Date

SECTION 3: ALL PARENTS/GUARDIANS FILL OUT PERMISSION AND WAIVER OF CLAIMS

I hereby give my permission for my child to participate in the above-referenced activity.

I understand that field trips may involve some inherent risk of injury even if the district or activity provider exercises reasonable duty of care in the provision of the activity. By signing this permission form, I fully and forever discharge and release the district, its officers, insurers, attorneys, agents, board members, employees, representatives, or other persons acting for or on behalf of the district, from any and all claims, compensations, costs, expenses, attorney's fees, causes of action, damages (including but not limited to punitive damages), demands, or causes of action, known or unknown, arising out of, resulting from, or in conjunction with or relating to my son/daughter participating in this activity, but not including injuries that result from the negligence of school staff. I acknowledge that I have carefully read this field trip permission form which contains a waiver of right to sue the district and understand its contents and consequences and that I am signing this agreement knowingly and acknowledge that I have not relied on any representations, promises, or agreement of any kind in connection with my decision to sign this document. This waiver does not waive any claims that cannot by law be released or waived.

Please sign below to indicate permission for your child to go on the trip. Contact the principal or your child's teacher if you have questions or concerns.

_ Date__

Attention Parents: This form must be completed and returned 48 hours prior to the field trip or your child may be unable to participate in the field trip.

***********Attention Teacher(s)/Field Trip Coordinator(s)*******

Permission slips <u>MUST</u> be routed to the Health Room 48 hours <u>before</u> the day of the field trip to ensure provisions for all medical needs can be made.

**Revised 8/2017*