

**MSGTO MMEA PERFORMANCE**  
**Feb. 24, 2012**  
**12 PM – 4:15PM**  
**Baltimore Convention Center**

The MSGTO has the honor of being invited to perform at the Maryland Music Educators Association State Convention. This trip has been approved by the HCPSS and transportation has been funded by the Central Music Office. We are very excited about this opportunity to feature our students at the state convention. Please read and retain this information and return the attached permission slip.

- All students will need to meet at River Hill High School at NOON on Feb. 24. We will meet in the lobby of the auditorium at River Hill. Principals will be notified of students participating on this trip but parents will need to send a note to their school requesting an early dismissal. An early dismissal requires that each student be picked up by their parent by an approved person designated on the student's emergency card.
- Students should eat lunch before arriving at River Hill. Students may bring a snack for the bus ride.
- Students will be transported by coach bus to the Baltimore Convention Center.
- The performance is at 2:30 PM.
- Students will return to River Hill at approximately 4:15 PM. Please be prompt in picking up your student.

# PERMISSION FOR STUDENT FIELD TRIP

Howard County Public School System

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT.

SCHOOL: Howard County MS & T Orchestra DATE: 1/10/12

Dear Parents:

The following field trip has been arranged to complement the instructional program. This trip has been approved according to Board of Education Policy and guidelines established by the Superintendent of Schools, and all appropriate school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the teacher-in-charge at

Rosemary-Lather@hcpss.org - Emergencies on 2/24: 410 852 0486

Please complete the bottom portion of this form, **detach** and return with cash or check (made out to \_\_\_\_\_) to cover the cost per student, and return to the teacher-in-charge by Jan. 24, 2012.

The HCPSS Finance Office has contracted with the Federal Automated Recovery Systems (FARS) for the electronic collection of check payments. If the check is returned unpaid, FARS will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

Destination: Baltimore Convention Center

Objective of Trip: Performance of MD Music Educators State Convention

Class/Group: MSGTO Cost per Student: \$ 0

Departure Date: Friday, Feb. 24 Time: 12 NOON Student Day  Extended Day  Overnight  Non School Day

Return Date: Friday, Feb. 24 Time: 4:15 pm

*If students will not be returning from this field trip within the defined student day, the parent(s) should make arrangements to pick up the student at the school within 15 minutes of return.*

Bus Company: Superior Tours Public Transport: \_\_\_\_\_

Total Number of Students: 60 Anticipated Ratio of Chaperones to Students: 1-10

Meal Arrangements: Students should eat lunch before arriving at River Hill. Snacks may be brought

Appropriate Attire: Concert Dress

*There may be a separate attachment detailing the itinerary, special clothing or cash requirements, and any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.*

Alternative plans in case of postponement/cancellation: —

TEACHER-IN-CHARGE: Rosemary Lather + Allen Leung

*If you are available to chaperone, please indicate your interest on the form below, and review the description of duties and responsibilities on the reverse of this form. Unless otherwise indicated, you will be contacted directly if your services are needed. Please cut, detach, and return with payment to the teacher-in-charge:*

I GRANT PERMISSION FOR \_\_\_\_\_ TO GO TO \_\_\_\_\_

ON \_\_\_\_\_. I RECOGNIZE THAT THE HOWARD COUNTY

PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL  
EMERGENCY PROCEDURE/HEALTH INFORMATION**

**MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP**

STUDENT'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

**EMERGENCY NOTIFICATION**

**(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)  
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL**

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER
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NAME OF PERSON	RELATIONSHIP	PHONE NUMBER
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**HEALTH INFORMATION**

**(Please list & give dates if known)**

**Health conditions/operations:**

**Handicapping Conditions:**

**Allergies** (medication, food, insects, etc.):

Describe the usual **symptoms/reactions**:

**Medications** (prescription and non-prescription):

**If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific for Extended Day and Overnight Field Trip(s) and Foreign Travel is required. Refer to attached Medication/Treatment Order. MEDICATION MUST BE PROVIDED FROM HOME. There will not be a school nurse in attendance on this trip.**

Does your child have any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
Does your child have dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are restrictions? \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.**

INSURANCE COMPANY \_\_\_\_\_ POLICY OR BINDER NUMBER \_\_\_\_\_

PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL  
MEDICATION/TREATMENT ORDER**

**MUST BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER  
ONLY IF MEDICATIONS/TREATMENTS ARE REQUIRED ON TRIP**

Dear Health Care Provider:

Your patient will be participating in an approved trip to \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. There will not be a school nurse in  
(Date & Time) (Date & Time)

attendance on this trip. If you have any concerns about your patient's health needs on this trip,  
please contact the nurse at \_\_\_\_\_. **Please indicate below any  
treatment/prescription and/or over-the-counter medications that your patient is currently  
taking and will need to continue to take while on the trip. This form must be returned two  
weeks prior to the trip date to provide for planning and staff training.**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

No medication/treatment can be administered without physician authorization.

**To be completed by the Physician**

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/symptoms for administration	Diagnosis	Student may carry & self-administer medication. (please check)

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATION MUST BE PROVIDED FROM HOME.**

**To be completed by designated school personnel**

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated School Personnel