CAST FIELD TRIP PERMISSION SLIP

Dear Parent/Guardian,

A field trip is a privilege, not a right. Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity at a location away from the school site. This activity will take place under the guidance and supervision of employees from *Our Lady of Mount Carmel School*.

Curriculum Goal:	Cast Full Dress Rehearsal for "Free Gift" (Choir, Drama, Dance Team)
	The Balboa Theatre 868 Fourth Ave 92101 (Horton Plaza)
	Parents invited to attend rehearsal
Destination:	Mrs. Fatima Zepeda and Ms. Gonzalez, Bus Chaperone Leaders
Supervisor of Activity:	Mr. Frank Amador
Departure – Date/Time:	December 17, 2015 11:30am
	DROP OFF ONLY! Parents MUST pick up their child at the Balboa
Return – Date/Time:	Theatre at 4:00pm for Break and Dinner. Theatre re-opens at 5:00pm
Method of Transportation:	Carpool by Parents (Please sign up ASAP with Mr. Amador)
	*No Cost to Student (Lunch courtesy of "Los Chilaquiles" in Otay
*Student Cost:	Ranch)
Return Form to Teacher By:	Friday, December 11, 2015
Full Cast Members Only:	Choir, Drama and Dance Team. FULL COSTUMES MANDATORY

If you are requesting that your child participate in this event, please complete, sign and return the following request for participation. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

We hereby release and hold harmless *Our Lady of Mount Carmel School* and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____, a student in grade _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated date(s). I further consent to the conditions stated above for this event, including the method of transportation.

I also authorize the designated supervisor to administer first aid with the understanding *Our Lady of Mount Carmel School* had documentation designated supervisor has basic first aid training.

Parent Signature _____   *Date* _____

Address _____

Home Phone Number _____   *Cellular* _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

Name _____   *Name* _____

Relationship to Child _____   *Relationship to Child* _____

Phone Number _____   *Phone Number* _____

Family Doctor _____   *Phone* _____