

## DESTINATION/DATE/TIMES

On Friday, May 23, 2014, students will have the opportunity to participate in the Music in the Parks (Hershey, PA) adjudicated music festival. The field trip is related to our studies of music performance. Students will be engaged in activities in preparation for this trip and will participate in follow-up instructional activities. This is another opportunity to extend our curricular studies to include experiences outside of the classroom setting.

### Trip Guidelines:

- **Cost:** \$70.00 (\$40.00 with a HP season pass). Students will need to bring additional money for food.
- The approximate hours of this field trip will be from 6:00 a.m. until 8:00 p.m.
- **Cancellation Policy:** Money is not refundable for any reason including illness, family emergencies, or a student's failure to maintain required attendance, performance and grade requirements for the performing ensemble.



**DALLASTOWN AREA SCHOOL DISTRICT  
MIDDLE SCHOOL**

### **FIELD TRIP PERMISSION FORM/STUDENT INFORMATION**

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

Student's Address: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Parent/Guardian Preferred Phone Number: \_\_\_\_\_

Second contact number: \_\_\_\_\_

Student's Medications/Allergies: (Other Health Concerns)

\_\_\_\_\_

Student's Physician Name & Phone:

\_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby give permission for my child/student to participate in a school-sponsored Music in the Parks Festival on Friday, May 23, 2014.

- By allowing my child/student to participate in the field trip, I am acknowledging that a school official may become temporary custodian in the event that medical treatment is needed.
- In the event of a vehicular accident, I also understand and acknowledge that according to PA State law, my automobile insurance would be the first response; the immediate response for other injuries would be my health insurance.
- **FOREIGN TRAVEL ONLY** - I acknowledge that I must have evidence verifying that that our personal health insurance will cover my child outside of the U.S. And, if it does not, it is my responsibility to purchase travel insurance that will respond. I have attached verification of such insurance to this Permission Slip, which will be given to the chaperones.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Please return this form by:**

Friday, February 28, 2014

(include the first payment with this form)

\_\_\_\_\_  
**Date of Signature**

**Adult  
T-shirt size:**

**S**

**M**

**L**

**XL**

**XXL**