



Parent/Guardian Field Trip Authorization

2010 ROOSEVELT ORCHESTRA TRIP

American String Teachers Association (ASTA) FESTIVAL in Santa Clara

Meet at Seatac Airport at 10:00 AM on Wednesday, 2/ 17/2010 Departing on flight AS326 and Returning to Seatac airport on AS329 at 8:41 PM on Saturday, 2/20/2010.

The RHS Orchestra has been selected to participate at this ASTA Festival; the Ellington Festival for strings! During our four day stay in Santa Clara, in addition to our performance on Friday, the RHS orchestra will: attend master classes (individual and group) ,visit San Francisco for a day, visit Winchester Mystery House; listen to some outstanding musicians and other activities.

I give my permission for _____(student’s name) to attend the ASTA Festival February 17 – 20, 2010.

I authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by a physician to safeguard my child’s health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Since this is a school related event, I understand that students traveling on school sponsored field trips are under the rules of the Seattle Public School, and as such, shall not be in any way involved with substances or behaviors that are illegal or are not allowed at school. In addition, I understand that any involvement with controlled substances will result in short term suspension, enrollment in a drug awareness program and student will not be able to attend any other school fieldtrips this year.

I have reviewed all of the above information. I have reviewed the list of expected activities and I understand the dangers and risks associated with participating in this activity. I hereby give my permission for my daughter/son to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

Parent Signature

Date

Parent’s phone number

Student Signature

Total Cost of Trip: \$925

Includes: Airfare- Hotel: Hyatt Regency Santa Clara; ASTA- Conference; Bus transportation; 3 nights – quad room ; Breakfast every morning and Friday Lunch; ASTA 2010 conference T-shirt; Performance and 45 minute clinic; Friday Awards Banquet Dinner and Dance (semi-formal);Bus tour all Thursday to San Francisco; Winchester Mystery House tour on Saturday.

**Please note: If you want to check luggage, you will be responsible for the \$15 fee- each way.

Baggage: Each passenger is limited to one carry-on bag, that measures up to 10 x 17 x 24 inches), plus one personal item like a purse, or small backpack to go under the seat. Checked Baggage on Alaska Airlines will be charged \$15 for the first checked bag- 50lb limit. Share with your roommate.

HEALTH INFORMATION FORM - Roosevelt High School Orchestra 2009-2010

STUDENT'S NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

Information for Parent/Guardian 1

NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

Information for Parent/Guardian 2

NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

Insurance Information

MEDICAL INSURANCE COMPANY: _____

GROUP NUMBER: _____

SUBSCRIBER NAME: _____ ID#: _____

Medical Information

Please list medications your student is currently taking: (prescription and over the counter medications)

Please list any medical concerns about your student about which chaperones should be aware (e.g., asthma, diabetes, ADHD). Use back of sheet if you need more space.

Emergency Contact

EMERGENCY CONTACT (in the event the parents/guardians cannot be reached):

NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE(s): _____

Emergency Authorization

As parent or legal guardian of _____, I authorize the RHS Orchestra adult staff or adult volunteers to seek a qualified physician to examine my student and, in the event of injury, to administer emergency care and to arrange for any consultation they deem necessary to ensure proper care of any injury. Every effort will be made to contact the parent/guardian(s) to explain the nature of the problem prior to any involved treatment. I understand that I will assume full responsibility for payment of any services rendered, including transporting by emergency vehicles if necessary.

PARENT/GUARDIAN NAME (printed): _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____