



# Scottsdale Unified School District

## Parent or Guardian permission for School Trip

~~Fee Over \$15.00~~

Student Name and I.D. #: \_\_\_\_\_ School: Coronado

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

**1. TRIP INFORMATION:**

- a. Class that has arranged the trip: Varsity Choir, ACE, Women's Choir
- b. Date of the trip: Sunday, August 4, 2013
- c. Location/destination of the trip: DoubleTree Hilton, Tempe
- d. Time leaving school: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
- e. Time returning: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
- f. Trip Supervisor(s): Dr. S. Brauer
- g. Means of transportation: parent pick-up / drop off
- h. Fee: \$ N/A (See below\*)

**2. EXPECTATIONS AND INSTRUCTIONS:** I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
  - b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
  - c. To follow all school rules during the trip and obey all laws and ordinances.
  - d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
  - e. Other expectations/instructions: As per code of conduct, SUSD
- In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

**3. ACCOMMODATIONS:** If the student is disabled or requires special accommodations, those accommodations are attached.

**4. PERTINENT MEDICAL INFORMATION:** Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.:

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 - Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2 - Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**5. CONSENT FOR EMERGENCY MEDICAL TREATMENT:** If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

X Parent/Guardian's Signature: \_\_\_\_\_ X Date: \_\_\_\_\_

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**High Impact Choral Fitness Camp** will be well supervised and provide students a positive and insightful learning experience. It is also designed to be an "ice-breaker" for new students and to bring together students who will be singing in varies of groups this year.

Attendees: All Choir members for 2013 - 2014 School-year: Women's Choir, Varsity Chorus, and ACE  
 Chaperones will be PACE members and a certified Lifeguard will be present during the swimming session.

Any food allergies or concerns? Please detail: \_\_\_\_\_

Sponsor: Dr. Sammy Brauer

If you have any questions concerning our High Impact Choral Music Fitness Camp, please email Dr. Brauer at sbrauer@susd.org.