

North Andover Middle School Music Department

January 6, 2017

Dear parents,

On Friday, May 26th /June 2nd we have planned a field trip for the 8th grade band, A Little Knight Music Chorus, 6th Grade Full Year Chorus, and Jazz Band students to participate in the Great East Music Festival. This festival provides an opportunity for students to perform for judges and receive a medal rating. After their evaluation, the judges will work on the music with the students. Students will be performing at NAMS on the 26th for their evaluation and going to Canobie Lake on the June 2nd.

On the Canobie Lake day, we will leave NAMS at 9:30am and return from the park at about 4:30pm. The cost of the day will be \$66, which covers the cost of the festival, transportation, t- shirt, and the ticket into Canobie Lake. Please pay by check (no cash, please) made payable to NAMS by **Friday, February 3rd**. Contact your child's music teacher if the cost is an issue. If you are able to chaperone this trip please indicate that on the permission slip below. Please email nelsonc@northandoverpublicschools.com with any questions.

Sincerely,

Chris Nelson, Matt Ignos, and Andrea Liacos

Great East Festival Permission Slip (All parents please also fill out reverse side)

I give permission for _____ to perform at the Great East Festival on Friday, May 26th at NAMS and attend the field trip to Canobie Lake on Friday June 2nd. I understand he/she will be traveling via school bus to Canobie Lake at 9:30am and returning to NAMS at 4:30pm. Note: Students must participate in the festival performance on 5/26 in order to attend Canobie Lake.

Parent Signature _____ Date _____

_____ Check if available to chaperone. CORI on file? Yes _____ No _____
(CORI must be updated every 3 years)

Name _____ Phone _____

Email: _____

Parent Consent for Field Trip and Medical Authorization

Your child is invited to participate in a school-sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child may go. If you do not give permission, your child will remain at school for the regular day and continue academic work there unless, of course the trip takes place during non-school time such as weekends and vacations.

Teachers and adult volunteers will supervise your child. It is possible that more risks may be faced by participating in this field trip than if your child stayed at school. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child; therefore, you are in the best position to decide whether your child should participate. The School Department and principal have approved this field trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this field trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void.

By signing this form, you agree that your child may participate in the field trip. By signing this form, you also agree to release the Town of North Andover, town officials, town employees, and volunteer supervisors from any and all damages, death and/or injuries of any kind you and your child might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in this trip and a parent cannot be reached, your signature gives this school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate. You should understand that the school district has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

Student's Name: _____

Parent/Guardian Signature _____

Address: _____

Home Telephone: _____ Work/Cell Number: _____

This consent for relates to the following field trip:

Date: _____ Destination: _____