

Dear Parents of Choir Members:

The students have been selected and scheduled to sing the National Anthem at a home Pittsburgh Pirates game this year! The game is schedule for 12:35 on Wednesday, April 18, 2018.

I have also planned for the students to perform at the Children's Institute Day School before arriving at PNC Park. We will be traveling to Pittsburgh by school busses, and eat lunch at the stadium after singing. In order to arrive in Pittsburgh on time, we will need to depart from the high school at 7:30 AM. The return time depends on how long the game lasts but probably around 5:00.

To provide permission for your student to travel to the Children's Institute and PNC Park during the school day on April 18th, please complete the attached permission slip. In addition, after the students sing, we will be escorted to our seats to watch the game. We would love for you to join us! If you would like to meet us at the ballpark to watch the game with us, please notate how many tickets you would like to purchase (not including your son/daughter) and enclose the extra money with your student's money. I will order the tickets so they are together.

I am excited to be able to provide this opportunity to the choir! I am sure it will be a memorable experience for all!

Sincerely,

Miss Sarah Matson
Director of Choirs
Clarion Area Jr./Sr. High School

(Please return bottom portion and attached form by March 29, 2018)

Student Name: _____

Does your student have permission to attend the trip to Pittsburgh to sing at the Children's Institute and PNC Park? _____

Student Tickets and transportation is \$20 and additional tickets are \$15. Would you like to purchase any additional tickets? _____ If so, how many? _____
(please enclose payment student payment and additional ticket payment)

(Parent Guardian Signature)

(Date)

Clarion Area High School
Field Trip Permission Form

THIS SECTION TO BE COMPLETED BY FIELD TRIP ADVISOR

Field Trip: National Anthem @ Pirates Game & Singing @ Children's Institute
Date of Field Trip: 4/18/18 Contact Person: _____
Destination: Pittsburgh
Time of Departure from School: 7:30 Time of Return: 5:00
Return this form to: Miss Matson By: 3/28/18
Suggested Items Student Needs for Trip: money for food

MEDICAL INFORMATION

List any medical or health conditions the school staff should be aware of for this trip: _____

List any allergies including food, medication, insect, etc.: _____

Medical Insurance: _____ Policy Number: _____
Policy Holder Name: _____

List any prescription medication(s) your child will need during the field trip. Please provide the medication to the school in the prescription bottle which is clearly marked with name of student, name of medication, and dosage and times to be administered:

PARENT/GUARDIAN AUTHORIZATION

Student's Name: _____
Address: _____
Parent/Guardian Name: _____

I hereby release Clarion Area School District, its authorized school personnel and chaperones from responsibility and liability for any injury that my child may sustain during or as a result of this activity. In case of serious illness or an accident, I hereby authorize school personnel to seek medical treatment for my son/daughter, and I will assume responsibility for all expenses. I have instructed my son/daughter to obey all rules, regulations, and instructions given by the school personnel and/or chaperones. I understand that I will be contacted immediately if any incident occurs.

Parent/Guardian Signature: _____ Date: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Student Signature: _____ Date: _____
Student Cell Phone: _____