Mt. Ararat Music Department
Travel Authorization

Organization: MTA Music

Director: Kristen Thomas & Allen Graffam

Activity: District III Auditions

Date: Monday, October 18, 2010

Destination: Wiscasset High School

Departure Time: 5:00 pm

Student expense: Dinner (optional)

Estimated Return Time: 9:30 pm

Additional Information

Dress nicely for your auditions

Food will be available for purchase.

Visit www.d3auditions.com for more info

PRACTICE, PRATICE, PRACTICE!!!!

Please fill out, sign, detach, and return this form immediately. A student will not be allowed to go on this trip without this form being completed, signed, and turned in.

detach and return

Student's Name_____

I hereby give permission for my student to travel with the Mt. Ararat Music Department to Wiscasset. My student is familiar with all school rules as stated in the Student Handbook and agrees to abide by them. I, as parent (guardian), will assume full responsibility for his/her actions. I further understand that my student may be sent home at my expense if school rules or standards of conduct are breached. I also understand that the school is not responsible for personal injury, or damage or loss of personal property. I agree to provide my own health/accident insurance in the event that my child sustains an injury while participating in the field trip, and further understand that M.S.A.D. 75 does not provide medical insurance for this purpose.

In the case of accident or serious illness to my child which, in the judgment of responsible school officials, requires immediate action, I request and hereby authorize school employees to administer such medical assistance or to transport my child to a physician or hospital as they deem appropriate to the situation. I also authorize any physician or hospital employee to administer such medical treatment for my child as they deem necessary and appropriate to the situation. I will not hold any school employee, physician or hospital employee, responsible for the consequences of exercising these powers, so long as such persons act in good faith with the best interest of my child in mind. I expect to be informed of my child's condition and of the treatment provided as soon as possible.

_____ _____ _____

Parent (Guardian) signature Student signature Date

Home Tel. _____ Work Tel._____ Emerg.Tel._____

Family Doctor_____Tel. _____

List any allergies/medical conditions_____

List any medication the student will be taking at the time of this trip_____

____ Yes, I am available to chaperone