



# Mt. Ararat Music Department

## Travel Authorization

Organization: MTA Chamber Singers

Director: Thomas

Activity: Statehouse Performance

Date: November 17, 2009

Destination: Augusta

Departure Time: 8:00 am

Student expense: Money for lunch

Estimated Return Time: 3:00 pm

### Additional Information

Dress; Concert black and robes

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 Augusta. 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**