**Parent Permission for School Sponsored Activity**

Dear Parent/Guardian:

On Thursday**, December 10, 2015**, the Seventh Grade Reading Classes will take a field trip to the Dallas Theatre Center, to view a stage play of Charles Dickens’ *A Christmas Carol.* Your son or daughter will have the opportunity to view the movie in their Reading class on December 8th and 9th. In addition, we will be reading the novel during this time period. We believe allowing your son or daughter to view a stage play and a movie, based on the same storyline, will help them gain a better understanding of the similarities and differences between the plot, setting and characters of a play opposed to a movie. It also allows them to see different points of view and to compare another interpretation of the work. We plan to leave by 9:00 am, and will return by 1:30 pm. Students will wear their school uniforms, follow the dress code, and follow all school rules at all times. In order for your child to attend, written parent/guardian permission is required. All students are encouraged to attend; however, students with office referrals for the current year will not be eligible for this field trip (per Assistant Principal’s discretion).

***The cost of the field trip (includes ticket, transportation and lunch) is $40.00. Following the production of A Christmas Carol, we will return to school for lunch. Pizza and drinks will be delivered. After lunch, students will attend regular classes.***

***The permission slip and money must be turned in together by Friday, October 9,due to the need for advanced reservations. Cash or Money Orders Only. If sending cash, please send EXACT change. Permission slips and money must be turned in together. No money or permission slips will be accepted after this date. \*\*The first 160 students to turn in a signed permission slip and money will be able to attend.***

**No Checks Accepted.**

***Please complete the back of the form and return it, with payment, to Mrs. Yvonne Lowry, 7th Grade Reading, Room 104.***

**NATURE OF ACTIVITY**

**DESTINATION: *Dallas Theatre Center*, Wylie Theatre,** 2400 Flora Street; Dallas, TX 75201

**DATE­/TIME OF DEPARTURE­:** December 10, 2015, 9:00 A.M.

**DATE/TIME OF RETURN:** December 10, 2015, 1:30 P.M.

**TRIP SUPERVISIORS:**  Mrs.Yvonne Lowry and Ms. Darlene Travis

**MEANS OF TRANSPORTATION:** Dallas County School Buses

THIS FORM WILL BE KEPT BY THE CHAPERONE DURING THE ACTIVITY

*(Please complete each section of the form below)*

(Name of Student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the opportunity to participate in a school activity away from school premises. If you approve of the nature of this activity, please sign at the bottom of this section and return to the faculty sponsor.

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I hereby give my permission for him/her to participate in the above described activity.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please complete this section)*

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY TELEPHONE NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION TO TREAT A MINOR**

*(Please complete this section)*

I (We), the undersigned parent, parents or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed in the State of Texas and on the staff of any acute general hospital holding a current license to operate a hospital in the state of Texas. It is understood that effort shall be made to contact the undersigned prior to rending treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Allergies to Drugs or Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus Toxoid Booster \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_