

Columbus School
315 N. Kansas St.
Edwardsville, IL 62025

EDUCATIONAL TOUR PARENT APPROVAL FORM

October 29, 2009

Dear Parents/Guardians:

Mrs. Schoby's, Mrs. Jellen's, and Ms. Druke's classes from Columbus School will take an educational tour to **Powell Symphony Hall in St. Louis, MO & Pantera's in Edwardsville, IL on Tuesday, November 17, 2009**. Students will leave the school at **9:30 a.m.** and return at approximately **2:30 p.m.** The purpose of the tour is to **attend the St. Louis Symphony Young People's Concert & to demonstrate appropriate table manners during lunch.**

To meet the actual expense of the tour, the cost per student will be **\$4.25** (cost of buffet lunch at Pantera's) payable to the teacher prior to the tour. The symphony tickets have been provided cost-free through a grant by Bank of America. Transportation costs have also been generously provided by Mr. Schlueter, Columbus School Principal. Transportation will be provided by **school bus.**

Lunch arrangements will be: **buffet lunch at Pantera's, Edwardsville, IL.**

Supervision of the students on the tour will be provided by **teachers & parents.**

Please return this note to the teacher by **Tuesday, November 10, 2009** so that your child may join this educational tour.

Thank You!

Angela Schoby
Mrs. Schoby

Joyce Jellen
Mrs. Jellen

Eve Druke
Ms. Druke

- Because we are guests at Powel Symphony Hall, we are requesting that students dress for the occasion (i.e. dress clothes, clothes that would be worn for "Picture Day, etc.).

While the school endorses well-planned tour activities as a valuable part of the extracurricular program and of classroom instruction, it can assume responsibility for the safety and welfare of students while they are off-campus only to the point of reasonable provision for their supervision by members of our staff.

_____ date

_____ parent/guardian signature

- I am interested in chaperoning a small group of students.

_____ name of student

_____ telephone number: _____

NOTE: There is a minimum of adult chaperone tickets available.

PLEASE FILL OUT BOTH SIDES OF THIS FORM

SCHOOL YEAR 2009-2010

GRADE 5th

SCHOOL Columbus Elem.

**DAY EDUCATIONAL FIELD TRIP
MEDICAL AUTHORIZATION FORM**

Student's Name _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

1. Is student taking medication on a regular basis? Yes No

Name of medication _____
Dosage _____
Reason for medication _____

2. Is your child allergic to any medications? Yes No
If yes, which? _____

3. When was your child's last tetanus shot? Date _____

4. Are there any medical or physical problems of which we need be aware? _____

5. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency? _____

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter _____

(Child's Name)

Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Name of Child's Physician _____ Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the field trip.

Date: _____

Parent's Signature _____