

RUTH HARMAN ACADEMY
FIELD TRIP PERMISSION SLIP

(Sign and return to school by Wednesday, January 29th, 2025)

WHO:	6th & 8th Grades	
TEACHER(S):	Jan Fenske & Angela Konicki	
WHERE:	First Stage, Todd Wehr Theater at the MYAC at 929 N. Water St, Milwaukee, WI	
WHAT:	Play - Emily Song & the Queen of the Night	
WHEN:	Wednesday, February 12th, 2025	TIME: 8:45 a.m. - 12:00 p.m.
TRAVEL:	First Student Bus Company	
COST:	There is a \$14.00 fee per student.	
FOOD:	Students will eat lunch at school during their normal lunch period.	

*****(cut here)*****

Student Name: _____

I give permission for my son/daughter to participate in the February 12th, 2025 field trip to First Stage. In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I, as parent/guardian, am responsible for the cost of the service rendered.

Note: *A Medication Administration Form completed by doctor and/or parent must be completed for any medication to be given at school or on field trips. Forms are available outside the school office.

X _____ Date: _____
Parent/guardian signature

I may be reached at the following phone numbers in case of illness or injury:

Parent/guardian (1) Home: _____ Work: _____ Cell: _____ Name: _____	Parent/guardian (2) Home: _____ Work: _____ Cell: _____ Name: _____
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<i>For Overnight Field Trips Only</i>		
Medical Insurance Carrier: _____	Policy #: _____	Phone # _____

In the event I/we cannot be reached, please contact the following responsible adult:

Name: _____ Phone: _____

My child has the following pertinent health concerns:

- | | | | |
|--|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> No health problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart condition: _____ | <input type="checkbox"/> Severe allergy to: _____ | | |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Severe Migraines | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Difficulty walking-any special care needed: _____ | | | |
| <input type="checkbox"/> All medication needed to be administered during length of field trip: _____ | | | |

____ I will chaperone (please print), _____. Chaperones need a background check on file with KUSD at least two weeks prior to February 12th. Chaperone space is limited. If you are selected please understand we are counting on your participation.