

Eden Hall Upper Elementary Pep Rally

Friday, Sept, 28, 2018

Timeline:

- 1:45pm dismissed from pd. 11, quickly go to band room to ride the bus OR
if permitted carefully drive to EHU
- 1:50pm bus departs
- 2:00pm arrive at EHU unload and prepare for assembly
- 2:15ish Assembly begins
All parade in with band music, give high fives, toss some t-shirts, get everyone fired up!
Introduction
Band and cheerleaders perform
Football players talk to the kids, give out prizes
Cheer captains and Band leaders talk, prizes
More band tunes and cheers, parade out
- 2:45pm End
- 2:50pm Load the bus and depart for PRHS

****Wear your jersey, cheer outfit, DT or CG outfit or band t-shirt and jeans**

All Permission forms must be turned into your coach by Wed, 9/26!

STUDENT FIELD TRIP PERMISSION FORM

Student Name: _____ Grade: _____ Teacher: Kasperowicz, Berezo, Scott, Stillwagon

Destination of Field Trip: Eden Hall Upper Elem. Date(s) of trip: Sept. 28, 2018

Departure Time: 1:45pm Students return (approx.): 3:15pm

PD. 11 Teacher Signature: _____

I grant permission for this student to attend. I deny permission for this student to attend.

Please indicate any health concerns pertinent to field trip:

Please indicate if your child has any of the following health concerns:

Asthma	YES*	NO	
Inhaler Needed	YES*	NO	
Life Threatening Allergy to INSECT BITES	YES*	NO	If Yes; Treatment:
Life Threatening Allergy to FOOD	YES*	NO	If Yes; Food & Treatment:
Drug Allergy	YES*	NO	If Yes; Which Drug(s):
Heart disorder	YES*	NO	
Seizure disorder	YES*	NO	
Diabetes	YES*	NO	

Is it necessary for a nurse to accompany your child on this field trip? Yes* No

*If YES to any of the above health concerns, please indicate any necessary arrangements needed for this field trip:

Parent/Emergency contact during the field trip:

Name	Relationship:	Emergency#
Name	Relationship:	Emergency#

I give my consent and acknowledge that transportation will be provided by the Pine-Richland School District. Furthermore, if emergency treatment is required, and parents or legal guardian cannot be reached immediately, I give consent for emergency treatment and transport to be given to the above named child at the nearest hospital emergency room. YES NO

Name of Insurance Company (if any): _____ Policy/ID #: _____

I Grant / I Decline (circle one) **Permission for my child to drive his or her vehicle to EHU.**

Parent/Guardian Signature: _____ Date: _____

This permission slip MUST be returned to the classroom teacher by: **Sept. 26, 2018**