

February 22, 2010

Dear Parent/Guardian:

This year's Howard County Middle School Orchestra Adjudication will be held at Marriotts Ridge High School between March 29th- 31st. This year, EMMS will be taking both the Blue-Day orchestra and the White-Day orchestra to the festival. Both groups will perform on Wednesday, March 31st. The White-Day orchestra is scheduled to perform at 3:25 PM and the Blue-Day orchestra is scheduled to perform at 5:05 PM. Parents are welcome and encouraged to attend this event. There is no cost for admission. Please make note of the itinerary shown below. **Please note that attendance for this event is mandatory.**

All students will have the opportunity to perform, sight-read, listen to ensembles from other schools, and purchase concessions.

The school system provides bus transportation both to and from this event. If necessary, you may transport your student after our sight-reading performance is concluded. If you will need to pick your child up at Marriotts Ridge High School, please provide a note explaining the nature of that need and attach it to the Permission Slip. The Permission Slip and health and emergency forms are to be returned immediately.

Please sign and return the attached Permission Slip and Health and Emergency forms to Mr. Denne no later than March 8, 2010. Please indicate if you are available to chaperone. We will need at least 12 parents to ride busses and to supervise students while they listen to other groups and while they purchase concessions. Thank you for continued support of your child's musical education.

Sincerely,

Ben Denne, director

Wednesday, March 31, 2010

1:40 pm	Students check in with 6 th period teacher and assemble in the band room
1:45 pm	Board busses
2:00 pm	Busses leave EMMS
2:30 pm	Orchestras arrive at Marriotts Ridge High School, leave instruments and coats in storage area.
2:55 pm	White-Day Orchestra goes to warm-up room, 8 th grade violins listen to Marriotts Ridge HS.
3:25 pm	White-Day Orchestra Performs, 8 th grade violins listen
3:50 pm	White-Day Orchestra Sight-Reads, 8 th grade violins may purchase concessions or listen to Dunloggin MS
4:15 pm	All violins listen to Wilde Lake MS; Violas, Cellos, and Basses may either purchase concessions or listen to Wilde Lake MS.
4:40 pm	Blue-Day Orchestra goes to warm-up room, 7 th grade violins may purchase concessions.
5:05 pm	Blue-Day Orchestra performs, 7 th grade violins listen.
5:30 pm	Blue-Day Orchestra sight-reads, 7 th grade violins retrieve their instruments and coats and loads the bus.
5:55 pm	Blue-Day Orchestra retrieves their instruments and coats and loads the bus.
6:00 pm	Busses depart Marriotts Ridge for EMMS
6:30 pm	Busses arrive back at EMMS.

PERMISSION FOR STUDENT FIELD TRIP

Howard County Public School System

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT.

SCHOOL: **ELLCOTT MILLS MIDDLE SCHOOL**

DATE: **February 22, 2010**

Dear Parents:

The following field trip has been arranged to complement the instructional program. This trip has been approved according to Board of Education Policy and guidelines established by the Superintendent of Schools, and all appropriate school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the teacher-in-charge at 410-313-2839.

Please complete the bottom portion of this form, **detach** and return to the Mr. Denne by Monday, March 8, 2010.

Destination: **Marriotts Ridge High School**

Objective of Trip: **To participate in the Howard County Middle School Orchestra Adjudication.**

Class/Group: **EMMS Orchestra**

Cost per Student: **\$0**

Departure Date: **Wednesday, March 31, 2010** Time: **1:45 pm** Student Day Extended Day Overnight Non School Day

Return Date: **Wednesday, March 31, 2010** Time: **6:30 pm**

If students will not be returning from this field trip within the defined student day, the parent(s) should make arrangements to pick up the student at the school within 15 minutes of return.

Bus Company: **Bowen's Bus Service**

Total Number of Students: **68**

Anticipated Ratio of Chaperones to Students: **1:8**

Meal Arrangements: **Students to bring money to purchase snacks at Marriotts Ridge High School.**

Appropriate Attire: **Concert Attire**

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, and any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Alternative plans in case of postponement/cancellation: **None**

TEACHER-IN-CHARGE: Ben Denne

If you are available to chaperone, please indicate your interest on the form below, and review the description of duties and responsibilities on the reverse of this form.

IMPORTANT! PLEASE KEEP ABOVE INFORMATION FOR YOUR RECORDS

Please cut, detach, and return lower portion to Ben Denne no later than March 8, 2010.



I GRANT PERMISSION FOR _____ TO GO TO _____

_____ ON _____. I RECOGNIZE THAT THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

SIGNATURE: _____ DATE: _____ PHONE: _____

_____ I AM AVAILABLE TO CHAPERONE AND HAVE READ THE DUTIES AND RESPONSIBILITIES OF THE POSITION AS NOTED ON THE BACK OF THIS FORM. *You will be contacted directly if your services are needed*

NAME OF CHAPERONE VOLUNTEER (PLEASE PRINT): _____

Office Use Only: Dated Rec'd. _____ Cash _____ Check # _____ Amount _____

The following information is provided for those who are interested in being a chaperone. Please review before indicating your interest on the reverse side:

- Chaperones should **immediately** alert the Teacher-in-Charge, other teacher, or teacher's assistant under the following circumstances:
 - Student becomes ill or injured;
 - Student reports feeling ill or injured;
 - Student becomes unmanageable in any way;
 - Student's behavior makes the chaperone feel uncertain or uncomfortable;
 - Student will not stay with the group;
 - Student becomes lost; or,
 - Another chaperone seems to be having difficulty dealing with a student or group of students.The staff member will then take appropriate action.
- Please follow the instructions of the Teacher-in-Charge regarding supervision of the students assigned to you. If you are unsure of your responsibilities, please clarify them with the Teacher-in-Charge. Please make the safety of the students your highest priority.
- Purchasing of souvenirs or food (other than the previously announced meal arrangements) is only permitted if approved by the Teacher-in-Charge. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision.
- As some students may have food allergies, students should not share food with one another and chaperones are asked not to share food with students.
- When students use rest rooms, please exercise age-appropriate care to ensure student safety.
- Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" of their groups. Also, a "head count" should be taken on the bus at the beginning of the trip and prior to the departure of the bus for the return to school.
- Chaperones may not smoke or consume alcohol on any Field Trip.
- If possible, chaperones are asked to bring cell phones and exchange contact numbers with the teacher-in-charge to assist in communication during the field trip.

Please note that you will be contacted directly if your services are needed. Thank you!

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL
MEDICATION/TREATMENT ORDER**

**MUST BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER
ONLY IF MEDICATIONS/TREATMENTS ARE REQUIRED ON TRIP**

Dear Health Care Provider:

Your patient will be participating in an approved trip to _____ from _____ to _____. There will not be a school nurse in

_____ (Date & Time)

_____ (Date & Time)

attendance on this trip. If you have any concerns about your patient's health needs on this trip, please contact the Mr. Denne at 443-904-0670. **Please indicate below any treatment/prescription and/or over-the-counter medications that your patient is currently taking and will need to continue to take while on the trip. This form must be returned as soon as possible, to provide for planning and staff training.**

Student's Name

Date of Birth

No medication/treatment can be administered without physician authorization.

To be completed by the Physician

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/symptoms for administration	Diagnosis	Student may carry & self-administer medication. (please check)

Health Care Provider Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

MEDICATION MUST BE PROVIDED FROM HOME.

To be completed by designated school personnel

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated School Personnel