**SYMPHONIC BAND FIELD TRIP**

PJHS Symphonic band will be participating in the 2nd Annual CUSD Secondary Band Festival on Tuesday January 23rd, 2024. Students will travel by bus to CHS and will perform with a “Mega Band” consisting of bands from Basha, Perry, Casteel and Santan and will have the opportunity to meet and work with band students from all across CUSD! Pizza will be provided for lunch, or you can send a sack lunch with your student. We will return to school about 1:30pm for 5th and 6th hour. Please review the information below and return the attached permission slip to Mrs. Bessette by Jan. 22nd!

**Schedule**

9:10am- load busses at PJHS

9:15am- depart for the Chandler HS

9:45- Arrive CHS, check in

10:00-11:15am- rehearsal (2 mega bands)

***11:15-Noon- LUNCH IN CCA LOBBY (pizza provided, or sack lunch from home)***

Noon-12:45- PERFORMANCES BY BOTH MEGA-BANDS

1:05PM- load buses and Depart for PJHS

1:30ish- Arrive PJHS

**We are in need of 5 chaperones for this trip! Please email** [**bessette.deanna@cusd80.com**](mailto:bessette.deanna@cusd80.com) **if you are available to chaperone!**

Payne Junior High School

7655 S Higley Rd.

480-224-2400

SCHOOL EXCURSION PERMIT

Dear Parents:

The teachers and school officials believe that students can profit greatly by planned and supervised field trips, excursions, and athletic events. However, we will not take your child without your knowledge and consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bessette\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name** **Chaperoned By:**

**Date of Event:** January 23, 2024 CHS and CCA

## Location

Departure Time: 9:15am

Return Time: 1:30pm

Lunch Arrangements: Pizza and water provided- or bring sack lunch from home!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT SIGNATURE Date**

# **MEDICAL RELEASE FORM**

In compliance with Chandler Unified school District’s Governing Board Policy IICA, Field Trips and Excursions require a medical release from parents. This information will be kept for off campus trips in the event of an emergency this year.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payne Junior High **(Parent’s name)**

to permit a medical doctor to give any emergency treatment for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

**(Student’s name)**

The physician may call me collect at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**(Parent’s phone number)**

My child is currently taking the following medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at this

time of day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Special health conditions or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**