

COUNCIL ROCK SCHOOL DISTRICT

**EXTENDED STUDENT ACTIVITY MEDICAL AUTHORIZATION**

Student Name \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

**Planned Activity: Participation in NorthVoice out-of-District events 2019-2020 (see list on reverse side)**

Dear Parent or Guardian:

In anticipation of your child’s upcoming extended student activity, please supply the following information. In compliance with the District drug and alcohol policy and the medication policy, no student is permitted to carry any form of medication. Arrangements for transport of medications essential to health (insulin, inhaler, anti-seizure medications, epi-pens) should be made with the school nurse. If your child will need any medication during the extended activity, you are encouraged to accompany your child.

**Parent or Guardian of students requiring daily medication must check one of the following:**

\_\_\_\_ I understand that my child will omit his/her daily scheduled medication on the day of the extended activity.

\_\_\_\_ My child may take his/her regularly scheduled medication upon returning home at 7:30pm.

\_\_\_\_ I will accompany my child on the extended activity and will administer his/her medication. If you have any questions about medication administration during extended student activity, please contact the school nurse. (Note, transportation is only provided for child.)

The following information must be supplied for all students attending this extended activity:

**A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE DAY OF THE ACTIVITY:**

Home Phone \_\_\_\_\_

Work – Mom \_\_\_\_\_

Work – Dad \_\_\_\_\_

Mobile – Mom \_\_\_\_\_

Mobile – Dad \_\_\_\_\_

**PERSON TO CALL IF A PARENT OR GUARDIAN CANNOT BE REACHED:**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**ANY SERIOUS ALLERGIES OR MEDICAL CONCERNS:** \_\_\_\_\_

**In case of illness or emergency, I authorize the officials of Council Rock School District to contact directly the persons named on this form. In the event parents, physician or other persons named on this form cannot be contacted, the school officials are authorized to take whatever actions deemed necessary for the health of my child.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## Gigs

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Peddler's Village	Fri., 11/15	1p start, Call TBA
Peddler's Village v2	Sun., 12/1	1p start, Call TBA
UBS/Stocking Works	Thurs., 12/5	7p start, Call TBA
Christmas Village/Phila	Mon., 12/9	4p start, Call TBA
Newtown Tour	Wed., 12/11	11a start, Call TBA
(The Birches, Rotary Club, St. Mary's?)		
Ann's Choice	TBA	TBA
Music in the Parks	Sat., 5/9	TBA
North Voice Dress NPC	Tues., 5/26	3:00-5:00p
North Voice NPC	Wed., 5/27	7p start

## Festivals

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County Auditions	Wed., 11/13	After School TBA
County Aud (snow date)	Thurs., 11/14	After School TBA
District Auditions	Sat., 11/23	7am departure from South
District Chorus	1/16 -1/18	
Regional Chorus		
All State Concert	Fri., 3/25	TBA

**COUNCIL ROCK SCHOOL DISTRICT**

**PARENT PERMISSION FOR OPTIONAL OR SUPPLEMENTAL ACTIVITY**

**TO: PARENTS/GUARDIAN OF** \_\_\_\_\_

**September 11, 2019**

**FROM: Mark M.E. Dolan**

**PRINCIPAL: Susan McCarthy**

**Your permission is requested for your child to participate in the extended study activity described below. This is a supplemental and optional educational activity which, in the school's opinion, has educational value. Nonparticipation, however will have no effect upon the student's completion of course requirements.**

**Name and Description of Activity:** Participation in NorthVoice out-of-District events 2019-2020 (see list on reverse)

**Purpose(s) (Refer to course to which related, if applicable)**\_\_Strengthen ensemble skills, Maintain positive community relations.

**Transportation arrangements (if any):** Some trips via coach bus, some trips via school bus, some trips meet at location.

**Provision for meals (if any):** Always on student's own.

**Costs (if any) to family:** None

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**PARENT: Please complete the following and return to the school by 3pm, Friday, September 20<sup>th</sup>.**

**I hereby grant permission for \_\_\_\_\_ to participate in the activity described above.**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

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