



**Rosa International Middle School
Instrumental Music Department**

Sue Mark, Director

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Cherry Hill, NJ 08003

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2019 ELEMENTARY SCHOOL TOURS

May 10, 2019

Dear Parent/Guardian,

The **Jazz Band and String Ensemble** will be performing at four elementary schools in the district as part of our annual Elementary School Tours. The performances will take place on one the following dates: **Monday, June 3rd and Monday, June 10th.**

We will leave Rosa at 8:30 a.m. and return by 2:45 p.m. On these days, we will be eating lunch at the Food Court at the Cherry Hill Mall (this gives the kids a variety of foods to meet all of their needs). You are welcome to bring a bag lunch or bring enough money to purchase your favorite foods.

This is an exciting adventure for these musical groups as they get to revisit their elementary schools; but, more importantly, they also get the chance to excite the children about music – just as they were sparked by a visit when they were in elementary school. And, since it is at the end of the year, it’s a great way to complete their musical experience at Rosa.

I have been very pleased with the hard work and dedication of these students. They deserve to show off their talents and hopefully encourage younger students to follow in their footsteps – to be an inspiration.

Below is a permission slip which must be signed and returned no later than May 6th. Please be assured that teachers have already been notified about the absence from school and accommodations will be made for these students who will be hard at work representing Rosa.

If you have any questions or concerns, please feel free to contact me. I am looking forward to these tours as much as the students are.

Sincerely,
Mrs. Mark

June 3 – Johnson & Harte / June 10 – Barton & Knight

**Please detach and return – ALONG WITH THE MEDICAL MEMO ATTACHED –
no later than May 24th**

I give _____ (please PRINT student full name) permission to attend the elementary school tours on June 3rd & 10th. I understand that these tours will take place during the school day and that lunch or money must be provided by the student.


Parent/Guardian Signature _____ Date _____

CHERRY HILL PUBLIC SCHOOLS
Jazz/String Elementary Tours -- MEDICAL INFORMATION

Rosa Jazz Band &
String Ensemble

Student Name _____ Grade/Team _____
 Destination Cherry Hill Elementary Schools Date of Trip **June 3 & June 10, 2019**

Your child's class will be away from school on a field trip on the date indicated above. According to the Cherry Hill Public School Administrative Procedure M-10, medication **MUST** be administered by a Certified School Nurse. Every effort is being made to secure a substitute nurse to accompany your child's class on this trip. However, it is possible that a substitute may not be available. Please read the information below carefully. If your child is not taking any medication please indicate below. If your child is taking medication, please indicate how you would like us to handle this.

| | Contact's Name | Cell # | Home # | Work # |
|--------------------|---|--------|--------|--------|
| Mother/Guardian #1 | _____ | _____ | _____ | _____ |
| Father/Guardian #2 | _____ | _____ | _____ | _____ |
| Emergency Contact | _____ | _____ | _____ | _____ |
| Student's Cell # |  _____ | | | |

Physician's orders **MUST** be on file with the Nurse for ALL medications to be administered by the nurse, to self carry and self administer, and/or to withhold. List ALL medications your child will need on this trip, including over-the-counter medications.

| Medication | Dose | Diagnosis/Purpose |
|------------|-------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- _____ No medication is needed.
- _____ My child's medication dose may be withheld on the field trip, as noted on the medication orders.
- _____ I will be serving as a chaperone on this field trip and I will dispense medication to my child.
- _____ My child has Asthma and will be taking his/her inhaler from home. [MS & HS Only]*
- _____ My child has a life-threatening allergy and will be taking his/her Epi-Pen from home. [MS & HS Only]*
- _____ My child will not be going on the field trip.

*Authorization for Self-Administration of Asthma Inhaler and/or Epinephrine Medication Only by Pupil Form MUST be on-file with the School Nurse

Medical/Treatment Consent:

I hereby give my written consent for my child to receive emergency care as necessary while he/she is participating in activities with Cherry Hill Public Schools.

Parent's Signature & Print Name

Date

Please sign and return this form to the school nurse.

Angela Mooney RN, CSN, MA
 School Nurse
 856-616-8787 ext. 3317
 Main office fax: 856-616-0904

Rosa Middle School
 485 Browning Lane
 Cherry Hill, NJ 08034

A Copy of Your Health Insurance Card [Both Sides] Must Be Attached To This Form for All Overnight Trips