

# ROWAN JAZZ FESTIVAL

## WEDNESDAY, FEBRUARY 12, 2020

The Rosa Jazz Band will be participating in the **Rowan Jazz Festival** once again this year. Each performing group will play 2 – 3 selections and then have the chance to work with professional jazz musicians, getting helpful tips on how to become a better jazz performer. We will also attend a jazz workshop. This a wonderful opportunity (and great day!) as we prepare for our upcoming festival and performances.

The Rowan festival takes place on Wednesday, February 12, *during the school day*. We will leave Rosa around 8:30 a.m., perform at 10:30, attend a jazz workshop, and return to Rosa around 1:30 p.m. While at Rowan, we will also be able to listen to other jazz bands from the region. This is a great opportunity to hear other middle and high school ensembles and learn from their performances.

### **What to bring:**

**A BAGGED LUNCH** (no glass bottles)

\$\$ for snacks

Instrument and jazz binder

### **What to wear:**

White Rosa music shirt and black pants/shoes

Please sign and return the attached permission slip no later than Friday, December 13, 2019

This is going to be a great experience!

*Mrs. Mark*

**\*\*\*Please complete the attached permission slip and medical form and return it to Mrs. Mark no later than December 13, 2019**

**GENERAL AND MEDICAL PERMISSION FORM for ROWAN JAZZ FESTIVAL**  
**COMPLETE BOTH PARTS PLEASE!**

My son/daughter (print clearly) \_\_\_\_\_ has my permission to attend the field trip to Rowan University on February 12, 2020 from 8:30 a.m. to 1:30 p.m., projected arrival time back at Rosa International Middle School.

Parent/Guardian Print Name very clearly \_\_\_\_\_

Parent/Guardian Cell Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

OR, IF A STUDENT IS **NOT ATTENDING** THE FIELD TRIP

My son/daughter (print clearly) \_\_\_\_\_ DOES NOT HAVE my permission to attend the field trip to the Rowan Jazz Festival.

Parent/Guardian Print Name very clearly \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**MEDICAL PERMISSION SLIP – MUST BE COMPLETED BY EVERYONE! Rosa International Middle School**

Dear Parent/Guardian:

Your child's class will be away from Rosa Middle School on a field trip on the day indicated. According to the Cherry Hill Public School Administrative Procedure M-10, medication must be administered by a Certified School Nurse. Either a substitute nurse will accompany the class on this trip or your child will receive his/her medication at Rosa either before or after the trip. Please sign and return this form. If you have any questions, please call my office at 856-616-8787, ext.3317. Main office FAX: 856-616-0904

Thank you,

Angela Mooney RN, BSN, CSN

Student Name \_\_\_\_\_

**Date of Trip:** February 12, 2020      LC -----      **Destination:** Rowan University for Jazz Festival

**Emergency Contacts:**

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

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

Student's Cell # \_\_\_\_\_

\_\_\_\_\_ No medication is needed

\_\_\_\_\_ My child's medication dose may be withheld on the field trip, as noted on the medication orders.

\_\_\_\_\_ My child will need (medication name) \_\_\_\_\_ at \_\_\_\_\_ (time).

**(A doctor's order MUST be on file with the nurse's office.)**

\_\_\_\_\_ My child has Asthma and will be taking his/her inhaler from home. **(Proper paperwork MUST be on file with the nurse.)**

\_\_\_\_\_ My child has a life-threatening allergy and will be taking his/her Epi-Pen from home. **(Proper paperwork MUST be on file with the nurse.)**

\_\_\_\_\_ My child **WILL NOT BE GOING** on this field trip

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 signature \_\_\_\_\_ Date \_\_\_\_\_