

**Trip Itinerary for MSU Jazz Festival; JMMS BSMS MS JAZZ and MNH
Friday, April 1 2022**

Bring a book or something to keep you occupied during some of the down time.

Please bring \$5.00 for lunch

We need 2 Chaperones and 1 parent willing to drive a SUV or truck for bigger equipment.

7:15am	meet at JMMS band room, load, depart
9:30am	arrive on campus at MSU
10:00am	MS warmup
10:30am	MS perform, then clinic and sectionals, then sit in Lovett Auditorium and watch/listen
11:00am	lunch arrives (PIZZA and soft drinks, cookies) bring \$5.00

MS eat at 12pm- - - - - HS eat at 11am

11:30am	MNH white warmup
12:00pm	MNH white perform, then clinic and sectionals, then sit in Lovett Auditorium and watch/listen
12:30am	MNH Maroon warmup
1:00pm	MNH Maroon Band perform, , then clinic and sectionals
2:45pm	load bus, then depart for Madville- - you may ride home with your parents
4:30pm	arrive at JMMS, unload

**Dress up! All Black or Black and White.
No Jeans! No Jeans! No Jeans!**

-----detach and return-----

**Hopkins County Schools
Permit for child to take field trip with Teacher
Release of Claim for Damages and Release for Medical Treatment**

I, _____, parent of _____ do hereby consent that such child may
name of student

accompany Mr. Emerson and Mr. Mullins, MS jazz, MNH Jazz on a field trip to MSU Jazz Festival, and in consideration of the teacher giving his/her time in the arranging and supervising of such trip, do hereby personally, and on behalf of such child, absolve and release the teacher and the Board of Education from claim for personal injuries which might be sustained by such child while on such trip, or while returning to his/her home.

Consent for Emergency Care

I/we the parent(s) of _____ de hereby give permission for our son/daughter to be taken to a hospital or doctor by a representative of the school to secure the necessary medical or dental attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and further authorize the release of pertinent medical information the physician, principal, or teacher.

date

Parent/Guardian signature

Insurance Verification
Company _____

Policy # _____