

Campbell Collegiate
Grade 9 Music Retreat Permission Form
(Please return this form to Campbell Music Office ASAP)

I have read and am informed about the retreat at **Living Hope Alliance Church**. I understand that the cost of \$20.00 is included in the school fees and I will ensure that my child's school fees will be paid in September/October. I understand that buses will be provided to transport students to and from Campbell and Living Hope.

Please print your son/daughter's full name in the space below:

Student name: _____

In the event of an emergency when a family member cannot be contacted at home, please try to reach one of the following emergency contacts.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Parent Helper: (please place a check mark beside the following statement if you are able to help):

I am able to help with the set up of lunch and snacks _____

Medical/Dietary Information: Please include below any medical or health concerns as well as **ALL dietary restrictions / food sensitivities/ allergies:**

I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the event described.

Both my son/daughter and I understand that the Regina Board of Education Pupil Discipline Policy applies on all music trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviors are liable to be sent home at their family's expense. The parent or guardian will be contacted prior to any action being taken. If no direct contact is made with the parent or guardian the student will not be sent home unless accompanied by a staff member.

Parent/Guardian name (**please print**): _____

Parent/Guardian Signature: _____

Phone: _____ Date: _____

Student Signature: _____