

# Saint Frances Academy

501 East Chase Street | Baltimore, Maryland 21202

Principal: Deacon Curtis Turner, Ed.D

**To:** Parent(s)/Legal Guardians  
**From:** Saint Frances Academy  
**Date:** November 6, 2019  
**Re:** School Trip

We have arranged for your child to participate in a School Trip to:

## The Charles Theater: "Harriet", 1711 N. Charles St. Baltimore, MD 21201

The following provisions have been made and approved by the school:

Date: Tuesday, November 19, 2019  
Cost: NO COST  
Departure time: 8:30 am Return time: 1:30 pm  
Type of transportation: Students will walk/march to the Charles Theater  
Supervisory personnel: SFA School Faculty and Staff  
Dress requirements: casual dress  
Meal arrangements: As desired - A small soda and popcorn are included  
Emergency Contact: Dr. Kirk P. Gaddy

Reasonable care will be taken by the supervising personnel to ensure the safety of your child. It is absolutely essential, however, that you as the parent or legal guardian, give written permission for your child to participate in this activity.

Please sign the slip, and have your child return it to no later than **Thursday, November 14, 2019**

If your child does not return the signed slip, he/she will not be able to take advantage of this opportunity.

-----  
(Please detach and return this portion to Ms. Drew or front office)

### Release and Waiver

In consideration of my child participating in this field trip experience, I hereby release St. Frances Academy, The Oblate Sisters of Providence, and their agents, employees and principal, of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by my child or children. I hereby grant permission for my child \_\_\_\_\_ to participate in the trip to **Charles Theater: "Harriet," 1711 N. Charles St., Baltimore, MD 21202**. I acknowledge receipt of the information describing the details of the field trip experience.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian phone number on day of trip: \_\_\_\_\_

(If applicable)

Medication(s) to be administered during the field trip: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time dosage is to be administered: \_\_\_\_\_

I hereby authorize supervisory personnel to administer the indicated medication.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_