LAST NAME _____

DUNBAR PLD CHOIR

Chamber Choir Field Trip Permission Form Fall '26

I, the undersigned Parent/Guardian of the student named below, understand the nature of the field trips being planned to the following locations:

Chamber Choir Retreat Chamber Choir (required)	August 22 10:00AM-3:00PM	PLD Choir Room	No Transportation
UK Bluegrass Choral Music Festival Registered students (optional)	September 19 9:00AM-6:00PM	Singletary Center	No Transportation
Fall Concert Chamber & Concert Choirs (required)	October 7 5:00-8:30PM	PLD Auditorium	No Transportation
Sacred Music Festival Chamber Choir (required)	October 9 8:25AM-7:30PM	TBD	FCPS Transportation (one way only)
Homecoming Game Sing Chamber & Concert Choirs (required)	October 16 5:45-6:30PM	PLD Stadium	No Transportation
Transylvania U Halloween Concert Chamber Choir (required)	October 25 8:30AM-1:00PM	Transylvania Mitchell Fine Arts	No Transportation
District All-State Auditions 10th-12th Grade auditionees (optional)	October 26 4:00-9:00PM	Lexington Christian Academy	No Transportation
Youth in Harmony Registered students (optional)	November 21 9:00AM-4:00PM	Crestwood Christian Church	No Transportation
Winter Tour Chamber Choir (required)	December 11 10:00AM-2:00PM	James Lane Allen, Garden Springs, Rosa Parks	FCPS Transportation
Southern Lights Chamber Choir (required)	December 12 5:30-9:00PM	Kentucky Horse Park	No Transportation
Winter Concert All Choirs (required)	December 14 5:00PM-9:00PM	St. Michael's Episcopal Church	No Transportation

STUDENT'S FULL NAME _____ DOB: _____

PARENT'S FULL NAME _____ Emergency Contact #: _____

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

The student's medical form must be on file with the choir office in order to participate in field trips. It is the parent's responsibility to notify us of any changes to the student's medical record.

Parent/Guardian Signature _____ **Date** _____

From FCPS Parent Permission Form for Field Trips