

MAURICE J. MCDONOUGH HIGH SCHOOL

7165 Marshall Corner Road, Pomfret, MD 20675
301.934.2944 | 301.753.1755 | Fax: 301.753.8408
www.ccboe.com/schools/mcdonough
STEVEN ROBERTS, PRINCIPAL

Zohra Cherif Matthew Deegan Sonja Djossou Carmencita Bell Anthony Peck Michelle Gilliam Pamela Thornton
Vice Principal Vice Principal Vice Principal Administrator Administrator Counseling Chair Athletic Director

3 DAYS

Field Trip Student Absence Notification Form

ALL COUNTY
Thespian Troupe

Student's Name: _____

Program Involved: ACTT

Date of Field Trip: 10/1, 10/2, 10/10

Sponsoring Teacher: J. Heyl

Time: 7:25

Return Time: 2:00

Destination: La Plata, Lacey, MHS

Students: Please present this to your teachers. It is the student's responsibility to collect and make up any work missed. Students will be permitted to make up work following the school/teacher's regular excused absence make-up policy.

Period 1 _____ Teacher Initials: _____ Period 6 _____ Teacher Initials: _____

Period 2 _____ Teacher Initials: _____ Period 7 _____ Teacher Initials: _____

Period 3 _____ Teacher Initials: _____ Period 8 _____ Teacher Initials: _____

Period 4 _____ Teacher Initials: _____

TEACHER(S): If you have concerns regarding a student attending a field trip, please briefly describe below:

Parent Emergency Contact Info

In case of emergency or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school administration or teacher in charge to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside the county, to the nearest facility where medical treatment is available. I understand that a school staff member might transport my child. I hold the school system, and said individual harmless of any liability. I have read the above policies concerning student make-up work and absences.

By signing below, I hereby give my consent for the above arrangements:

Home Phone: _____

Emergency Phone: _____

Work Phone: _____

Emergency Contact: _____

Allergies: _____

Special Medical Needs: Yes ___ No ___

Parent/Guardian Signature: _____ Date: _____





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Michelle Gilliam
Counseling Chair

Pamela Thornton
Athletic Director

Field Trip Consent Form

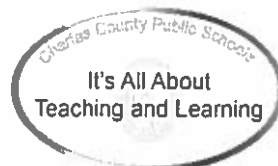
I hereby give my permission for my child, _____, to attend the field trip to ACTT [place] on 10/1, 10/2 [date]. I understand and accept the following conditions:

- 1) I understand that my child will be responsible for any personal articles my child chooses to bring, including jewelry. School employees and chaperones will be not responsible for the loss or damage to any of my child's personal items.
- 2) I understand that all applicable school rules will be in effect while my child is on this trip, including prohibitions against the possession or use of tobacco, alcohol, and controlled dangerous substances. I also understand that my child will be expected to follow the directions of McDonough High School employees and chaperones. Consequences for violations of school rules or directions could result in appropriate discipline as provided by Charles County Public Schools Code of Student Conduct, as well as appropriate discipline of my child during the trip, up to and including the removal of my child from the trip at my expense.
- 3) This trip is subject to last-minute cancellation by Charles County Public Schools for various reasons related to student safety or other concerns. Please recognize that Charles County Public Schools has, on several occasions since September 2001, canceled all school trips (either in county, out-of-county or both) due to local or national circumstances. Charles County Public Schools, its agents, and employees, will NOT be responsible for any non-refundable monies paid by students, parents or guardians in the event this trip is canceled. While the school is willing to help students with the logistics of the trip, the school assumes no financial responsibility in the event the trip must be canceled. The world situation today makes us cautious in planning events months ahead. You need to be aware of the personal and financial risks and responsibilities that you are undertaking if any monies are paid for this trip.
- 4) In case of an emergency or serious illness, I hereby authorize school employees and chaperones to arrange medical treatment for my child, and I request that the school, either prior to treatment when practicable or as soon afterwards as possible, contact me or another person previously identified to the school as an emergency contact.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date



Maurice J. McDonough High School

Emergency Contact/Medical Information Form for School-Sponsored Field Trips

*BRING A LUNCH
EACH TIME*

Student's Name: _____ Grade: _____ DOB: _____ Age: _____
(Last) (First) (Middle)

Date of Trip: *10/11, 10/12, 12/10* Time of Departure: *7:30* Time of Return: *2:00*

Trip Sponsor: *J. Healy* Mode of Transportation: *BUS* Cost per pupil: *0*

Purpose of Field Trip: *All County Thespian Troupe*

Parent/Guardian: _____ Home Phone #: _____

Home Address: _____ Work #: _____

_____ Cell #: _____

List two neighbors or nearby relatives who have your permission to assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Doctor's Phone: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school representative to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside the country, to the nearest facility where medical treatment is available.

List any allergies that this student has: _____

List any medical conditions the school needs to be aware of: _____

List any medication this student takes on a regular basis: _____

Medical Insurance Carrier/Company: _____ Policy #: _____

Parental/Guardian Consent

I hereby give my consent for the above arrangements.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

ACTT -- All County Thespian Troupe—permission slip needs to be returned by Wednesday September 26th . First come , first serve for slots.

Who should consider it? Students wanting to do IEs at State Festival or are prepping auditions. If you want to do it next year, you could come check it out if we have space.

This year's format: We are focusing on helping our students on their State Festival and Scholarship Preparation .

Session One: October 1st 8:15- 1:30 pm at LaPlata HS

Bus leaves from MHS at 7:45 (sharing bus with Lackey HS). Go to first period, check in, and report to the auditorium Hallway. NO student drivers unless cleared by your director and the school we are going to. Only Principal's waiver students would be allowed.

This session will be a Review or Introduction for some students of what Individual Events are. We will go over what they are, rules and regulations, and show videos of best practices. We will be breaking down into groups by Tech, Acting, and Musical Theatre. Each student wanting to do this should come with 1-2 ideas printed out of choices for their IE or scholarship.

Session Two: October 12th 8:15-1:30pm at Lackey HS

We are pushing this deadline so early because registration for State Thespian Festival is due by end of October . We want you to be ready and making good choices.

Same rules as above except this time we are sharing a bus with LaPlata HS

This session will be all about working with the Drama Teachers in your county on your IES. You must come to this one with the material memorized and as 1st performance ready as possible. If you can have read the script that would be awesome. Remember, you aren't acting until the script is out of your face. Tech IES must have chosen their material, have read the script , and have done the analysis. If you are not memorized or have not done the tech analysis , you will not be allowed to go. Drama Directors will check you the day prior. You cannot change titles or IEs at state festival after registration so you really want to put in the work up front on the choosing side.

Session Three: December 10th 8:15-1:30pm at McDonough HS

Same rules as above except this time we are hosting

This session will be all about presenting your work and getting feedback from Theatre Clinicians brought in special for this day. You will get a couple different opinions of your work and be able to see what other students are doing too so you can see what you still need to work on by festival time.

