

# CONSENT & MEDICAL AUTHORIZATION



**SCHOOL:** Olathe East High School

**ACTIVITY:** Annual Theatre Retreat

**SCHEDULED DATE:** July 13<sup>th</sup> – 15<sup>th</sup>, 2022

**Name of Group:** Thespians/Drama Club

**Name of Teacher(s)/Sponsor(s):** Mr. Edward Shafer

**Time of Departure:** 11:00pm July 13<sup>th</sup> **Estimated Time of Return:** 9:00pm July 15<sup>th</sup>

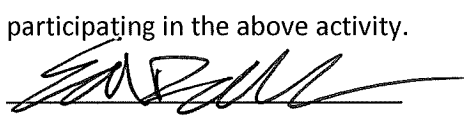
**Field Trip Origination and Termination Point:** Org. – Olathe East High School, Westside Parking Lot  
Term. – Olathe East High School, Westside Parking Lot

**Location of Field Trip:** Hyatt Place – OP/Metcalf  
6801 West 112<sup>th</sup> Street  
Overland Park, Kansas 66211  
Phone – 913-451-2553

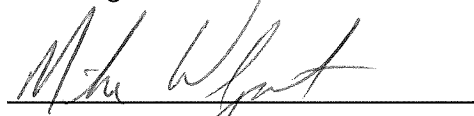
**Rationale for Taking This Trip:** The Theatre Retreat is a wonderful opportunity for students to learn more about both performance and technical aspects of theatre. Students will be able to see professional musicals and plays, tour performance facilities, attend professional workshops, and work on team building with fellow thespians and drama club members.

\_\_\_\_\_ has my permission to attend the Theatre Retreat on July 13<sup>th</sup> – 15<sup>th</sup>, 2022. I understand that the activity is a school sponsored event. I understand that if my student must be sent home early for disciplinary reasons, it will be at my expense. The school district representative supervising the activity is hereby granted my permission to seek and authorize any medical treatment that may be necessary for the health and well-being of the above student in the event of accident or injury while he/she is attending the activity listed for which my permission has been given.

Please make one of the boxes listed below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.



Sponsor



Administrator

03/11/22

Date

Students who consume drugs/tobacco/alcohol, are under the influence of drugs/tobacco/alcohol or are in the possession of drugs/tobacco/alcohol will be returned home at the expense of the parent on the first violation. Parents will be contacted immediately, and the student will be expelled from participation in all OE Theatre related activities in the subsequent season.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date