



Whittier Elementary School

K4 & K5 First Stage Play

Dear K4 & K5 Parents,

On Thursday, December 4th, the K4 & K5 class will be going to the First Stage to participate in a field trip to see a play. First Stage is located at 325 W Walnut St, Milwaukee, WI 53212. The field trip is to assist students to have an outside experience learning to see a live performance in a theater. The cost for this field trip will be \$12.

We will leave Whittier School at 11:15 AM and return at approximately 1:30 PM. **Students will eat at school like we normally would.**

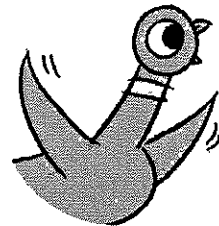
All students must travel to and from First Stage on the field trip bus.

Please fill out and return the bottom portion of this slip as well as the attached field trip slip by Friday, November 21st.

Thank you,

Mrs. Ehlers
K4 Teacher

Mr. Polebitski
K5 Teacher



Please detach and return by Friday, November 21st
(Include the **permission slips** inside of a **sealed envelope** with your **child's name on it**)

I give my child, _____, permission to attend the field trip to First Stage, from 11:15 AM to 1:30 PM. I understand my child will need to bring a bag lunch on this day in a disposable bag.

Parent / Guardian Signature



**PARENT PERMISSION AND WAIVER FORM
FOR FIELD TRIP**

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:
First Stage on 12/4/25 (Date)

Time: Leave: 11:15 Return: 1:30 pm

PERMISSION

We understand that transportation will be by: WI Central Bus Co. at a cost of \$ 12, and we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

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 son/daughter. 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 child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER

We 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). We further agree to release and hold harmless the Milwaukee Board of School Directors, its 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 the student and the costs of medical services, or any cause beyond the control of MPS, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that a student must return to MPS independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student Name (Please Print) _____

Parent or Guardian (signed) _____

Date _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

This field trip does not (circle one) involve recreational swimming.

Please indicate your child's swimming level: Expert Intermediate Beginner Cannot Swim

Please check below IF your child has sensitivity to:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other _____

Required medications: _____

Please check below IF your child has:

☐ Asthma ☐ Diabetes ☐ Kidney Injuries ☐ Seizure Disorder ☐ Heart Condition ☐ Other Medical Condition

Required Medications: _____

Other Medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file with the school. (If ordered by the student's physician, an EpiPen must be provided for all field trips.)