

Dear Theatre Students and Parents,

The theatre arts Program at Deerfield High School is applying to attend the Illinois Theatre association's annual High School Theatre Festival. Soph. through Senior Students in the curricular and co-curricular classes are being invited to attend. Space is limited to 36 students.

What is the Illinois School Theater Festival (IHTF)?

The 44st Illinois High School Theatre Festival is a three-day event, organized by the Illinois Theatre Association and hosted this year by University of Illinois. More than 4,000 Illinois high school students attend annually. It is the largest high school theatre festival in the United States and Deerfield High School has a long history of attendance.

When is The IHTF?

Departure is mid-day on Thursday, January 10. Return is scheduled for the evening of Saturday, January 12, 2019.

What does the IHTF Cost?

The cost to students is projected to be \$150.00 each. The cost covers festival registration, special ceremonies, workshops, productions, showcases and hotel boarding for two days and two nights, and breakfast on Friday and Saturday.

Why should DHS Theatre students attend?

At the festival, students attend workshops in the various aspects of performance and technical theatre. These workshops are taught by attending educators and professionals. Students are also offered the opportunity to attend multiple one-act and full-length productions performed by visiting theatre groups and attending high schools. They also get to meet other theatre students from around the state, and investigate additional information provided by colleges, universities, and theatrical business.

What do I have to do in order to attend?

Fill out the attached forms. Write a check, payable to DHS in the amount of \$150.00. Please include your son's or daughter's name in the memo of the check.

We are excited to extend this educational opportunity to our students. Thank you for supporting and exploring a wide range of learning experiences.

Sincerely,

Michael Clack
Technical Director

Susan Gorman
Theatre Director

THEATRE FEST 2018

Take Flight

WHAT: Illinois Theatre Association High School Theatre Festival

WHERE: University of Illinois

WHEN: January 10th through 12th, leave NOON, DHS Studio Theater Lobby.

You may bring your overnight bag to be locked in the dressing rooms that morning.

January 12th, return DHS, 9:30 p.m. Front Lobby. This may be earlier depending on the All-State performance.

COST: \$150 per student. Students will also need spending money for 5 meals and souvenirs.

HOTEL: Country Inn and Suites

602 W Marketview Dr, Champaign, IL 61822

Phone:(217) 355-6666

Participants will be attending opening ceremonies and performance, workshops, full length and showcase productions, a Dance or Activity night, and the All-State performance of *Pippin*.

Our group has selected to see the opening ceremonies and performance on Saturday, January 10th at 2:00 pm in Auditorium. (Schedule may change)

TRANSPORTATION: District 113 School Bus

WHAT TO BRING: One overnight bag, duffel or suitcase.

Coat, gloves and or hat for walking outside to events

Walking shoes, Comfortable clothes (layers) for doing workshops

Sleepwear and Toiletries

Dance clothes or shoes if movement workshop is selected

Audition materials - monologues, music, or portfolio.

Paper and writing tool for taking notes

Money to purchase meals, snacks, and souvenirs. (Please do not bring large amounts of cash, you will not need it.)

All personal medications must be labeled and in the original packaging.

WHAT NOT TO BRING:

Unauthorized drugs, tobacco or alcohol, weapons. Excessive electronic or technical materials.

A bad attitude.

All students must adhere to the school discipline policy extracurricular code during the trip. See your handbook for consequence of code violations.

Illinois Theatre Festival is partially supported by the Illinois Arts Council.

For more information go to www.illinoistheatrefest.org



TOWNSHIP HIGH SCHOOL DISTRICT 113
Deerfield High School ▪ Highland Park High School

**PARENTAL PERMISSION PARTICIPATION FORM
FOR EXTENDED NATIONAL or INTERNATIONAL TRIPS**

WAIVER OF LIABILITY

Students have many opportunities to participate in various school-sponsored extracurricular activities, day field trips, and/or extended field trips, both nationally and internationally as an extension of classroom interests or special interest clubs.

When a student and their family choose to participate in one of these activities, the District 113 Board of Education cannot assume responsibility for the safety and welfare of students while they are off campus beyond making reasonable provision for their supervision by representatives of the School District designated to supervise the activity.

Costs for Travel: Signing up for a trip indicates that the student is obligated to fulfill his/her monetary commitment; therefore, there is no expectation of a refund for issues including disciplinary action, medical illness, or other similar circumstances.

For international travel, parents are encouraged to purchase trip insurance. Township High School District 113 is not responsible to refund students for cancelled trips or to pursue reimbursement from travel agents or trip insurance carriers, under any circumstances.

By signing below, parents/guardians acknowledge that it is the responsibility of the parents/guardians to ensure that their student(s) is/are properly vaccinated for any international field trips. The District is not responsible for ensuring that students obtain vaccinations for international trips. For information purposes only, here is the link to CDC's website as it pertains to vaccinations for foreign travel: <https://wwwnc.cdc.gov/travel>

Additionally, your signature below constitutes and is evidence of (1) your consent to permit your student to participate in the school activity/field trip described below; (2) your acknowledgement that there are certain risks of injury, allergic reaction, property damage, loss, or other harm that may arise from your student's participation in such school activity/field trip; (3) your agreement to accept general liability for the participation of your student in the school activity; and (4) your agreement to waive, release, indemnify and hold harmless the District 113 Board of Education, its members, officers, administrators, employees, agents, volunteers, and insurers, from and against any and all claims and liability, including but not limited to costs, expenses, and attorneys' fees, by reason of injury, allergic reaction, loss, or other harm, arising out of, in connection with, or in any manner related to your student's participation in the school activity as described below.

IN LOCO PARENTIS: *By signing below, you also give District personnel, volunteer medical personnel, and trip chaperones permission and authority for, and on your behalf to authorize any licensed medical practitioner to render medical aid and treatment to your student, should your student require medical attention.*

My student, _____, has permission to participate in the following school activity/trip under the terms and conditions listed above, which include my consent for the medical aid/treatment of my student if required:

[Field trip title, location, and date(s)]

[Name of parent/guardian (1)]

[Signature of parent/guardian (1)]

[Name of parent/guardian (2)]

[Signature of parent/guardian (2)]

[Name of student]

[Signature of student (if 18 years or older)]

[Date]

FOR INTERNATIONAL TRIPS, THIS FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

(NOTARY SEAL)

THIS IS A SCHOOL SPONSORED EVENT AND ALL SCHOOL RULES WILL BE ENFORCED. IF THERE IS ANY UNAUTHORIZED USE OF DRUGS, ANY USE OF ALCOHOLIC BEVERAGES, OR OTHER VIOLATIONS OF SCHOOL RULES, PARENTS/GUARDIANS WILL BE NOTIFIED, AND CONSEQUENCES IMPLEMENTED BY THE HIGH SCHOOL DEAN OF STUDENTS, SCHOOL AUTHORITIES, OR LOCAL AUTHORITIES, AS APPROPRIATE.

Township High School District #113
Medical Release Form for Extended and
International Field Trips

Student Name _____ Birth Date _____ Grade _____

Address _____ City/State _____ Home Phone _____

EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Cell #: _____ Work #: _____

Father/Guardian Name: _____ Cell#: _____ Work#: _____

In the event that a parent/guardian cannot be reached contact one of the following:

Name _____ Relationship _____ Cell# _____ Work# _____

Name _____ Relationship _____ Cell# _____ Work# _____

PHYSICIAN/INSURANCE INFORMATION

Physician: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Under the name of: _____ Relationship: _____

Please attach copy of insurance card, both sides.

STUDENT'S HEALTH HISTORY

Does your child have a health condition which may require **EMERGENCY ACTION** while he/she is at school? (e.g., seizure, allergy, asthma, diabetes, heart problem, or other problem) NO YES, describe: _____

Allergies: NO YES, please list: _____

Does your child take ANY medications, prescription and/or over-the-counter? NO YES, please list: _____

The following non-prescription medications will be dispensed on an as-needed basis **only if a doctor has initialed each allowed medication**. A "Permission Form to Administer Medication" must be signed and attached.

- _____ 1. Acetaminophen (Tylenol) 500 mg. Take 1-2 tablets/caplets every 4 to 6 hours as needed for pain. Do not exceed 8 tablet/caplets in 24 hours.
- _____ 2. Ibuprofen (Motrin or Advil) 200 mg. Take 1-2 tablets/caplets with snack every 4-6 hours as needed for pain. Do not exceed 6 tablets/caplets in 24 hours.
- _____ 3. Diphenhydramine (Benadryl) 25 mg Take 1-2 capsules every 6-8 hours as needed for allergic reaction. Do not exceed 12 capsules in 24 hours.
- _____ 4. Phenylephrine HCL(Sudafed PE) 10 mg. Take 1 tablet/caplet every 4 hours as needed for nasal congestion. Do not exceed 6 tablets/caplets in 24 hours.
- _____ 5. Loperamide HCL (Imodium) 2 mg. Take 2 caplets after the first loose stool, followed by 1 caplet after each subsequent loose stool. Do not exceed 4 caplets in 24 hours.
- _____ 6. Calcium carbonate (chewable antacid TUMS 500 mg). Chew 2-4 tablets as needed for upset stomach. Do not exceed 15 tablets in 24 hours.

Please check (✓) if the student carries the following items. These should remain with the student for the duration of the trip in accordance with Public Act 92-0402.

NO YES Diabetes supplies and medication

NO YES Asthma inhaler

NO YES Emergency epinephrine

Prescription/Non-Prescription Medications: *If the student requires medication, the "Permission Form to Administer Medications" must be completed and attached to this form.

MEDICATION PROCEDURE

The District 113 medication procedure is in effect for all trips. Therefore, students may not carry or self-administer any prescription or non-prescription medication except emergency epinephrine, asthma inhalers, and diabetes medications. All prescription and non-prescription medication must be in original containers, kept in the student's carry-on luggage during flight according to TSA regulations, and turned into the district-designated administrator on arrival at the hotel (with exceptions noted above). A "Permission Form to Administer Medication" must be signed and attached to this form. The district-designated administrator is restricted from dispensing any medication that does not belong to the student. Each student is responsible for requesting his/her medication from the sponsor/nurse according to their medication schedule. My signature on this form authorizes release of this information by the district-designated administrator in the event of illness or emergency.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO TREAT

In the event of my child's illness or injury, I hereby authorize District school personnel to provide emergency first aid and, if necessary, to take my child to the nearest hospital or emergency care facility. My signature below indicates that I agree to assume all responsibility and expenses incurred as a result of any emergency care needed.

Parent/Guardian Signature: _____ Date: _____

Student I.D. # _____
Numero de Identificación del Estudiante

Date Received: _____
Recibido el Día

Nurse Reviewed: _____
Revisado por Enfermera

Permission Form to Administer Medications

Forma de Permiso para Administrar Medicamentos

Township High School District 113

Deerfield High School
1959 N. Waukegan Rd. Deerfield, IL 60015
Phone: 224/632/3200; Fax: 224/632/3206
Teléfono Fax

Highland Park High School
433 Vine Ave. Highland Park, IL 60035
Phone: 224/765/2200; Fax: 224/765/2708
Teléfono Fax

All Medication Must Be Properly Labeled

Todo medicamento debe estar etiquetado adecuadamente

Student Name: _____ Date of Birth: _____ Fr. So. Jr. Sr.
Nombre del Estudiante Last First Fecha de Nacimiento 9 10 11 12 (grado)
Apellido Primer Nombre

Start Date _____ Discontinuation Date: _____
Fecha de Comienzo Fecha de Descontinuación

Diagnosis/Reason _____
Diagnóstico/Razón

Medication: _____
Medicamento

Daily: _____ PRN: _____ Emergency: _____
Diario Cuando sea necesario Emergencia

1. Strength: _____ Dosage: _____ Frequency: _____ Time: _____
Potencia Dosis Frecuencia Hora
2. Route of administering: _____
Forma de administrar
3. Side effects student should be observed for: _____
Efectos secundarios por los cuales el estudiante debe tenerse en observación
4. Other medication student is receiving: _____
Otros medicamentos que el estudiante recibe

I hereby request and grant permission for Township High School District 113 school nurse or any registered nurse approved by the District, or in the case of an emergency, another staff member, administer medication to my student according to the above instructions. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the storage, administration, or self-administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication, except for willful and wanton conduct. (este párrafo esta en español en la parte posterior)

For Asthma Medication/Epinephrine Auto-Injectors/Diabetes Medication* Only: I consent to my student's possession and unsupervised self-administration of (circle applicable medication) asthma medication/epinephrine auto-injectors/diabetes medication: _____yes _____ no. (este párrafo esta en español en la parte posterior)

* A student must be authorized to self-administer insulin in accordance with the student's individual health care plan, Section 504 plan, or diabetes care plan. (este párrafo está en español en la parte posterior)

Parent/ Guardian signature
Firma del Padre/Tutor

Licensed Prescriber signature
Firma del Prescriptor con Licencia

Emergency # of Parent/Guardian
No. de Emergencia del Padre/Tutor

Address/Phone
Dirección/Teléfono

Date
Fecha

Date
Fecha

Medication cannot be given unless this form is completed in its entirety and signed by the licensed prescriber and parent/guardian*

El medicamento no puede ser dado a menos que esta forma sea llenada en su totalidad y firmada por el prescriptor con licencia y el padre/tutor

*The licensed prescriber signature is not required for a student's self-administration of asthma inhalers.

*La firma del prescriptor con licencia no es requerida para la auto-administración de inhaladores de asma de un estudiante.

Student's Name: _____
Nombre del Estudiante

Student I.D. #: _____
Número de Identificación del Estudiante

Por la presente solicito y concedo permiso a Township High School District 113 para que la enfermera de la escuela o cualquier enfermera registrada aprobada por el Distrito, o en el caso de una emergencia, otro miembro del personal, le administre medicamento a mi estudiante de acuerdo con las instrucciones anteriores. También renuncio a cualquier demanda contra el Distrito Escolar, los miembros de la Junta Educativa, sus empleados, y agentes, que surjan del almacenamiento, administración, o de auto-administración de dicho medicamento, y acepto mantener indemne e indemnizar al Distrito Escolar, los miembros de la Junta Educativa, sus empleados y agentes, ya sea en conjunto o separadamente, de y contra de cualquier y toda responsabilidad, reclamos, demandas, daños, o causas de acción o de lesiones, costos, y gastos, incluyendo honorarios de abogados, como resultado de o que surjan de la administración o la auto-administración de medicamento, a excepción de la conducta deliberada e injustificable.

Para Medicamento de Asma/ Auto inyectores de Epinefrina/Medicamento de Diabetes* Solamente: Le doy mi consentimiento a mi estudiante de poseer y auto-administrarse sin supervisión de (ponga un círculo al medicamento aplicable) medicamento de asma/auto inyectores de epinefrina/medicamento de diabetes: ____ si ____ no.

**El estudiante debe estar autorizado para auto-administrarse insulina de acuerdo con el plan individual de salud del estudiante, plan de la Sección 504, o un plan de cuidado de la diabetes.*

DIST. 113 SCHOOL NURSE USE ONLY
Solamente para Uso de la Enfermera del Distrito 113

Date: _____
Fecha

Name of Medication: _____
Nombre del Medicamento

Dosage: _____
Dosis

of Pills/Capsules: _____
Cantidad de Pastillas/Capsulas

Notes/Comments: _____
Notas/Comentarios

District 113 Nurse's Signature
Firma de la Enfermera del Distrito 113

Parent/Guardian Signature
Firma del Padre/Tutor

Date: _____
Fecha

Name of Medication: _____
Nombre del Medicamento

Dosage: _____
Dosis

of Pills/Capsules: _____
Cantidad de Pastillas/Capsulas

Notes/Comments: _____
Notas/Comentarios

District 113 Nurse's Signature
Firma de la Enfermera del Distrito 113

Parent/Guardian Signature
Firma del Padre/Tutor

Date: _____
Fecha

Name of Medication: _____
Nombre del Medicamento

Dosage: _____
Dosis

of Pills/Capsules: _____
Cantidad de Pastillas/Capsulas

Notes/Comments: _____
Notas/Comentarios

District 113 Nurse's Signature
Firma de la Enfermera del Distrito 113

Parent/Guardian Signature
Firma del Padre/Tutor