

Come From Away

Dear Parents and Guardians:

Come From Away will be playing at the Academy of Music in Philadelphia this February. *Come From Away* tells the story of the real-life experiences of Gander, Newfoundland and the almost 7000 airline passengers who were forced to land there when US airspace was closed on September 11, 2001. This show celebrates the best of human generosity, kindness and compassion. The musical focuses on the good that came from new friendships, romances and connections that were born from people reaching out a supportive hand.

We are thrilled to have secured a group rate for tickets to the performance on **Thursday, February 6th, 2025 at 7:30 PM**. The cost of our tickets and round-trip school-bus transportation to the show will be **\$48.00 per person**. Our seats are located in the amphitheater section of the Academy.

It is our hope to have as many students join us as possible. This is a wonderful opportunity to experience the theater together as a community of learners.

We will meet at the Middle School parking lot at 5:30 PM. We will leave the Academy of Music by 9:30 PM and arrive back at the Middle School by 10:30 PM. Please be prompt to pick up your child(ren).

Please return your permission slip with check (payable to LMTSD) or cash and your health form by Wednesday, November 6th to Mrs. D'Orazio in room 116 BEFORE SCHOOL.

We hope that you can join us. Please reach out to us by email with any questions.

Mrs. Ellen Segalow & Mrs. Melanie D'Orazio
esegalow@lmtsd.org mdorazio@lmtsd.org

Lower Moreland Township School District
Field Trip Medical Information and Permission Form

"Come From Away" Performance on
Date/ Hours/Location of Field Trip: Thursday, February 6th, 2025 at The Academy of Music
Supervising Teacher: Mrs. Ellen Segalow & Mrs. Melanie D'Orazio Total Cost: \$48⁰⁰
Completed Form Must be Returned By: Wednesday, November 6th, 2024

Student Name: _____ Grade: _____ Date of Birth: _____

List any medications to be administered on the trip: (if none, you must write "NONE" in the appropriate space)

List any allergies (bee stings, medication, food, etc.): (if none, you must write "NONE" in the appropriate space)

List any serious medical conditions: (if none, you must write "NONE" in the appropriate space)

List any medications presently taken: (if none, you must write "NONE" in the appropriate space)

Father/Guardian Telephone Numbers:

Home _____ Work _____ Cell _____

Mother/Guardian Telephone Numbers:

Home _____ Work _____ Cell _____

In case of an emergency, if unable to reach parent, notify:

Name: _____ Relationship: _____

Phone numbers: Home _____ Work _____ Cell _____

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Health Insurance: _____ Policy Number: _____

1. In the event of an emergency, Lower Moreland Township School District personnel may authorize emergency medical treatment for my child as I give permission for my child to participate in the field trip described above.
2. I agree to pay the expense of returning my child home before termination of the event if he or she does not adhere to established standards of conduct.
3. I understand that the school is not responsible for damage or loss of property personally owned by my child.

Signature of Parent/Guardian: _____ Date: _____

* In case of inclement weather, I acknowledge that the theatre ticket is non-refundable. I understand that I will be refunded for the bus only. _____ *
Initials