



## DC TRIP INFORMATION PACKET and PERMISSION SLIP

\_\_\_\_\_ (print student's full name) has my permission to travel with a group of students in grades 7-12 of The Academy at Charlemont ("The Academy") on a multi-day field trip to Washington, DC March 13 - 17, 2016. Departure and arrival will be to and from a location in Northampton; families are solely responsible for getting children to and from the drop-off/pick-up point in a timely manner.

Students and chaperones will stay in a hotel. The cost of the trip is \$500, with the amount to be paid in full to The Academy no later than January 12, 2016 (see payment information below). This fee covers travel, accommodations, admission to any locations, and the cost of meals. The only extra money students will need is discretionary spending money.

All the materials contained in this packet must be completed as outlined herein. Any student who wishes to participate in this trip must submit the following according to these directions:

1. **By Tuesday, January 12, 2016**
  - a. Completed Field Trip Permission form to the Main Office
  - b. Full payment of \$500 (N.B. Should the trip end up costing less, monies will be refunded to families)
2. **By February 29, 2016**
  - a. Student Medical Information form, Emergency Medical Information form, Student Health Information form, and any and all medications for the student, clearly labeled and with clear dosage instructions, must be delivered to the Main Office.

### Guidelines for Student Behavior on the Trip

1. Each student must conduct her/himself in a mature, well-behaved manner and must obey all directions from the chaperones.
  2. The Academy Honor Code is in effect for the entire trip.
  3. Students must dress in appropriate (read modest and warm) clothing.
  4. The students must remain with their assigned chaperone while visiting cultural sites, museums, etc. Any student leaving a chaperone will be subject to disciplinary action.
  5. The school administration advises parents/guardians and students that all student possessions and luggage are subject to search; behavior or incidents involving the possession/use of a weapon or the possession/use of any form of tobacco, alcoholic beverage, or any other controlled dangerous substance will result in an immediate telephone request from the administrator in charge to parents/guardians to remove the student from the trip and an appropriate disciplinary action.
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## Field Trip Permission Form Washington, DC Trip Agreement

\_\_\_\_\_ I (Parent/Guardian) understand trip guidelines, I have made certain that my child understands them, and I require my child to comply with them.

\_\_\_\_\_ I (Student) understand trip guidelines, and agree to comply with them.

I / We,

\_\_\_\_\_  
*full name(s) of parent(s) / person(s) / organization giving consent*

Address:

\_\_\_\_\_  
*street address, city*

\_\_\_\_\_  
*province/ state, country*

Telephone and email:

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*email*

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

### Information about travelling child

Name:

\_\_\_\_\_  
*child's full name*

Date and place of birth:

\_\_\_\_\_  
*mm/ dd/yy*

\_\_\_\_\_  
*city, province/ territory*

Number and date of issue of passport (optional):

\_\_\_\_\_  
*number*

\_\_\_\_\_  
*mm/ dd/yy*

Issuing authority of passport (*optional*):

\_\_\_\_\_  
*country where passport was issued*

### Information about accompanying person

This child has my / our consent to travel with Dr. Brian Bloomfield, an employee at The Academy at Charlemont. He is authorized as a chaperone for my above mentioned child.

### Contact information during trip

I / We give our consent for this child to travel to:

Destination(s):

\_\_\_\_\_  
*Washington, DC*

Travel dates:

\_\_\_\_\_  
*March 2016*

**Signature(s) of person(s) giving consent**

**Signature of student attending the trip**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*signature(s) of person(s) giving consent*

\_\_\_\_\_  
*signature(s) of person(s) giving consent*

\_\_\_\_\_  
*mm/ dd/yy*

\_\_\_\_\_  
*mm/ dd/yy*

## STUDENT MEDICAL INFORMATION

The Academy requires a written statement from a physician to allow a student to take any medication.

If you have not yet submitted a medical form to The Academy for the current school year, please have your doctor include the information requested below concerning the medication prescribed. Have your child deliver the medication to school by February 29, 2016.

The medication should be carried to school in the original container, appropriately labeled by the pharmacy or physician.

This law also applies to administration of over-the-counter drugs, such as aspirin, acetaminophen, ibuprofen, and allergy medication. These drugs cannot be dispensed on the trip unless we are so directed by your physician.

Student's name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication Dosage Time of Administration

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Possible Side Effects

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Family Physician

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL INFORMATION**

To Whom It May Concern:

By reason of my/our child being on a field trip to Washington, DC, I/we, as (a) parent(s) and /or legal guardian(s) of \_\_\_\_\_(student’s full name – please print) hereby authorize any emergency medical treatment by a physician or surgeon attached to the staff of an accredited hospital, if such treatment is deemed necessary. I will assume necessary expense, if any.

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Please attach a copy of the medical insurance card.

**MEDICAL EMERGENCY INFORMATION**

Student’s DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Work Phone Number (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Cell Phone Number (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

I/We (on behalf of both) [  ] AUTHORIZE; [  ] DO NOT AUTHORIZE the staff of The Academy at Charlemont to make medical treatment decisions for the minor child listed above if needed. If not authorized, we have provided Emergency Contact Information below:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date

## STUDENT HEALTH INFORMATION

Student's Full Name \_\_\_\_\_

Please indicate if your child has any disabilities. If so, on the attached form, please outline any medical procedures that might have to be followed.

Epilepsy \_\_\_\_\_

Hay Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Bee Sting Allergy \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Problems \_\_\_\_\_

Ulcers \_\_\_\_\_

Kidney Problem \_\_\_\_\_

Bladder Problems \_\_\_\_\_

Fainting \_\_\_\_\_

Motion Sickness \_\_\_\_\_

Sleep Walking \_\_\_\_\_

Food Allergies (list the foods) \_\_\_\_\_

Drug Allergies (list the drugs) \_\_\_\_\_

Allergies (list substances) \_\_\_\_\_

Other \_\_\_\_\_

Blood Type (if known) \_\_\_\_\_

Date of last tetanus booster (if known) \_\_\_\_\_

Is your child on daily medication at home? \_\_\_\_\_

If yes, list the medication(s) and dosage \_\_\_\_\_

If your child in general good health and able to participate in the field trip? \_\_\_\_\_

Has your child had an operation or serious injury in the last two years? \_\_\_\_\_

Does your child have any recurring physical or emotional problems? \_\_\_\_\_

Date of your child's most recent physical examination \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT:** Medication must be accompanied by a written physician's order. The medication, which needs to be in its proper container, with a written physician's order (form included) must be given to the Main Office no later than February 29, 2015.

\_\_\_\_\_  
Signature of One Parent / Guardian

\_\_\_\_\_  
Date