



# Chenery Middle School

## Grade 8 Washington, DC Trip Forms Checklist

PRINT STUDENT NAME

PLEASE USE CHECKLIST BELOW TO INSURE ALL FORMS HAVE BEEN COMPLETED. ATTACH THIS CHECKLIST TO THE TOP COPY OF FORM A. RETURN ALL FORMS STAPLED TO THE UPPER SCHOOL OFFICE OR MR. DYER NO LATER THAN

**FRIDAY, FEBRUARY 7, 2014**



### FORM A – Student Rules and Regulations Personal Behavior Contract

- Print Student Name
- Student Signature
- Parent Signature



### FORM B – Overnight/International Trip Consent Form, Release from Liability & Indemnity Agreement

- Student Name Printed
- Parent/Guardian Signature
- Relationship



### FORM C – Student Health and Emergency Release Form

- Information Filled Out
- Signature for Over-the-Counter Medications, if needed
- Signature for Authorization for Treatment of Minor



### FORM D – Parent/Guardian Authorization for Medication Administration (*if needed*)

- Information Filled Out
- Parent/Guardian Signature
- Dated
- Form D Not Needed

C  
U  
T  
O  
N  
D  
A  
S  
H  
E  
D  
L  
I  
N  
E  
S

CUT ON DASHED LINES

AFTER CUTTING OUT, STAPLE TO THE FRONT OF THE DC FORMS



**Chenery Middle School  
Grade 8 Washington, DC Trip**

**STUDENT RULES AND REGULATIONS PERSONAL BEHAVIOR CONTRACT**

The CMS Grade 8 trip to Washington, DC you have chosen to attend offers many unique opportunities and experiences. Beyond the educational benefits, the tour offers opportunities to form new friendships and to meet the challenges of independence.

As a student participant, it is your responsibility to help make the tour a positive and enjoyable experience for yourself, fellow students, and chaperones. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and accountability for their actions. You are expected to exhibit courteousness and consideration toward others. This includes those in your group, as well as anyone else with whom you may come in contact, such as Motorcoach Drivers, guides and restaurant and hotel staff.

Our goal is to make this trip an educational, safe, and enjoyable experience for everyone. We require your cooperation and commitment to the following behavior standards to help us meet this goal.

We expect the student/participant to obey the following rules of behavior:

- ❖ The student is to follow all rules and regulations established by the CMS Student Handbook.
- ❖ The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or WorldStrides.
- ❖ The student shall comply with all rules and regulations of the various governmental and vendor agencies (such as airlines, hotels, motorcoach companies, etc.).
- ❖ The student shall remain with the group at all times.
- ❖ The student shall follow the directions of the Program Leader, chaperones, and WorldStrides staff.
- ❖ The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- ❖ Quiet hours at the hotel will be observed from 10:00 p.m. until 6:00 a.m. At 10:00 p.m. students must be in their own rooms. Students must remain quietly in their rooms until awakened by chaperones.
- ❖ The student may never leave the hotel unless accompanied by a chaperone.
- ❖ The student must sleep in his/her assigned hotel room each night.

If the student should violate any of these rules, he/she may be sent home at the discretion of a CMS administrator. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

**Student Contract**

I have read, and I understand the behavior rules and regulations. I agree to comply with all of these rules and regulations.

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

**Parent Contract**

I have read, and I understand and support the rules and regulations. I represent that my child or ward has read the rules and regulations and has agreed to comply with all of them. It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

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

**PLEASE SIGN AND RETURN ALL FORMS TO THE UPPER SCHOOL OFFICE OR MR. DYER NO LATER THAN  
FRIDAY, FEBRUARY 7, 2014**



**BELMONT PUBLIC SCHOOLS**

\_\_\_\_\_  
PRINT STUDENT NAME

**OVERNIGHT/INTERNATIONAL TRIP CONSENT FORM,  
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT**

I/We, the undersigned parent(s) or guardians of \_\_\_\_\_, a minor, do hereby CONSENT to his/her participation in the Chenery Middle School Program Educational Trip to Washington, DC (hereinafter referred to as the "Program") planned for June 2nd through June 6, 2014, and sponsored by the Belmont Public Schools.

I/We forever RELEASE, acquit, hold harmless and discharge the Town of Belmont, Belmont Public Schools and departments, officers, employees, and agents (hereinafter collectively referred to as "Belmont"), from any and all actions, causes of action, claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, any known or unknown personal injuries or property damage which I/we may now or hereafter have as the parent of said minor and/or from said minor's participation in the Program. I/We also RELEASE, acquit, hold harmless and discharge Belmont from any and all actions, causes of action, claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Program.

I/We furthermore agree to defend, INDEMNIFY and HOLD HARMLESS Belmont against any claim, damage, loss or expense of whatever kind or nature that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Program.

I/We hereby authorize Belmont's employee(s) or agent(s) who is supervising said minor and/or the host family of said minor (if applicable) to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge Belmont from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

I/We also hereby acknowledge that Belmont, acting through the Superintendent of Public Schools or his/her designee, has the authority to cancel, reschedule or alter in any other manner the Program whenever he/she determines in his/her sole discretion that such cancellation, rescheduling or alteration is required in order to protect the safety and welfare of said minor. I/We agree to release Belmont from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling or alteration.

I/We further authorize Belmont's employee(s) or agent(s) who is supervising said minor while participating in the Program to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish. I/We agree that such employee(s) or agent(s) shall have the right to enforce such rules, standards of behavior or instructions and shall have the further right to terminate said minor's participation in the Program at any time when such employee(s) or agent(s) considers the conduct of said minor incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with said minor's own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or weapon(s) will constitute grounds for terminating said minor's participation and may result in further disciplinary action by school officials. If said minor's participation is terminated, I/we consent to have said minor sent home in the most expeditious manner without refund at my/our own expense. I/We accept in good faith the determination of such employee(s) or agent(s) in all matters relating to the supervision of said minor while in the Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

THIS FORM MAY NOT BE ALTERED

Cancellation of Any Field Trips

The Superintendent reserves the right to cancel any field trip up until the time of departure.



# BELMONT PUBLIC SCHOOLS STUDENT HEALTH AND EMERGENCY RELEASE FORM

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MA Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Parent/ Guardian Name(s):**

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

***In an emergency, when parent/guardian cannot be reached, please contact the following:***

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Please list any known **Allergies** and describe the reaction that occurs: \_\_\_\_\_

**PLEASE NOTE: YOUR CHILD MUST CARRY HIS / HER EPIPEN AT ALL TIMES DURING THE TRIP**

Other **Medical Conditions:** \_\_\_\_\_

Will your student take medicine while on this trip? \_\_\_\_\_ If yes, please contact the CMS Nurse to discuss a plan. 617-993-5807/5806

**PLEASE NOTE: YOUR CHILD MUST CARRY HIS/HER INHALER AT ALL TIMES DURING THE TRIP**

**MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER CLEARLY LABELED BY PHARMACY WITH CORRECT DOSAGE AND TIME FOR ADMINISTRATION.**

Medication Name	Dose	Time(s)	Reason for Taking
_____	_____	_____	_____
_____	_____	_____	_____

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Occasionally it is necessary to administer non prescription (over the counter medications such as Tylenol or Advil) for minor discomfort. These medications can only be administered with parent/guardian permission.

***Please sign here to give permission for your child to receive over the counter medications if needed.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT OF MINOR

In the event of an emergency, I hereby give permission to secure proper treatment for my child. If necessary, this includes selection of physicians and medical treatment facilities that are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

**Signature of Parent/Guardian Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_



PRINT STUDENT NAME \_\_\_\_\_

**BELMONT PUBLIC SCHOOLS**

**PARENT/GUARDIAN AUTHORIZATION FOR MEDICATION ADMINISTRATION**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D. O. B. \_\_\_\_\_

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

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cell telephone number: \_\_\_\_\_

Please give my son/ daughter the following medication in school: \_\_\_\_\_

My son/ daughter is also currently taking the following medications (to be completed if not in violation of confidentiality):

My son/ daughter has the following drug allergies: \_\_\_\_\_

I consent to have the school nurse or school personnel delegated by the School Nurse administer the medication prescribed by:

\_\_\_\_\_ to \_\_\_\_\_  
(Licensed Prescriber) (Student's Name)

I give permission for my son/ daughter to self-administer medication, if the school nurse determines it is safe and appropriate.

\_\_\_\_ Yes \_\_\_\_ No

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; **however, the medication will be destroyed if it is not picked up within one week following the termination of the order or by the close of school in June.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_