

To all 8<sup>th</sup> graders and parents:

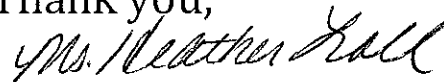
Please read, discuss, sign and return ALL forms attached and a copy of your current health insurance card (front and back) completed by Friday, November 18, 2016. The forms can be returned to Mrs. Baitala or Ms. Loll in room 102. The health insurance card can be attached to the back of the packet being returned.

Any questions, please email me:

[HeatherLoll@parkridge.k12.nj.us](mailto:HeatherLoll@parkridge.k12.nj.us) 8<sup>th</sup> grade trip advisor.

There will be a nurse on the trip and the chaperones are teachers from the school and Mr. Cosgrove is the administrator.

Thank you,



Ms. Heather Loll

PARK RIDGE PUBLIC SCHOOLS

EDUCATION/SCHOOL SPONSORED FIELD TRIP  
PERMISSION FORM

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

TRIP INFORMATION

Wed-Fri May 10-12, 2017  
Date(s) of Trip: \_\_\_\_\_ Destination: Washington, D.C

Subject: English Science/Social Studies Teacher in Charge: Heather LOLL

Approximate Cost: \_\_\_\_\_ Departure Time: 6:30 am Wednesday May 10, 2017  
(No cash accepted for student fees/tickets-checks made payable to "Park Ridge High School")

Approximate Arrival Time  
At Park Ridge School: 6:30 pm Friday, May 12, 2016

TO PARK RIDGE SCHOOL ADMINISTRATION:

My signature below indicates approval for my son/daughter \_\_\_\_\_  
(Student's Name)

to go on the field trip outlined above. I understand that no money will be refunded once paid, unless the trip is cancelled. We understand that all regular school rules and regulations are in full effect, as well as any additional rules established by the teacher in charge; and, that infractions of rules will lead to disciplinary action, whether detention and/or suspension. If it should be deemed necessary for a student to be sent home, it will be done so at the parent's expense.

Please list a phone number where a parent/guardian may be reached during the time of the trip. \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Teacher Heather Loll Date: 10/1/16

NOTE: This form must be completed and on file in the school office or the student shall not go on the trip. A completed form for each student going on the trip must be submitted to the school office, no later than forty-eight hours prior to departure time. Copies should be kept with you at all times during the trip

## **Park Ridge Middle School 8<sup>th</sup> grade trip to Washington, D.C.**

### **RULES and REGULATIONS:**

The following rules and regulations are required by the Park Ridge Middle School administration. These rules and regulations **MUST** be read and signed by each student and their parents/guardians in order to participate in this trip.

< All luggage will be inspected prior to departure.

<No tobacco, alcohol or illegal substances are permitted as per school board policy

<Upon arrival at hotel, all students will stay with their assigned group and chaperone throughout the entire trip. Trips to the restroom should be with a partner.

<ALL medications will be in a Ziploc bag with the student's name, in the original medicine container with directions and given to the nurse on the trip the day of departure. There will be a table set-up labeled, "NURSE"

<Rooms will be inspected and any damage incurred after this, is the responsibility of the student.

< Curfew is 10 P.M. After 10 p.m. students are NOT allowed to leave their room. Doors will be taped shut. 11p.m. is QUIET time.

< After breakfast on the last day, room inspection and check out will take place. All students need to be packed up and ready to depart.

#### BUS RULES:

< Be respectful at ALL times of the tour guides, chaperones and other students.

< No yelling, throwing objects, changing seats, etc. during the trip.

< Snacks are allowed and canned soda, juice and water. NO GLASS, ENERGY DRINKS OF ANY KIND INCLUDING MOUNTAIN DEW!!

< Everyone is responsible for his/her own garbage.

< One backpack will be allowed but must remain on the bus due to security regulations at the museums, etc.

< Ipods, DVD's and cellphones are allowed on the way down and back on the bus, NOT SPEAKERS !

< You are responsible for what you bring!

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I have read, understand and agree to follow all of the above rules and regulations. I also understand

that disruption or disrespectful behavior WILL NOT be tolerated and may result in the parent of the offender being summoned to Washington, D.C. to pick up their child.

Parent signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Parent name printed:

\_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student name

printed: \_\_\_\_\_

## Washington, D.C. 8<sup>th</sup> Grade Class Trip

Any student who accumulates five (5) detentions due to unacceptable behavior in school WILL NOT be able to participate. There will be no refunds according to Curriculum Travel of America (CTA).

**\*\* THE SCHOOL DRESS CODE WILL BE IN EFFECT DURING THIS TRIP\*\***

I have read, understand and agree.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent name printed \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Student name printed \_\_\_\_\_

MEDICAL INFORMATION-MEDICATION PERMISSION  
WASHINGTON, DC TRIP

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_  
WORK (MOM) \_\_\_\_\_ (DAD) \_\_\_\_\_  
CELL (MOM) \_\_\_\_\_ (DAD) \_\_\_\_\_

FAMILY PHYSICIAN NAME, ADDRESS AND PHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INFORMATION  
HEALTH HISTORY? \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES? \_\_\_\_\_  
\_\_\_\_\_

CURRENT PRESCRIPTION MEDICATIONS (SUPPLY IN ORIGINAL  
CONTAINER WITH LABEL INTACT)

NAME OF MED. DOSE ROUTE TAKEN FREQUENCY  
\_\_\_\_\_  
\_\_\_\_\_

MY CHILD MAY SELF MEDICATE WITH OVER THE COUNTER  
MEDICATIONS FOR HEADACHE, PAIN, ETC. I UNDERSTAND THAT  
THE NURSE WILL NOT CARRY OR ADMINISTER SUCH MEDICATIONS.  
BELOW ARE THOSE MEDICINES MY CHILD WILL CARRY. (The school district  
shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and the  
parent(s) or guardian shall indemnify and hold harmless the school district, the Board, and its agents or trip chaperones  
from any and all claims arising out of the self-administration of medication)

IN CASE OF EMERGENCY (ACCIDENT, ILLNESS OR INJURY), WHEN I  
CANNOT BE REACHED, I AUTHORIZE, (Name and phone numbers of person)

TO ACT ON BEHALF OF MY CHILD,  
IF IMMEDIATE MEDICAL OR SURGICAL CARE IS NEEDED.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE  
CURRENT INSURANCE CARD TO THIS FORM. \*\*\*

