

To all 8th graders and parents:

Please read, discuss, sign and return ALL forms attached completely by Friday, November 17, 2017. The forms can be returned to either Mrs. Baitala or Ms. Loll.

** Please make a copy of the front and back of your current health insurance card and attach to the Medical Information/Medication Permission form**

Any questions, please email me at:
HeatherLoll@parkridge.k12.nj.us

There will be a nurse and an administrator on the trip.

Thank you,



Ms. Heather Loll

Park Ridge Middle School 8th 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!

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: _____

PARK RIDGE PUBLIC SCHOOLS

EDUCATION/SCHOOL SPONSORED FIELD TRIP PERMISSION FORM

Student's Name: _____ Age: _____

TRIP INFORMATION

Date(s) of Trip: Wednesday - Friday
May 9-11, 2018 Destination: Washington, D.C.

Subject: _____ Teacher in Charge: Ms. Heather Loll

Approximate Cost: \$ \$609 w/out insurance → \$658 with insurance
(No cash accepted for student fees/tickets-ONLY checks made payable to "Park Ridge High School")

Departure Time from Park Ridge School: 6:30 am / pm

Approximate Arrival Time at Park Ridge School: 6:30 am / pm

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.

I do assume all risk and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Park Ridge Board of Education, its agent and instructors, any or all of them.

I do further understand that the Park Ridge Board of Education does not provide accident insurance for this activity. I hereby fully consent to emergency medical care to be rendered by a competent medical physician in the event the above named child should require such attention during this activity.

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: 10/15/17

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 main office no later than forty-eight hours prior to departure time. Copies should be kept with the teacher/staff member in charge at all times during the trip.

PARK RIDGE BOARD OF EDUCATION

PERMISSION FOR TRAVEL AND RELEASE OF LIABILITY

SEPTEMBER 1, 2017 – AUGUST 31, 2018

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

I/We, _____, parent(s)/legal guardians(s) of _____, give permission for my/our child, _____, to participate in the travel excursion set forth below

Destination: *Washington, D.C.* Mode of Transportation: *Chartered Bus*

Departure Date and Time: *Wednesday, May 9, 2017 6:30am* Purpose of Trip: *Educational*

Return Date and Time: *Friday, May 11, 2018 6:30pm*

I/We understand and agree that on this trip, my/our child is expected to follow all school rules and is expected to conduct him/herself in accordance with the expectations for student conduct as set forth in the Park Ridge Board of Education's (hereafter referred to as the Board) Policies and Regulations and/or Student Handbook, just as if my/our child were at school. I further understand that my child is expected to abide by the laws and regulations of the countries to which he/she travels.

I also understand that if my/our child fails to comport him/herself within such expected standards of behavior, he/she shall be subject to discipline as set forth in the Board's Policies and Regulations and/or Student Handbook, as well as possible criminal or civil charges by the authorities of the countries visited. Discipline imposed by the Park Ridge School District personnel or chaperones may include, but is not limited to, termination of my/our child's participation on the trip or restriction of my/our child's activities while on the trip. I understand that if my/our child's participation on the trip is terminated, I/we will be responsible for all expenses related to my/our child's early return home.

As part of granting this permission and release of liability, I/We agree to hold the Board completely harmless and indemnify the Board, its officers, agents, employees, and chaperones, from any and all liability, claims or suits of any kind whatsoever, of or relating to this trip and/or related transportation activities, or any other aspect of this trip. I/We further understand and agree that the Board is not responsible for any losses, damage, injuries, expenses, costs, claims or actions which my child may incur or cause as a result of participating on this trip. The Board is released from any and all liability for financial obligations incurred by my/our child or us and I/we agree to indemnify the Board, its officers, agents, employees, and chaperones with regard to such liabilities.

PARENT/GUARDIAN SIGNATURE

I agree to all of the provisions set forth above and verify that the information provided herein is accurate to the best of my knowledge.

Parent/Guardian or Adult Student Name

Date

(please print)

Parent/Guardian or Adult Student Name (Signature)

Date

Emergency Contact Information:

1. _____	_____	Home Phone: _____
Name (please print)	Relationship	Cell Phone: _____
		Business Phone: _____
		Email: _____
2. _____	_____	Home Phone: _____
Name (please print)	Relationship	Cell Phone: _____
		Business Phone: _____
		Email: _____
3. _____	_____	Home Phone: _____
Name (please print)	Relationship	Cell Phone: _____
		Business Phone: _____
		Email: _____

Park Ridge Board of Education

Health History and Medical Release from Liability

Trip to Washington, D.C. on Wednesday-Friday
(location) (dates) May 9-11, 2018

September 1, 2017 – August 31, 2018

STUDENT INFORMATION

Student's Name _____ Age: _____ Grade: _____

(please print)

Date of Birth: _____ School: _____

Address: _____

Phone (cell): _____ International Access? Yes or No

EMERGENCY CONTACT INFORMATION

Name of parent(s)/guardian(s): _____

Address: _____

Phone (work): _____ Phone (home): _____

Phone (cell): _____ E-mail: _____

Additional emergency contact: _____

Relationship to student: _____

Phone (work): _____ Phone (home): _____

Phone (cell): _____ E-mail: _____

Student's Medical Insurance Carrier: _____ Telephone Number: _____

Student's Medical Insurance Identification Number: _____

I/We understand that the information provided below will be maintained throughout the duration of the above referenced trip by Park Ridge School District and the trip chaperones. In the event that a medical occurrence arises, this information will be shared with medical personnel, as necessary.

Date: _____

Parent Name (please print)

Parent Name Signature

PHYSICIAN INFORMATION

Physician's Name: _____

Physician's Address: _____

Physician's Telephone Number: _____

Physician's Fax Number: _____

Physician's E-mail: _____

Directions: Please answer the following questions about your child's health history by placing a "✓" next to "yes" or "no." Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Has your child ever had or does your child currently have any of the following chronic illnesses:
 - a. A chronic or ongoing illness (such as diabetes or asthma)?
 Yes No
 - i. An inhaler or other prescription medicine to control asthma?
 Yes No
 - ii. Any prescribed or over the counter medication to control asthma?
 Yes No
 - b. Surgery, hospitalization or any emergency room visit(s)?
 Yes No
 - c. Any allergies to medications?
 Yes No
 - d. Any Allergies to bee stings, pollen, latex or foods?
 Yes No
 - i. If yes, check type of reaction:
 Rash Hives
 Breathing or other anaphylactic Reaction
 - ii. Medication/Epipen taken for allergy symptoms? (List below).
 Yes No
 - e. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?
 Yes No

Explain all "Yes" answers here (include relevant dates):

2. Has your ever had or does your child currently have any of the following related conditions:

a. Concussion or head injury?

___ Yes ___ No

b. A seizure?

___ Yes ___ No

c. Frequent or severe headaches (with or without exercise)?

___ Yes ___ No

d. Fuzzy or blurry vision

___ Yes ___ No

e. Sensitivity to light/noise

___ Yes ___ No

Explain all "Yes" answers here (include relevant dates):

3. Has your ever had or does your child currently have any of the following heart- related conditions

a. Chest pain or discomfort?

___ Yes ___ No

b. Heart murmur?

___ Yes ___ No

c. High blood pressure?

___ Yes ___ No

d. Elevated cholesterol level?

___Yes___No

e. Heart infection?

___Yes___No

f. Racing or skipped heartbeats?

___Yes___No

g. Unexplained difficulty breathing or fatigue during exercise?

___Yes___No

Explain all "yes" answers here (include relevant dates):

4. Has your child ever had or does your child currently have, eye, ear, nose, and/or mouth conditions:

a. Vision problems?

___Yes___No

i. Wear contacts/eyeglasses? (Circle which type)

b. Hearing loss or problems?

i. Wear hearing aides/implants? (Circle which type)

c. Nasal fractures or frequent nose bleeds?

___Yes___No

d. Wear braces or retainer?

___Yes___No

Explain all "Yes" answers here (include relevant dates):

List all prescription and over the counter medications that your child takes and if they will be self-administered during the trip:

Medication Name	Dosage	Frequency	Self-Administered by your child During Trip Yes/No

MEDICAL RELEASE OF LIABILITY

A. Use of over the counter or prescription medications:

I/We understand that I must grant written permission for my/our child to self-administer any prescription or over the counter medications throughout the duration of the trip. I/We further give consent for the school nurse to contact my/our child's physician, discuss my/our child's schedule for the self-administration of medications, and discuss my child's medical status. All medications must be in the originating labeled container and I understand that my/our child is responsible for securely storing, transporting and self administering the medications throughout the duration of the trip. I/We hereby certify that my/our child is capable of and has been instructed in the proper method of self-administration of medication. I/We acknowledge that the Park Ridge Board of Education (hereinafter referred to as the "Board"), its officers, employees, agents or chaperones shall incur no liability as a result of any injury arising from my/our child's storage, transportation, or self-administration of prescription or over the counter medications and I/we shall indemnify and hold harmless the Board, its officers, employees, agents or chaperones against any and all claims arising out of the storage, transportation, or self-administration of such medications by my/our child. I/We certify that I/we have complied with the Board Policy and Procedures on the self administration of medication and have met the requirements of N.J.S.A. 18A:40-12.3.

 Park Ridge Board of Education Administrator
 (please print name and title)

 Parent/Guardian or Adult Student Name (please print)

 Park Ridge Board of Education Administrator
 Signature

 Parent/Guardian or Adult Student Name Signature

 Date

 Date

B. Emergency Medical Treatment

I/We do hereby grant permission to the designated Board's staff and/or chaperones to whom we have entrusted the care of our child, to authorize necessary emergency medical or surgical treatment, anesthesia or any required diagnostic tests in the event that I/we cannot be contacted. I/We agree to assume any and all financial costs that these events may incur. I/We release the Park Ridge Board of Education (hereinafter referred to as the "Board") from any financial obligations incurred by me/us or my/our child and agree to hold harmless and indemnify the Board, its officers, employees, agents or chaperones from any and all liability arising out of any emergency medical or surgical treatment, anesthesia, or diagnostic testing that my/our child may receive.

Date: _____

Parent/Guardian or Adult Student Name (please print)

Parent/Guardian or Adult Student Name Signature

PARENT/GUARDIAN SIGNATURE

I certify that the information provided in the Health History and Medical Release form is accurate to the best of my knowledge.

Parent/Guardian or Adult Student Name
(please print)

Date

Parent/Guardian or Adult Student Name Signature