Cherry Blossom Boys Rugby Tournament

Friday April 7 trough Sun April 9, 2017
Itinerary

Date	Time	Description	Notes
Fri	7:00am	Depart SHS by bus	Premier Limosine (7.5 hours to DC)
	12:00pm	Lunch Stop	Delaware House Service Area (I95 Rest Area)
	1:00pm	Depart Rest Area	
	3:30pm	Arrive DC - Sight-seeing	
	5:00pm	Depart for Hotel Check in	
	6:00pm	Dinner	
	7:00pm	Activity	
	10:00pm	Lights out	
Sat	6:30am	Breakfast at Hotel	
	7:15am	Depart Hotel for Tournament	
	7:30am	Arrive at Tournament	Rosecroft Raceway (8am-4pm)
	4:30pm	Depart Tournament for Hotel	Lunch at field
	5:30pm	Dinner at Hotel	
	6:30pm	Depart for Evening Sightseeing	
	10:00pm	Return to Hotel and lights out	
Sun	7:00am	Breakfast at Hotel	
	8:00am	Depart Hotel for Tournament	Rosecroft Raceway (9am-2pm)
	8:30am	Arrive at Tournament	Lunch at field
	2:30pm	Depart Tournament for home	
	7:00pm	Dinner at Rest Area	
	11:30pm	Arrive home at SHS	

May need to leave SHS earlier depending on activity.

Is there enough time to check in at hotel before going back out for activity?

Dinner at hotel or arrange at restaurant? Nightime activity -3 hour evening bus tour?

Activity for Sat night? White house tour or evening bus tour of city

What times does tournament run 'til on Sat?
Activity for Sat night?
Sunday - What time do we need to depart to get home at a reasonable hour? 6.5 to 7.5 hour drive.

Time to shower after tournament before heading home?

STUDENT TRAVEL AUTHORIZATION FORM **Return Form by:** 3/13/2017 **FT#:** 3624

Student's Name: _____ Student's Cell (if available)_____

Grade(s) Patricipating: 9-12 **Trip Destination:** Cherry Blossom Boys' Rugby Tournament

Mode of Transportation: Bus - Commercial

Date: 4/7/2017

Cost to Parent: **Checks to:** TBA

Trip Itinerary: **Departure Time from School:** 7:00AM **Return Time:** 11:30PM

Name of school advisor(s) or chaperone(s):

1. Ed Matteo
2. John Mudano
3. Dave Mudano
4. Howard Rosenberg
5. Christopher Haas
6.
7.
8.

Special Instructions?

Field Trip Description:

As a reminder, please notify the school's health office if there has been a change in your child's medical information/condition.

Emergency Primary Contact:

1. Name: _____
2. Relationship: _____
3. Phone #:_____

Emergency Secondary Contact:

4. Name: _____
5. Relationship: _____
6. Phone # :_____

I/We authorize the student's advisor/chaperone to act in the best interests of my/our child in the event of a medical emergency when the parent/guardian(s) cannot be reached. I give my permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transport of my child by either private vehicle or ambulance in order to facilitate necessary treatment. I/We bear sole responsibility for damage or loss to personally owned student property and absolve the Simsbury Public School system and the Board of Education of any responsibility in this regard.

_____ _____
Parent/Guardian Date

_____ _____
Parent/Guardian Date

Board of Education Policy 6204 regarding field trips can be accessed at www.simsbury.k12.ct.us.

Overnight Field Trip Parent Form

Teacher: The following forms must be sent to parent/guardian(s) 30 days before an overnight trip (for out of U.S. trips, at time of deposit).
Parents/Guardians: Please return the following forms to the school 10 days before the trip (for out of U.S. trips, 30 days).

SECTION A **FT#** 3624

1. Student name: _____
2. Student address: _____
3. Itinerary and lodging: I have received, as an attachment, a copy of the detailed trip itinerary and the lodging information. Yes _____ No _____

4. Destination: Cherry Blossom Boys' Rugby Tournament

5. Date of Departure from Simsbury: 4/7/2017 **Date of Return to Simsbury:** 4/9/2017

Time of Departure from Simsbury: 7:00AM **Time of Return to Simsbury:** 11:30PM

6. Reason for trip: These types of championships allow students to engage their passion through the competitive sports with other athletes. Students will have a college like experience where they travel as a team and stay overnight.

7. Mode(s) of Transportation Bus - Commercial

8. Names of chaperones

Ed Matteo John Mudano Dave Mudano Howard Rosenberg

Christopher Haas

9. Student Behavior

Student conduct while on any field trip must adhere to the recognized code of behavior appropriate for school-related activities as defined in the student handbook including possession, sale, or use of illicit drugs, and/or alcohol, or as discussed with students and parents prior to the activity.

Behavioral infractions committed prior to a field trip could result in a loss of field trip privilege, as well as any non-refundable monies paid to date on behalf of the student.

If the field trip chaperone determines a student's conduct or behavior warrants termination of his/her participation in the field trip, the student will be returned to Simsbury. Any expenses incurred for transportation of the student, and an accompanying chaperone, should this be necessary, will be paid by the parent/guardian of the student.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

10. Waiver of Responsibility for Personal Property

The Simsbury Public Schools assume no responsibility for personal property which is damaged, lost, or stolen while a student is on a field trip.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

11. Board of Education Responsibility for Trip Cancellation

The Board of Education assumes no financial responsibility for reimbursement to participants if the trip is canceled as a result of concerns for students' health and safety. Further, the school district reserves the right to cancel student trips at any time, with no financial obligation on the district's part, should it be determined that world conditions will put our students, parents, and staff at risk.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

12. Board of Education Policy

Additional information about field trips is available in Board of Education Policy 6204 which can be accessed on the district website at www.simsbury.k12.ct.us.

13. Insurance Information

Medical Insurance Company: _____

Insurance Company Address: _____

Name of Policy Holder: _____

Group Number: _____ ID/Policy Number: _____

14. Emergency Medical Treatment Permission

I understand that in the event of accident or sudden illness every attempt will be made to contact me, but that it may be impossible to contact me quickly enough to authorize proper treatment for my child.

Therefore, during the period of time from **4/7/2017** to **4/9/2017**

I give my permission to the chaperones to seek proper treatment in the event of any accident or illness, if I cannot be reached. I give my permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate necessary treatment.

The Overnight Medical Field Trip Health Form must be completed.

Secondary Students (Grades 7 - 12):

Please complete the **Authorization for Student Self-Administration of Medication on Field Trip Form**, if medication, is necessary during this trip. This includes prescription and non-prescription medication, i.e. Tylenol, Advil, etc.

Elementary Students (Grades K - 6):

Please complete the **Authorization for Student Self-Administration of Medication on Field Trip Form**, if medication, is necessary during this trip. This includes prescription and non-prescription medication, i.e. Tylenol, Advil, etc.

_____ _____

Parent/Guardian Signature Date

SECTION B **FT#** 3624

Student Name: _____

Parent/Guardian First Contact:

1 Name: _____

2. Relationship: _____

3. Address: _____

4. Telephone number (home): _____

5. Telephone number (work): _____

6. Telephone number (cell): _____

Parent/Guardian Second Contact:

1 Name: _____

2. Relationship: _____

3. Address: _____

4. Telephone number (home): _____

5. Telephone number (work): _____

6. Telephone number (cell): _____

Other Contacts:

13 Telephone number of two friends or relatives to call if parents/guardians cannot be reached:

Name	Telephone Number	Relationship
Name	Telephone Number	Relationship

14. Name and telephone number of student's physician:

Physician Name	Telephone Number

15. Student's cell phone number (if available):

Student Name	Cell Phone Number

Special Considerations About My Child:

16. Vegetarian: Yes No

17. Other: _____

_____

_____

Copies of this form will be submitted to building principal and chaperones prior to departure.

Simsbury Public Schools
OVERNIGHT MEDICAL FIELD TRIP HEALTH FORM **FT#** 3624

Student's Name: _____Birth date_____
Today's date: _____

The health information and medication information will be shared with school personnel and overnight field trip staff as necessary to provide for your child's safety and well-being.

Health information:
Does your child have: (circle and specify all that apply)

Allergies? No Yes
Specify: Bee/Wasp Stings Peanuts/Nuts Shellfish Other: _____
Epi Pen _____ Benadryl _____ Other _____

Asthma? No Yes
Specify: Inhaler Nebulizer Other: _____

Convulsions/Seizures? No Yes Date of last seizure _____ Currently on meds _____
Specify: Type _____ Specify meds _____

Diabetes? No Yes
Specify: Insulin Monitored Glucose Levels Insulin Pump

Dietary modifications: Food allergies or intolerance (including mild)? No Yes
Specify: Type _____

Heart Problems? No Yes
Specify: Type _____

Other Concerns? No Yes
Specify: Type _____

Physical Limitations? No Yes
Specify: Type _____ Special Equipment _____

Date of last Tetanus Shot: _____

Does your child require a bottom bunk for sleep walking, bed wetting, seizures, restlessness, etc? No Yes
Specify: _____

Does your child take any medications? No Yes ****(please see below)
Specify: Type: _____

_____

****

Please note ALL medications for this field trip must have the **Authorization for Student Self-Administration of Medication on Field Trip** (next page) form filled out and signed by physician/dentist, school nurse, and parent for any student taking medication on the field trip. This includes prescription and non-prescription medication, i.e. Tylenol, Advil, etc.

If your child has a condition that requires significant modifications and can not self-administer medications during this overnight activity, please contact your school nurse.

I, (parent/guardian) certify that my son/daughter is physically able to participate in the trip.

_____ _____
Parent/Guardian Signature Date

Simsbury Public Schools **FT#** 3624

Authorization for Student Self-Administration of Medication on Field Trip

This form must be filled out and signed by physician/dentist, school nurse, and parent for any student taking medication on the field trip. Each physician/dentist schould complete and sign a separate form.

Field Trip to: Cherry Blossom Boys' Rugby Tournament ***Dates:* From:** 4/7/2017 **To:** 4/9/2017

Over the counter medications must be in their original containers. Prescription medications must be in pharmacy-prepared containers labeled with the following:

*Child's name
*Frequency
*Name of Drug
*Physician's/Dentist's Name
*Strength
*Date of original Prescription
*Dosage

Instructions and information on container must be consistent with physician's or dentist's order below.

To be completed by physician or dentist:

Name of Student: _____ **Date:** _____
Address: _____ **Date of Birth** _____

Medications shall be self-administered for field trip only.

Drug Name, Dose, Method of Administration	Time of Administration	Reason for Administration	Relevant side effects to be observed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If any of the above is a controlled drug, indicate name of drug here and provide the DEA number:
_____ DEA number: _____

** **Please indicate if you feel the student can self-administer all medications listed above while on field trip.**
Yes **No** **Comment:** _____
Physician's/Dentist's Signature: _____ **Phone #**_____

To be completed by parent/guardian:
I hereby request that the above medication, ordered by the physician/dentist for my child, be self administered by my child on this field trip. I understand that I must supply the prescribed medication in the original properly labeled container and will provide only the amount needed for this field trip.

Name: _____ Relationship to Student: _____

To be completed by School Nurse:
Reviewed by:_____R.N. Date: _____