

## 2023 8th Grade Trip Packet

**This packet is due no later than April 26th, 2023.**

Hello and welcome to the final preparations for the Boston Trip! We are happy to hear you will be joining us!

There are a couple more pieces of information we need to collect before we can get to all the fun and excitement, so please be sure to carefully read and complete all the attached paperwork. Each individual student will need this packet completed in order to be prepared for the trip.

If the amount of paperwork is starting to become overwhelming - don't worry! The final page is a checklist for your reference to make sure you are up to speed on everything you need!

**Section 1 - Consent and Acknowledgement Form**

**Section 2 - Medical Information**

**Section 3 - FAQs**

You may keep for your own records.

**Section 4 - Checklist**

You may keep for your own records.

This will help walk you through everything that should be completed up to this point.

**Make sure to submit your t-shirt order using this QR Code!**

T-Shirts will be worn on the 3rd Day (June 2nd) during our Six Flags Visit.



**SECTION 1:  
CONSENT AND ACKNOWLEDGEMENT**

**Luggage and Prohibited Items**

1. All student luggage, water bottles, handbags, tote bags, purses, and backpacks will be inspected prior to students boarding the bus.
2. Students may only bring one large luggage bag and one carry on bag (i.e backpack, tote bag).
3. The following items are prohibited from being brought on the trip:
  - a. Video game consoles
  - b. Clear, plastic water bottles
  - c. Skateboards, scooters, or hoverboards
  - d. Tobacco, tobacco products, vaping devices, vaping juice(s), smoking paraphernalia

**Board of Education Policies and Regulations**

1. All Glen Rock Board of Education policies and regulations are in effect while on the bus, en route, at the hotel, in hotel rooms, and while touring.
2. Parents will be required to come pick up their child from Boston if there are violations of the [Student Code of Conduct](#), [HIB](#), [Smoking](#), or [Substance Abuse](#) regulations. All families and students are responsible for reviewing and knowing these regulations.

**Participation Permissions**

1. I authorize all adult chaperones to act as *in loco parentis*; they may perform actions which may be necessary or proper to provide for the health care of the minor child, including but not limited to the power to: (1) provide for health care at any hospital or other institution and employ any physician, dentist, nurse, or other person whose services may be needed for such health care; and (2) consent to and authorize any health care, including administration of anesthesia, X-ray examination, and performance of life-sustaining procedures. This consent shall be effective only during the field trip described herein.
2. By signing below, I indicate that I have the understanding and capacity to communicate health-care decisions; that I am fully informed as to the contents of this document; and that I understand the full import of this grant of powers to the agent named herein.
3. I agree to accept responsibility for and to pay any fees or charges for emergency care authorized by the teacher, administrator, or other school staff member in an emergency.
4. I further agree to indemnify and hold harmless the faculty sponsor, volunteer chaperone, the Board of Education (including its agents, employees, and representatives) from and against any and all claims, suits, or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during, or in connection with my student's participation in the field trip or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.
5. Each student is responsible for their own belongings, including but not limited to electronics and money.
6. The same rules of student conduct that apply to the behavior of students in school apply to the behavior of students while on a field trip.

7. Students are expected to follow all directions and instructions given by the teachers and other chaperones on the trip.
8. Failure to follow the rules of behavior, directions, or instructions may result in being sent home by the most reasonable and appropriate means of transportation, at the family's personal expense.

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I have read, and I understand the contents above, and I consent to my child's participation in this field trip.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

**Emergency Contact Information**

	<b>Full Name (PRINT)</b>	<b>Cell Phone</b>
Parent or Guardian 1		
Parent or Guardian 2		
Emergency Contact 1		
Emergency Contact 2		

**SECTION 2:  
MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions, allergies, or special needs:

I give consent to the trip director and chaperones to obtain medical care for my child if necessary. Parents/Guardians or the above listed emergency contacts will be notified as soon as possible. I hereby agree to release, indemnify and hold harmless the Board, its agents and employees, specifically including the chaperones from any liability as a result of an injury or damage arising from medical treatment provided to my child on the trip. **A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE ATTACHED TO THIS FORM.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Medication:**

Unless student has been approved for self-administration of a particular medication pursuant to Board Policy 5330, students are not permitted to carry prescription or over the counter medications while on the field trip. If the need for medication is anticipated and you have not already compiled with the procedures in Board Policy 5330 for the administration of medication, then the attached form must be completed and returned as soon as possible. For students who may need emergency administration of epinephrine, the procedures in Board Policy 5330 apply and must be completed prior to the field trip in order for your student to benefit from emergency epinephrine by a district employee on the field trip. The attached form is necessary in order for students to be administered all medications, including Tylenol, Advil, and Motrin.

\*\*\*All medications must be sent to school in the original container labeled by the Pharmacy or Physician.

**Medication Authorization For All Medications**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request that my child be administered the following medication (**Includes Prescribed; Over the Counter, Inhalers, Epipens**)

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

The following is to be completed by their **PHYSICIAN**.

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

If medicine is to be given **DAILY**, at what time? \_\_\_\_\_

If medicine is to be given **WHEN NEEDED**, describe indications: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

List of significant side effects: \_\_\_\_\_

Length of time this treatment is recommended: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp:

- ALL MEDICATIONS MUST BE SENT TO SCHOOL IN THE ORIGINAL CONTAINER LABELED BY THE PHARMACY OR PHYSICIAN.
- OVER THE COUNTER MEDICATIONS MUST FOLLOW THE SAME PROCEDURE
- ONLY BRING ENOUGH MEDICATION FOR THE LENGTH OF THE TRIP (EXAMPLE: 3 DAYS/3 PILLS)

**If a student is to self-administer (Inhaler/Epipen only) complete this document.**

Name of Student: \_\_\_\_\_

I request that my child be permitted to self-administer medication while attending a school function. I acknowledge that the Board, its agents, and employees shall incur no liability as a result of any injury arising from self-administration of medication by my child. I hereby agree to indemnify and hold the Board, its agents, and employees, harmless from any and all claims, liability, damages, and expenses, including reasonable attorneys' fees arising out of, resulting from, or in connection with the self-administration of medication by my child.

Signature(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Medication and/or medical device to be used: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION**

Diagnosis: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be taken or special circumstances under which medication should be taken:  
\_\_\_\_\_

How soon should it be repeated?: \_\_\_\_\_

Duration of prescription?: \_\_\_\_\_

Possible Side Effects?: \_\_\_\_\_

Comments: \_\_\_\_\_

The above student is a patient under my care. The student is being treated for a potentially life-threatening illness. The student has been instructed in, and is capable of, the proper method of self-administration of the above prescribed medication.

I certify that the above statements are true. I am aware that if any of the above statements are willfully false, I am subjected to punishment.

Physician's Printed Name: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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

**Medication Administration for Over-the Counter Medication**

Our School Physician will **only** allow the administration of the following **over-the-counter** medication with your permission. Please initial if you are giving permission for the school nurse to administer **only** these medications to your child without an order from your medical provider.

\_\_\_\_\_ Tylenol/Acetaminophen - (age 11) one tablet 325 mg every 4-6 hours;  
(age 12 and over or >95 lbs.) 2-325 mg tablets (650mg) every 4-6 hours.

\_\_\_\_\_ Advil/ibuprofen - (age 12 and over) one 200mg tablet every 4-6 hours;  
.95 lbs. Two - 200mg (400mg) tablets every 4-6.

\_\_\_\_\_ Tums - Adults and Children 12yrs of age and older; Chew 2-4 tablets as symptoms  
Occur. Not to exceed more than 10 tablets in 24 hours.

\_\_\_\_\_  
Dolores Buli, M.D. - Glen Rock School Physician

\_\_\_\_\_  
Date

Student's Name: \_\_\_\_\_  
Please Print

Parent's Name: \_\_\_\_\_  
Please Print

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

\_\_\_\_\_  
Date

**SECTION 3:**  
**FAQs**

**Q: Will there be a pool at the hotel and will we be able to use it?**

A: There will NOT be a pool available at the hotel for our usage. No need to pack a bathing suit!

**Q: Do I HAVE to wear the Trip T-Shirt when we go to Six Flags on June 2nd?**

A: YES, the t-shirt is required when we go to Six Flags. The 8th grade class of 2023 is a team and you should consider this our uniform for the day.

**Q: Will restaurants be able to accommodate my dietary restrictions?**

A: Yes. Every formal food stop included in the itinerary has been picked by Landmark for their ability to accommodate any/all dietary restrictions you have listed. Make sure your dietary restrictions are listed accurately on Landmark and in the Nurse's Packet.

**Q: How much down time will we have in the hotel room?**

A: We will be active every day of the trip. Please review the itinerary (when it is made available). Aside from when it's time to go to sleep, we will be out of the rooms. Make sure you have everything you need for the bus and for our activities with you when you leave the rooms in the morning.

**Q: Do I have to join my chaperone's GroupMe?**

A: Yes, in order for your chaperone to alert you of meeting times or changes in itinerary, it is required that you join. Your chaperone will connect via email or Schoology prior to departure with instructions for joining the group. NOTE: this is not to be used for chatting with friends during the trip.

**Q: Are there any specific items you would recommend packing outside of clothing and toiletries? (Don't forget to check the weather forecast the night before to make sure you've packed appropriate clothing!) These items are all recommended but Glen Rock is not responsible for any items that are lost, stolen, or damaged.**

A: Make sure you are considering what's important to you when you go on a trip, but here are some things we recommend:

- A pair of headphones/air pods for listening to music/videos on the bus.
- Some cash for souvenirs or vending machines
- Snacks for the bus and/or the hotel room.
- Backpack to use each day to carry your personal items.
- Walking/running sneakers (flip flops/sandals/heels are not recommended for wear on any day of the trip).
- Hat/sunglasses.
- Refillable water bottle.
- Charger/Portable Charger for phones. (We will not necessarily have access to outlets to charge throughout the day. A portable charger is HIGHLY recommended.)



**SECTION 4:  
CHECKLIST**

- Log into your Landmark account and make sure your personal information (legal name and birthdate) are accurate. If not, reach out to Savannah at Landmark Tours to request a change to your information ([savannah@landmarkeducationaltours.com](mailto:savannah@landmarkeducationaltours.com)).
- Check to make sure that you have paid the cost of the trip in full. Any balance that remains must be paid prior to departure. If not, you cannot attend.
- Submit your t-shirt order by **Wednesday, April 26th**. Use the QR code on Page 1 of this packet.
- Complete medical paperwork and submit by **Wednesday, April 26th**.
- Complete consent and acknowledgement form and submit by **Wednesday, April 26th**.
- Make sure your child has the FREE [GroupMe](#) app downloaded onto their phone. This will be used for all trip communications between chaperones and students. Students will receive further instructions on how to join specific groups closer to May 31st.