

FIELD TRIPS & EXCURSIONS PERMISSION, LOST TICKET DISCLAIMER, AND MEDICAL INFO

Please fill out both sides, sign and return to Mr. Crawford or Mrs. Hopkins by FRIDAY, 2/28!

Student-Parent Form for: _____ I am in: ___ Band/Orch ___ Choir
Student's first and last name

Field Trip Purpose, Destination, Dates and Times:

Music in the Parks Festival in Anaheim, California. To perform choral selections for an adjudicator, and to come together as a team while performing and enjoying Disneyland Parks. Students will travel by chartered bus to Homewood Inn & Suites Main Gate/Garden Grove in Anaheim. Performances take place at Valencia High School and Placentia Presbyterian Church, both in Placentia, CA. Also included are 2 days of amusement and fun in Disneyland Parks.

Departure: Around 12pm on 3/19/2020 from EGJH

Return: Between 6:30-7:30am on 3/22/2020 at EGJH

Student Agreement

While participating in this field trip experience, I will accept the responsibility for maintaining good conduct and appearance, and I will follow directions at all times. I will refrain from using my cell phone at times designated by the teachers.

Student's Signature

Date

Parent Permission

I give my permission for my child to participate in this field trip. I understand that the school will provide supervision for the trip (4 teachers and several district-approved chaperones). No special insurance is provided by the Governing Board, but the school time accident insurance taken by many pupils and the standard liability insurance on school buses will apply to this activity. Commercial or privately owned vehicles used are required to carry their own liability insurance.

Parent's Signature

Date

Medical Treatment Permission:

If, during the course of this trip, my child should become ill or sustain serious injury, I hereby authorize Emily Gray Junior High staff or chaperones to obtain emergency medical/dental care on behalf of my son/daughter until I can be contacted. I agree to allow authorized personnel to release this information in the event of a medical emergency to a third-party medical provider.

Parent's Signature

Date

Disney Lost Ticket Disclaimer

I have read and understand the "Disney Lost Ticket Disclaimer". I understand that my ticket is MY responsibility, and I will be required to purchase a 1 or 2-day Parkhopper ticket at full price if I lose my ticket and Disney refuses to reprint the ticket.

Parent Signature

Student Signature

Date

Intent to NOT ride the Chartered Bus on the Return Trip – 3/21-22/2020; Anaheim to Tucson

I will be picking up my child in Anaheim and taking them with me; therefore, my child will not be riding on the chartered bus on the return trip home to Tucson. If my child will be transferred to another adult in Anaheim other than the student's parent or legal guardian, I grant my permission for the person* named below to pick up my child (*ID required)

Parent Signature: _____ Cell Phone Contact: _____ Date: _____

Full name of individual (other than parent/guardian) picking up my child: _____

Cell Phone Contact of above named individual picking up student: _____

Emergency Contacts:

In case of emergency, please list names and contact phone numbers. Please list contacts in order of attempted calls:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Insurance & Doctor Information:

Primary Insurance Company: _____ Policy # _____ Group # _____

Family Physician: _____ Physician Phone: _____

Family Dentist: _____ Dentist Phone: _____

Medical Information: PLEASE WRITE "NONE" on any line that does not pertain to the student.

1) Allergies to medications, nuts, or other substances? Please list all and describe if necessary: _____

2) Medical problems or needs we should be aware of? Please name and describe, if necessary. _____

3) Medications student will bring on the trip. These medications will be kept with the student and self-administered. List ALL prescription and non-prescription medications and dosage/frequency information for each: _____

4) Medications that should be kept with the teacher-chaperone administered by a teacher-chaperone. These medications should be on record with the EGJH school nurse. Name and describe each. _____

5) Any other information you'd like to share about this student? _____

6) Please initial next to each over-the-counter medication that may be administered to the student from the first aid kit, if necessary. Meds without initials will not be administered.

____ Benadryl ____ Ibuprofen ____ Tylenol/Acetaminophen ____ Cough Drops/Throat Lozenges

____ Tums ____ Anti-diarreal ____ Pepto-Bismol ____ Anti-Itch Cream ____ Neosporin

If you ran out of room for any part of this Permission/Medical form, please feel free to attach an additional page.