



Student Trip Permission Form

Student Trip Permission Form

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.

Student Trip Disclaimer

- A student trip has been scheduled for your child. Although the location is not associated as a water based venue there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim in an ocean, sea, lake, river or pond.
- Students may swim at the hotel swimming pools if: there are certified life guards supplied or the Trip Coordinator and/or Administrator is monitoring. They will set any restrictions for swimming based upon the number of students, size of the pool, time available, etc...
- Any student who violates water instructions may be sent home at the parents' expense.
- In some experiences, hands-on learning includes animal encounters – such as, viewing animals in their habitat, feeding/water animals, and at times, touching. In the event, that you do not wish for your student to participate in an animal encounter, please contact your learner's teacher and an administrator.
- The Trip Coordinator and Administrator reserve the right to search the rooms, luggage, personal belongings, and persons of any student at any point before, and during a school-related trip. By signing this form, you acknowledge that you received notice prior to the trip and acknowledge that students and their belongings are subject to random search during the trip.

This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.

Campus/Class: Mansfield High School / Band

Destination: Nashville & Memphis, TN

Departure Date/Time: 4/18/2024 / 9:00pm

Return Date/Time: 4/22/2024 / 10:00pm

Return the Form to: MHS Band Office

Date Form is due: 4/9/2024

| | | | | |
|-----------------------------|--------------|-----------|--------------------------------|----------------------|
| <u>Student Last (print)</u> | <u>First</u> | <u>MI</u> | <u>Student's Date of Birth</u> | <u>Student Grade</u> |
|-----------------------------|--------------|-----------|--------------------------------|----------------------|

I hereby grant permission for (student name) _____ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release, indemnify, and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), staff or chaperones to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

| | | | |
|-------------------------------------|----------------|---------------|--------------------------------|
| <u>Parent/Guardian Last (print)</u> | <u>Phone #</u> | <u>Cell #</u> | <u>Doctor Name and Phone #</u> |
|-------------------------------------|----------------|---------------|--------------------------------|

| | |
|------------------------------------|--|
| <u>Parent/Guardian (signature)</u> | <u>Alternate Emergency Contact Name and Phone#</u> |
|------------------------------------|--|



Overnight Student Code of Conduct Agreement

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT PRIOR TO TRAVEL

Students may be removed immediately from the trip for issues that are illegal or jeopardize the safety of any student or "Chaperone". Failure to follow other items in the Mansfield ISD Student Code of Conduct or the directives of "Trip Coordinator" or "Administrator" will be communicated to parents, and campus administration in a timely manner, and may be sent home. If student is sent home it shall be at the expense of the parent.

- Students must follow the MISD Student Code of Conduct for the entirety of the trip.
<http://www.mansfieldisd.org/uploaded/main/departments/student-services/assets/SCOCfinal.pdf>
- If bags are searched prior to any trip, then all bags will be searched. Bags of individuals may also be searched during travel when reasonable suspicion exists.
- There shall be absolutely no possession or use of alcohol, tobacco, drugs or weapons.
- Curfews will be enforced and room check will be made.
 - Students will be in their rooms and remain in their rooms during assigned times.
 - Should an emergency arise, the student must contact a chaperone immediately.
 - Student should not leave their rooms without talking to a chaperone or the "Trip Coordinator".
- Noise curfews will be strictly enforced by your chaperones and hotel management.
- Under no circumstance, should a male student be in a female's room or a female student in a male's room.
- Students will use appropriate language and behavior at all times while showing respect to everyone with whom they come in contact with.
- Students will dress appropriately and respectfully for the entirety of the trip.
- Students will be respectful on the bus of the driver and tour guides. When they talk, students will be attentive and quiet.
- Students must follow the itinerary provided by the "Trip Coordinator" at all times.

I understand the expectations and guidelines outlined above. I understand that if any of these guidelines are violated that I can be sent home at my parent's expense. I also understand that additional disciplinary actions may occur based on my behavior.

Parent/Guardian Printed Name

Student Printed Name

_____/_____
Parent/Guardian Signature date

_____/_____
Student Signature date

[This form must be completed and returned to the Field Trip Coordinator]



Extended Field Trip Medication Authorization Form

(Duration Longer than One Normal School Day, Overnight, or Multiple Days)

When a field trip extends beyond the normal school day, it may become necessary for a student to be given a medication that is normally given at home. The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for field trip attendance. Please provide any information and medication needed for the field trip.

Name of School: Mansfield High School School Year: 23/24 Destination: Nashville & Memphis, TN

Field Trip Start Date/Time: 4/18/2024 / 9:00pm End Date/Time: 4/22/2024 / 10:00pm

Prescribed medication:

- No medications new to the student are to be sent on trips.
- Only the number of doses of medication to be used during the duration of the field trip must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian.
- Medication must be turned in to the event sponsor, with the exception of inhalers/epi pens/diabetic supplies that physician may deem necessary for student to carry on their person. In this case, a medication permit signed by the physician must already be on file in the school health clinic. All rules regarding medication given at school still apply. The sponsor and parent/guardian will count medication together and initial the count.

Over-the-counter medications:

The medication can only be given as directed by the manufacturer and must be FDA approved. Medication must be sent in the original, properly labeled container. Medication must be age/weight appropriate. Please do not send large bottles of medication.

End of the field trip:

All left over medication must be picked up from the event sponsor by the parent or designated adult. Any medication that is not picked up after the field trip will be disposed of by the school nurse.

| STUDENT INFORMATION | | | | |
|--------------------------|---------------------------------------|-------------|--|------------|
| Name _____ | DOB _____ | Grade _____ | Teacher/Advisor <u>Ludlow / Dunbar / Feldser</u> | |
| MEDICATION | | | | |
| 1. Medication Name _____ | Diagnosis/Reason for Medication _____ | Count _____ | Initials _____ | |
| Medication Dose _____ | Route _____ | Time _____ | Time _____ | Time _____ |
| 2. Medication Name _____ | Diagnosis/Reason for Medication _____ | Count _____ | Initials _____ | |
| Medication Dose _____ | Route _____ | Time _____ | Time _____ | Time _____ |
| 3. Medication Name _____ | Diagnosis/Reason for Medication _____ | Count _____ | Initials _____ | |
| Medication Dose _____ | Route _____ | Time _____ | Time _____ | Time _____ |
| 4. Medication Name _____ | Diagnosis/Reason for Medication _____ | Count _____ | Initials _____ | |
| Medication Dose _____ | Route _____ | Time _____ | Time _____ | Time _____ |

| | | |
|--|---------------|-------------|
| PARENT AUTHORIZATION | | Date: _____ |
| I request that the above medication(s) be administered by school personnel to my child, _____. | | |
| PARENT/GUARDIAN SIGNATURE: _____ | Phone # _____ | |
| ALTERNATE CONTACT: _____ | Phone # _____ | |