

# Music in the Parks Hershey Park Trip, May 12-13 2017

## *PARENTAL CONSENT/PERMISSION FORM*

Dear Parent of 7<sup>th</sup> and 8<sup>th</sup> Grade Band, Orchestra and Chorus members:

Please sign and return this permission slip in its entirety, along with the initial payment check of \$100 made out to Montgomery Middle School no later than Friday, September 30<sup>th</sup> 2016. There will be NO REFUNDS of any kind and for any reason after April 1st. Please submit payment check stapled to this permission slip form and return to your child's respective director:

Mr. Eric Mazurkiewicz, 8<sup>th</sup> Grade Band and Jazz Band  
Ms. Jamie Yavorsky, Orchestra  
Ms. Neelam Makvana, Chorus  
Dr. Adam Hackel, 7<sup>th</sup> Grade Band,

I herewith give my consent/permission for (*Print Last/First*) \_\_\_\_\_  
to participate in the following field trip:

**Friday, May 12<sup>th</sup> to Saturday, May 13<sup>th</sup> 2015 Music in the Parks Trip to Hershey Park, PA  
Itinerary (as of Jan. 5<sup>th</sup>, 2015 and subject to change until April 2016)**

**Fri. May 12<sup>th</sup>, 2016**

- 8:30a – 10:00a – Load busses at UMS and depart for Hershey, PA
- 3:30-10p – Performances at local public schools (TBA)
- Following performances, check-in at Hotel: Radisson Penn Harris, 1150 Camp Hill Bypass, Camp Hill, PA 17011 followed by Pasta Party at the hotel

**Sat. May 1<sup>st</sup>, 2016**

- 8:30a Buffet Breakfast at the Hotel
- 10:00a – Arrive at Hershey Park (students stay with chaperones)
- Buffet Lunch in the Park (Location and time TBA)
- Afternoon Awards Ceremony in the Park (Time TBA)
- Return to UMS following Awards Ceremony
- 9:30pm – approx. arrival at UMS

**Performance Locations: Hershey-area public schools (TBA)**

**Hotel: Radisson Penn Harris, 1150 Camp Hill Bypass, Camp Hill, PA 17011**

Students will be taking charter busses to/from these events and will be leaving from Montgomery Upper Middle School.

I hereby grant permission to those parties supervising this trip to obtain, at my expense, any medical treatment necessary for my son/daughter during this trip. \_\_\_\_\_

Initials

**Any medication (prescription or over the counter) sent with the students must be in its original container and given to the school nurse prior to departure.**

Students who have permission to self-medicate in school may also self-medicate on a field trip. We encourage parents/guardians of students who suffer from asthma or other potentially life-threatening illnesses to accompany their child on field trips. When this is not possible, a student may self-medicate under the following conditions:

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- Students may self-medicate under the supervision of a trip chaperone who:
  - Has been trained by the school nurse in the proper administration of medication and
  - Has charge of the student while on the field trip.
- All medication to be self-administered by a student must be kept in the student's possession.
- Students must secure their medication in such a manner that the medication will not be available to other students.
- Students who self-medicate are to report each administration of medication and any side effects to a teacher or the individual in charge of the student during self-administration.

Upon a reasonable suspicion that my son/daughter possess illegal contraband, I give my consent/permission for the teachers and school employees to search his/her luggage, bags, backpacks, coolers, and pockets for any contraband that may be illegal and or inflict bodily harm to the student or others. Contraband shall include but not be limited to: illegal drugs, prescription drugs that are not in the student's name and that have not been approved by a student's parents/guardians, alcohol, cigarettes, fireworks, weapons of any kind or anything that can be used to create a weapon. Prior to departure, all bags will be checked by an adult chaperone for safety.

I understand and will make sure my son/daughter understands that all school rules are in effect during the entire trip. I assume full responsibility for my son/daughter behavior while on this trip and shall not hold the Montgomery Board of Education, teachers, school employees, or any parent chaperone liable for any incidents that may occur. Further, I agree to release and hold harmless, from any and all liability, all of the parties named above for any losses or injuries sustained by my son/daughter that occur during this trip, except as may be allowed under the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 *et seq.*, involving claims against public entities.

One of the purposes of these trips is for the students to bond together and to learn to work and act as a team. This, as well as obvious safety reasons, is why 7<sup>th</sup> graders are required to be in their assigned group with their chaperone at all times in the park. 8<sup>th</sup> Graders will be required to stay in groups of 3 or more in the park. Often, parents who meet up with us, grandparents, aunts, uncle, and other relatives want to remove the student from the group and take them somewhere to spend time with them. Unfortunately this is not allowed; the students must remain in their groups. We certainly encourage parents and friends to come out to these performances and support our music ensembles!

In the many years that we have been involved with the music trips we have had very few problems and we believe that our rules are the main reason. Our goal is to see that the trip runs as smoothly as possible and that all the students have a safe and fun experience. On behalf of all of the directors we are asking for your help and understanding of the above and all other rules and requirements that we put on the students.

By my signature below I affirm that I have read, agree with and understand everything that is contained in this document. I further agree to reimburse the Montgomery Board of Education, the teachers, school employees, or any parental chaperone for any and all expenses incurred due to the behavior of my son/daughter. Further, if it becomes necessary, due to the behavior of my son/daughter, I agree to come pick up my child or pay for all costs related to having him/her escorted back to Skillman, NJ.

Should you have any questions please contact your child's director:

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By signing below, I also understand that refunds will NOT be allowed for any reason after April 1st, 2015.

_____	_____
(Parent name—please print)	(Parent signature)
_____	_____
(Student Name – Please Print)	(Parent email) (Date)

In case it becomes necessary for us to contact you—please provide us with an emergency contact person & number.

_____	phone: _____
Name	Relationship

## Chaperones

Would you be interested in chaperoning the trip this year? Parent chaperones are responsible for a group of 7<sup>th</sup> grade kids (8<sup>th</sup> graders do not have parent chaperones) at the park as well as other obligations throughout the trip. Chaperones will be doing lots of walking with 7<sup>th</sup> graders- and should be comfortable doing so before requesting to chaperone. If you have further questions concerning chaperone responsibilities, please email Dr. Hackel at [ahackel@mtsd.us](mailto:ahackel@mtsd.us)

**Chaperone requests will be submitted ONLINE via a request form found on Dr. Hackel's teacher's website. We will announce to our classes when this form will be available online. PLEASE DO NOT submit a request via email- it will not be considered or responded to. ONLY requests submitted via the online request form will be considered.**

\*\*\*Please understand that this request does NOT guarantee you will be chaperoning the trip. You will be notified via email from Dr. Hackel if you have been selected to chaperone. We will notify you at least 30 days before the trip if you have been selected. Due to staff chaperones and student numbers, many requests will not be granted.

**Note: if there is any additional information you feel we should know, please include it on the empty space provided below.**

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Montgomery Upper Middle School  
375 Burnt Hill Road  
Skillman, New Jersey 08558  
609-466-7603

## MEDICAL INFORMATION FORM FOR FIELD TRIPS

Dear Parent/Guardian:

While your child is attending a field trip with Montgomery Middle School, he/she may need medical attention. In order to avoid delay in obtaining your consent, please fill out this form and sign it.

I (We) \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(parent/guardian) (student)

give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to a minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon, if the school authorities are unable to contact me.

_____ (parent signature)	_____ (date)
Child's Doctor : _____	Phone _____
Insurance Co. _____	Policy # _____
Home Phone _____	Work Phone(s) _____
Parents' Cell Phone _____	Emergency # _____

### **Medication (s) Required for Field Trip:**

1. \_\_\_\_\_ A. This student will not require medication during this trip.

\_\_\_\_\_ B. This student will need to take medication during this trip.

2. Prescription and non-prescription medication for field trips must be supplied by the parent/guardian in the **ORIGINAL CONTAINER** and given to the school nurse in advance of the trip. Students must not carry any medications (prescription and nonprescription) on a field trip. Students may carry certain medications (ex. Epipen, inhalers, insulin) cleared with the school nurse as necessary, emergency self-medication.) If medication is necessary, the nurse will carry and dispense it.

**Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time to be given:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time to be given:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Time to be given:** \_\_\_\_\_