**NORFOLK VA TRIP (April 21-24)**

***BAND EVENT*** **Last Name First Name**

**STUDENT INFORMATION**:

Birth date (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardians Name(s):

Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: City/Town/Zip

**Emergency Contact:**

( )

Name Relationship Phone #(s)

***MEDICAL INFORMATION*** *\*(Please fill out italized items* ***ONLY*** *if information has changed from the beginning of the year)*

*Name of Medical Insurance:*

*Policy Number:*

***\*Please photocopy insurance card or proof of insurance and turn it in with the paperwork if not on file***

Family Physician:

Current Medication(s):

*(Please indicate*

*dosage times and*

*amounts)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Side Effects:

Allergies:

Physical Restrictions:

***A certified nurse will carry the following medications on hand. Please check the boxes for the any medication that you give permission to be administered and provide approved dosage amount for each.***

***Tylenol Motrin/Ibuprofen/Advil Mylanta***

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

***\*Any other over-the-counter medications that you child may need (i.e. allergy medication) must be provided by the parent/guardian in its original container with stated dosage and instructions.***

# AUTHORIZATIONS Please sign the agreements below and return this sheet to Mr. Nickel by April 1, 2016 All categories must be signed for a student to attend the trip.

**I hereby agree to hold harmless and indemnify the Wilmington Area School District, employees, district approved chaperones and certified medical personnel against any and all claims, damages, expenses, attorney’s fees, suits, cause of action in law or equity for the administration of the prescription medication authorized above.**

**I understand that Volunteer PA Licensed Registered Nurses will be administering medications on the band trip. I give permission for Marianna Rand, Registered Nurse, to manage my child’s medication for the trip.**

**In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize a district employee (band staff) and/or chaperones to provide such hospital care that includes routine diagnostic procedures and medical treatment as to my minor son/daughter, and assume full financial responsibility for such care while he/she is participating on the trip.**

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

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

**PLEASE READ ATTACHED BEHAVIORAL CONTRACT, THEN SIGN BELOW**

I understand that any infraction of any of the rules of conduct will be sufficient cause for my participation to be terminated and for me to be sent home at my expense.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My child has my permission to participate in the 2016 WAHS band trip, they have read the rules stated in the **WAHS 2016 TRIP RULES AND BEHAVIOR CONTRACT** and have agreed to abide by these rules as well as ALL Wilmington School District policies and rules.

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

\*\*If any insurance information or medical information has changed for my child guardians must provide updated information to the Head Chaperones, Head Nurse or Mr. Nickel prior to trip departure.

\*\*Please keep the attached TRIP RULES and HEALTH AND MEDICATION FAQ so that you have a copy of these documents at home.

**This form must be returned with all signatures by April 1, 2016.**

**Wilmington Area High Marching Band  
2016 BAND TRIP RULES AND BEHAVIOR CONTRACT**

**(Keep this for your records)**

The attitude of this year’s band has been absolutely first rate. You should be enormously proud of your accomplishments this year and for those accomplishments you have earned the right to travel with the marching band. With that in mind, here are the trip rules.

**GENERAL**

\*The most important aspect of this entire trip is your safety. Make sure you are always with at -least one other student. **AT NO TIME ARE YOU TO BE BY YOURSELF.**

\*Make sure your name is on your luggage and backpack as well as your music. Bring enough money for a few snacks, drinks and souvenirs. You are responsible for your own money.

\*Keep your money in a safe place at all times.

\*The chaperones are our guests as well as our guardians on the trip. Without them this trip would not be possible. You will treat the chaperones with respect and understand that their word is final. We need to make sure that they have a great trip so that other parents want to be chaperones for future trips.

\*Students are to be clothed according to the student handbook. Students wearing clothing deemed inappropriate will be asked to change**. If you can’t wear it to school, you can’t wear it on the trip.**

**THREE STRIKES & YOU’RE OUT**

\*We want you to have fun, but not at the expense of others. Please make wise choices. Of course, no alcohol, drugs, cigarettes or other illegal substances will be tolerated. Strict adherence to all school policies and laws will be enforced.

\*Any student who does not follow the rules will receive a strike. Any student who receives 3 strikes during the trip may be returned home at the parent’s expense. Follow the simple rules that are given and use common sense and let’s have a great trip with no problems!

\*Certain behavior will automatically count as three strikes, such as causing harm to another student, drug/tobacco/alcohol use, vandalism, theft etc.

**HOTEL**

\*In your room, respect other guests: loud TV, loud music (remember, headphones only), loud voices of any kind can easily disturb others and prevent them from having an enjoyable trip.

Remain in your room after lights out. No phone calls after lights out. Keep your room clean.

Any noise in the halls that cause complaints by other hotel guests will result in grumpy chaperones and/or a grumpy band director. Any damage to a hotel room will be paid for by everyone assigned to that room, regardless of fault or involvement. Please have fun in a responsible way.

\*Swimming: Girls must have a 1-piece bathing suit or it needs to be covered by a shirt. You must abide by all rules of the pool or you will be asked to leave. When going to and from the pool area, you must have shorts, shirt and shoes on.

**Wilmington Area High School Marching Band**

**Spring Trip 2016**

**FAQ: Health and Medications**

**(Keep this for your records)**

\*All prescription medications must be turned in to the Nurse(s) prior to boarding the bus. Medication forms must be completed and just enough meds for the trip should be brought in the original container.

\*If your child is using an Inhaler, Epi-pen or migraine medicine please check in with the nurse(s) also, but your child may carry these medications.

\*Over the Counter medications like Acetaminophen, Tums, and Ibuprofen may be carried by your child, but please send a reasonable amount of these medications. Please ask them not to share with others until a nurse is consulted.

\*I will be happy to address any of your medication concerns if you just send me an e-mail:

[marrn20@verizon.net](mailto:marrn20@verizon.net) - Marianna Rand (Nurse)

\*When we are traveling your children will have access to the nurse for any medical needs. We ask that you enter the nurse’s cell phone number into your son/daughter’s phones prior to departure so all that they need to do is text us with their location. During the visit to the theme park, I will be available at a first aid station that will be determined when we get there.

Nurse Cell: Marianna Rand 724-730-8291.

You remind them before we leave, I will remind them over and over again on the trip: DRINK WATER. TAKE TIME TO EAT, AND WEAR COMFORTABLE SHOES!!

Thanks,

Marianna