8th Grade Washington D.C. Trip
Information Packet

SUGGESTED SCHEDULE
Schedule May Change Depending Upon Availability at Time of Booking

Day One, Monday, March 25:
Depart Early Morning
Travel
$10.00 Cash Given for Lunch Enroute
$10.00 Cash at Union Station
Iwo Jima Memorial
Check in Hotel

Day Two, Tuesday, March 26:
Buffet Breakfast at Hotel
Mount Vernon
Meal Voucher Mount Vernon
Capitol Tour (Based upon Acceptance)
Group Photo
Holocaust Museum
Dinner at Crystal City Restaurant
Illumination Tour of Memorials
Return to Hotel

Day Three, Wednesday, March 27:
Buffet Breakfast at Hotel
White House Photo Stop
Newseum
National Archives
Lunch at Reagan Building
Smithsonian Museums
Souvenir Shopping
Dinner Dance Cruise w/ DJ
Return to Hotel

Day Four, Thursday, March 28:
Buffet Breakfast at Hotel
Check out of Hotel
Arlington National Cemetery
Wreath Laying at 10:15
Box Lunch Enroute to Williamsburg
Check in Hotel
Enjoy Great Wolf Water Park
Backyard BBQ at Great Wolf Lodge

Day Five, Friday, March 29:
Buffet Breakfast at Hotel
Check out of Hotel
Colonial Williamsburg Tour
$10.00 Cash Given for Fast Food Lunch in Area
Travel Home
$10.00 Cash Given for Dinner Enroute
Arrive Home

NTA
National Tour Association

SYTA
The Voice of Student & Youth Travel

ABA
American Bus Association
Trip Cost
The cost of the trip is $1050 per student.

This cost includes:

ESCORT
• Experienced Taylor Tours Travel Director Will Accompany the Group

ACCOMMODATIONS
• Four Nights Hotel Accommodations (Three Nights DC and One Night Williamsburg)
• Room Occupancy Is Four To a Room (DC) & Six To a Room (Williamsburg)

MEALS IN ORDER
• $10.00 Cash Given for Lunch Enroute
• $10.00 Cash at Union Station
• Buffet Breakfast at Hotel
• Meal at Crystal City Restaurant
• Buffet Breakfast at Hotel
• Lunch Voucher at Reagan Building
• Dinner Dance Cruise w/ DJ
• Buffet Breakfast at Hotel
• Box Lunch Enroute to Williamsburg
• Backyard BBQ Dinner at Great Wolf Lodge
• Buffet Breakfast at Hotel
• $10.00 Cash Given for Lunch Enroute
• $10.00 Cash Given for Dinner Enroute

ADMISSIONS and FEES
• Newseum
• Arlington Cemetery w/ Tourmobile
• Illumination Tour of Memorials
• Holocaust Museum
• National Archives
• Mount Vernon
• Great Wolf Water Park
• Colonial Williamsburg Tour

SIGHTSEEING
(There will be a large variety of sightseeing. Here are some of the highlights based on time and availability.)
• Memorials - Lincoln; Vietnam; Korean; FDR; Jefferson; Kennedy Center; Iwo Jima, Jefferson, World War II, Air Force, 9/11 Pentagon
• Capitol Building (Based on Availability)
• White House Photo Stop
TAYLOR TOURS will provide the following additional goods and services:
- Private Security Each Night at the Hotel
- Special Tour Booklet for Each Traveling Member
- Luggage Tags
- Group Photo for Each Traveling Member
- Trip ‘Memory’ Video for Each Traveling Member
- Special Travel Bag for Each Traveling Member
- Trip Departure Briefing
- All Planning and Operational Costs
- SYTA Consumer Protection Plan
- Liability and Errors and Omissions Policy
- Emergency Medical Insurance Policy
- All Taxes and Gratuities

Payment Schedule

First Payment ($200 per person) due September 21, 2018
Second Payment ($200 per person) due Oct. 17, 2018
Third Payment ($200 per person) due November 14, 2018
Fourth Payment ($200 per person) due January 23, 2019
Remaining Balance ($250) paid in full by Feb. 13, 2019

September 21, 2018 is the last day to register for the trip. Students must have first $200 payment and trip consent form turned in by this date.

January 9, 2019 is the last day to cancel your trip reservations and receive a full refund.

Check/ Money Order Only- Make checks payable to EMS and include your child’s name on the memo line.

Grades and Behavior

It is a privilege, not a requirement, for students to participate in the 8th Grade Washington D.C. trip. All students must meet certain requirements in order to participate. Students who have displayed academic success, having received no less than an academic grade of “C”, and have conducted themselves in a respectable manner throughout the year will be eligible for this field trip. Any student whose behavior is deemed detrimental to the success of the trip will be restricted from participating in the trip. Such determination will be made by the school administration. Eligibility begins the day after the first parent meeting.
FIELD TRIP CONSENT FORM

I hereby give permission for my son/daughter ____________________________ to participate in the school-sponsored field trip to Washington D.C. on March 25- March 29, 2019. By signing this form, I acknowledge that I have fully reviewed and understand the specific information regarding this trip as set forth in the Field Trip Information Sheet. Additionally, in granting this permission, I fully understand that all school rules set forth in the Student Code of Conduct and Board of Education policies are in effect at all times during the trip. Any student who commits a serious infraction during the trip may be sent home at the parents’ expense.

Furthermore, I fully understand that academic performance and school conduct prior to the trip determines my child’s eligibility to participate in the trip. Failure to comply with the rules and regulations as set forth in the field trip information packet will result in my child being restricted from participation.

_________________________________________  __________________________________
Parent/Guardian Signature                  Date

Trip Participant’s Legal Name ________________________________

Father/Guardian’s Name ________________________________

Phone (w) ____________________  (c) ________________________

Mother/ Guardian’s Name ________________________________

Phone (w) ____________________  (c) ________________________

Email Address to which Trip &/or Payment Information should be directed ________________________________

We have read, fully understand and agree with the terms of this Application.

_________________________________________  __________________________________
Trip Participant’s Signature:                  Date:  ______________________

_________________________________________  __________________________________
Guardian’s Signature:                       Date:  ______________________
STUDENTS

Permission Form for Prescribed or Over-the-Counter Medication

Student’s Name: ___________________________ Grade: _______ Date of Birth: ___________________________
School: ____________________________________________

TO BE COMPLETED BY THE PARENT/GUARDIAN, PHYSICIAN OR HEALTH CARE PROVIDER.

Procedure 09.2241 AP.1—(Over-the-Counter) — Parent/Guardians shall complete the required form. Medication shall be in original container, dated upon receipt, and given no more than three (3) consecutive days without signature from physician/health care provider. (Prescribed Medication) — Parents/Guardians and Health Care Provider shall complete the required form.

<table>
<thead>
<tr>
<th>Name of medication:</th>
<th>Reason for medication:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Instructions:</th>
<th>Time: _______  Dose: _______  Start Date: <strong>/</strong>/__  Stop Date: <strong>/</strong>/__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs &amp; Symptoms of Emergency Administration:</td>
<td></td>
</tr>
<tr>
<td>Restrictions and/or important side effects:  □ No restrictions □ Yes, Please describe:</td>
<td></td>
</tr>
<tr>
<td>Special storage requirements:  □ None  □ Refrigerate  □ Other</td>
<td></td>
</tr>
</tbody>
</table>

* Student must carry this medication on his/her person and self-administer during school hours:  □ No  □*Yes

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</tr>
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<td></td>
</tr>
</tbody>
</table>

* Student must carry this medication on his/her person and self-administer during school hours:  □ No  □*Yes

SPECIFIC TO FIELD TRIPS:

□ Trained personnel to assist student to self-medicate (School personnel will hold medication until dosing time)
□ *Student to self-administer (Student will hold medication on their person)
□ Student requires medication to be administered (School personnel will hold medication and administer)

*(MD INITIALS) The above named student has been instructed on the care, storage, dosage and use of the above medication(s) and has sufficient knowledge and ability to self-administer the medication(s) in the school setting and while on field trips.

Physician/Health Care Provider Signature/Date

Signature of Parent/Guardian / Date

(required for prescription medication(s)/self-administration)

Name of Physician/Health Care Provider: ___________________________

Phone #: ___________________________ Fax #: ___________________________

FOR ALL MEDICATIONS

I give permission for ___________________________ to receive the above medication(s) at school according

Student’s Name

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: ___________  Signature: ___________________________  Relationship: ___________________________

Home Phone: ___________________________  Work Phone: ___________________________  Emergency Phone: ___________________________

I/we reviewed the statement and authorization for completion.

Administrator/designee ___________________________  Date ___________________________

Review/Revised: 4/22/13
Out-of-State School-Related Student Trip Permission Slip/Medical Release Form

This form to be used for all school sponsored events outside the state of Kentucky

This consent form is to be signed only after understanding and agreeing to the information below. If this completed form is not at school by the appropriate deadline and any necessary medications/supplies are not at the school prior to the trip, the student will not be permitted to participate.

Deadline to return form to school: January 9, 2019

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Eastside Middle School</td>
<td>Grade 8</td>
<td>Homeroom/Classroom</td>
<td></td>
</tr>
<tr>
<td>Field Trip Date(s)</td>
<td></td>
<td></td>
<td>Destination Washington D.C.</td>
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</tbody>
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(Please fill out the attached “Release and Waiver of Liability” form for out-of-state travel.)

| Alternate Destination, if applicable | |
|-------------------------------------| |

Mode of Transportation | Bus | Cost to Student, if applicable $1050.00 |

Expectations and Instructions:

I understand the following is expected of the student:

- To follow instructions given by a teacher/chaperone.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and District policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to disciplinary consequences.

Student medication may not be repackaged for field trips by school personnel. If your child needs medication during the school day we are requiring a separate bottle that is obtained from the pharmacy with a correct label and filled with the amount of medication needed for the trip.
Medical Information and Parent/Legal Guardian Medical Authorization

Please answer all questions and print clearly.

1. List any SEVERE allergies (bee stings, foods, etc.):

2. List any medication allergies:

3. Please check below IF your child has:
   - □ Asthma  □ Diabetes  □ Kidney Injuries  □ Seizure Disorder
   - □ Heart Condition  □ Other Medical Condition

   Explain:

4. List any medications, including over-the-counter, that your child will need during the field trip.

   All medications must be in the original containers and only in the amount needed for the field trip. If your child is able to self-administrate, a trained BCPS employee will assist your child in the self-administration of these medications.

   A completed Medication Permission Form (09.2241 AP.21) must be submitted for each medication.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>TIME(S)</th>
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5. Is your child physically and mentally capable of self-administering his/her medication in a non-emergency situation? □ Yes □ No. If No, please explain the circumstances that prevent him/her from doing so.

6. Name of Insurance Company: ___________________________ Policy #: ___________________________

I hereby authorize a trained Bullitt County Public School (“BCPS”) official to assist my child in the self-administration of the medications that I have listed above in non-emergency situations. During an emergency, any and all physicians, trained school personnel, and/or other medical providers to render such emergency treatment and to release the above health information as deemed necessary for the health of my child. If any emergency medical procedures or treatments are required during this trip, I consent for the trip supervisor to arrange for them at the supervisor’s discretion. If nursing assistance is needed for a medical treatment or procedure, I consent for the trip supervisor or health coordinator to arrange for them at their discretion.
Release and Waiver of Liability

Please read carefully, review, and sign the following only if your child will be traveling out-of-state at any time during his/her trip.

Out-of-State Field Trip Destination(s): Washington D.C.

Dates of Out-of-State Field Trip, including travel: March 25- March 29, 2019

The undersigned hereby acknowledges that participation in out-of-state field trips may include situations/activities that involve the risk of harm. The undersigned agrees that for the sole consideration of Bullitt County Public Schools ("BCPS") allowing my child to participate in voluntary out-of-state field trips and activities in connection therewith, the undersigned waives liability, holds harmless, releases and forever discharges the BCPS and the Bullitt County Board of Education ("BCBE"), its members, officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from my child’s voluntary participation in or in any way connected with the aforementioned out-of-state field trip. The undersigned further agrees that I will not sue the BCPS, the BCBE, its members, officers, agents, or employees for any claim for damages arising or growing out of my child’s voluntary participation in the aforementioned out-of-state field trip. Acceptance of this Release, Waiver of Liability, and Covenant Not to Sue shall not constitute a waiver, in whole or in part, of sovereign or official immunity by the Board, its members, officers, agents, and employees. This Release, Waiver of Liability and Covenant Not to Sue shall remain in effect for the duration of the aforementioned out-of-state field trip, including dates of travel to and from said destination. If any part of this Release, Waiver of Liability and Covenant Not to Sue shall be deemed null and void, this shall not affect the validity of the rest of this document. This Release, Waiver of Liability and Covenant Not to Sue shall be enforced and interpreted under the laws of the Commonwealth of Kentucky.

CAUTION: THIS DOCUMENT CONTAINS PROVISION(S) WAIVING CERTAIN CLAIMS AND RIGHTS. BY SIGNING THIS AGREEMENT, I CONSENT TO THESE PROVISIONS AND UNDERSTAND THEIR IMPLICATIONS. I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO CONSULT WITH AN ATTORNEY ABOUT THE PROVISIONS IN THIS CONTRACT BEFORE SIGNING.

Child’s full name (print) ________________________________________________

Parent/legal guardian name (print) _______________________________ Date

Parent/legal guardian name (signature) _______________________________ Date

Emergency Contact Telephone Numbers:
Home ___________________________ Cell ___________________________ Work ___________________________

Please return these forms to your child’s teacher.

Review/Revised: 8/16/11