

To: Ms. Ruscio

From: Mr. Van Etten

Date: January 26, 2016

**Regarding: High School Field Trip Activities – January 26<sup>th</sup> Board of Education Meeting**

The following Field Trips requested for Homer High School:

Future Business Leaders of America

New York City  
(Wall Street, Federal Reserve Bank, etc...)

April 19 & 20, 2016

Class of 2016

Hershey Park Senior Day

June 3, 2016

**STAFF FIELD TRIP**

DATE OF REQUEST: 1-20-16

TEACHER'S NAME: Darlene Latten

DESTINATION: Hershey Park, PA DATE(S) 6/3/16

DEPARTURE TIME: 9:30am bag check RETURN TIME: 11:30 pm

VEHICLE REQUESTED (Check one): <sup>9:00am departure</sup> SEDAN  WAGON  BUS  Swarthout

CLASS/GROUP: Class of 2016

NUMBER OF STUDENTS: 100 ±

CHAPERONES: Darlene Latten Craig Allen <sup>+ 1 for every 10,</sup>

Lynne Renner Ashira Spectro

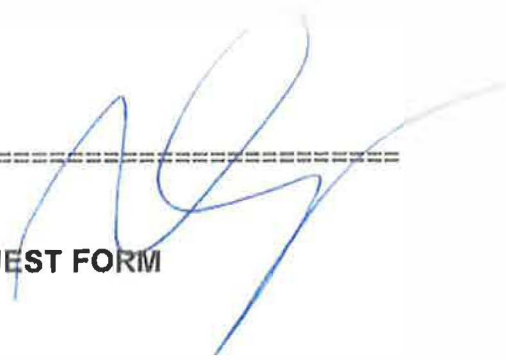
DESCRIBE BRIEFLY HOW THE FIELD TRIP WILL HELP MEET YOUR GOALS AND OBJECTIVES FOR THE COURSE: \_\_\_\_\_

Class field trip to Hershey Park is an annual event.

***If a waiver is required, please make sure you take care of this.*** Parents should be aware that in the event the Administration or the Board of Education is forced to cancel a trip for reasons of student safety, all or part of their family's deposit may be lost.

List students in alphabetical order, who will be going on the field trip. If you need space, please use the back of this form. Nurse's Office must receive list of students who will be out of the building.  
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Return this form to the Principal's Office...  
Complete a **VEHICLE TRANSPORTATION REQUEST FORM**  
Request a sub if needed.



# HERSHEY PARK SENIOR DAY – JUNE 3, 2016

COST: \$60 PER STUDENT

THE ACTUAL COST OF THE TRIP IS \$75.00 BUT THE CLASS TREASURY WILL COVER THE REST.

ALL MONEY AND PERMISSION SLIPS ARE DUE TO  
**MRS. LATTEN BY MARCH 23, 2016**

- 5:30 A.M. BE AT HIGH SCHOOL – BAG CHECK & ATTENDANCE (PARENTS ARE NOTIFIED IF STUDENT IS NOT PRESENT)
- 6:00 A.M. DEPARTURE - (THERE WILL BE A STRETCH BREAK – EAT BEFORE YOU LEAVE HOME & BRING SNACKS)
- 10:00 A.M. ARRIVE AT HERSHEY PARK
- |             |  |
|-------------|--|
| 2:00 – 4:00 | <b><i>CHECK IN WITH CHAPERONES AT PICNIC DESIGNATED AREA</i></b> |
|-------------|--|
- 7:30 P.M. LOAD BUSES
- 7:45 P.M. LEAVE FOR HOMER
- 11:30 P.M. ARRIVE AT HOMER HIGH SCHOOL

# CLASS OF 2016 SENIOR DAY TRIP FORM

\_\_\_\_\_ has my permission to  
(Print Student First & Last Name)

attend the senior trip to Hershey Park on June 3, 2016. I understand if my son/daughter needs medical attention or is unlawful while participating in the above activity; the chaperone or activity advisor will secure the services of the appropriate agency.

Parent/Guardian will be responsible for coming after their son/daughter when the student is ill or fails to follow school rules or direction of the chaperone.

Parent/Guardian – Please print

Day time phone

Parent/Guardian – Signature

Date

Student Signature

Date

Emergency Contact

Day time phone



**THIS SIDE TO BE FILLED OUT BY PARENT FOR ALL OUT-OF-TOWN OR OVERNIGHT TRIPS**

Student name: \_\_\_\_\_ Student date of birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, New York \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home Phone: \_\_\_ - \_\_\_ Daytime phone: \_\_\_ - \_\_\_ Cell phone \_\_\_\_\_

Name of event/trip: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please indicate the names and phone numbers of two adults we may contact in the event we are unable to reach you in the event of an emergency:

1) Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work or Cell #: \_\_\_\_\_

**I hereby state, as the child's parent/guardian, the only major illness, condition, or allergy including chronic conditions sustained by my child is/are as follows:** \_\_\_\_\_

*If emergency treatment is necessary, your child will be transported by staff or ambulance to the nearest hospital. Parents will be contacted as soon as possible in the event of sickness or injury. I hereby grant permission for the attending physician to administer emergency treatment to my child.*

Parent name: \_\_\_\_\_ **PARENT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**THE FOLLOWING PORTION SHOULD ONLY BE FILLED OUT IF YOUR SON/DAUGHTER WILL REQUIRE MEDICATION ON THE TRIP THAT IS NOT ALREADY BEING PROVIDED AT SCHOOL:**

*No medication, including over-the-counter medications may be given to your child on a field trip without written permission of the parent/guardian and the family's physician.*

Please have your physician fill out the following:

Name of medication(s) \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Possible side-effects: \_\_\_\_\_

\_\_\_\_\_

Physician name: (print) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's signature: \_\_\_\_\_

*Note: All medications must be in the original container and clearly labeled with the student's full name. All prescription medications must be in the original Pharmacy container with the original Pharmacy label intact. No medication is to be carried by the student unless the student has a separate self-medication order.*

I grant permission for my son/daughter: \_\_\_\_\_ to receive the Medication(s) listed above on this field trip.

**PARENT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_