

6th Grade Field Trip to Disney's Animal Kingdom



- **When?** Thursday March 15th, 2018; 6:00 am to 10:00 pm (Ending time is approximate arrival back to campus)
- **Who can attend?** Any PBMS 6th grader who has NOT received the equivalent of more than 2 days of ISD or any OSS between Jan 8th through March 15th. Additionally, all students must be in good academic standing in order to participate. *THERE IS A NO REFUND POLICY IF YOU ARE REMOVED FROM THE TRIP FOR DISCIPLINARY ISSUES. THIS INCLUDES PARENT CHAPERONES OF THESE STUDENTS.*
- **Cost?** \$130.00 per student (cash or check; checks made payable to Pacetti Bay Middle School).
 - Price includes transportation, admission to the park, and one (1) meal voucher.
 - Students are responsible for purchasing any additional food; keep in mind we will be at the park for at least 6-7 hours. Money for a second meal is recommended.
 - Annual Pass Holders may pay a discounted rate of \$68 (includes transportation and a meal voucher).
 - Students may bring spending money but are responsible for its safety and storage.

Deadline for payment: Friday February 9th, 2018

- **Students must return payment AND permission/medical form to HR teacher to reserve spot!**

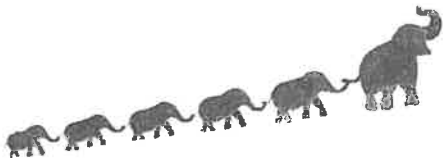
***Parent chaperones are welcome and will be asked to supervise small groups of 6. You must be an approved volunteer with Pacetti Bay Middle School (elementary volunteers do not transfer automatically and must be cleared with Dawn Gillis in the front office @ 547-8760). The cost for parent chaperones is the same as the student cost (\$130.00).

Guidelines, dress codes, group sign-up, and day-of procedures will be discussed in more detail as the field trip approaches, including a parent meeting (Date TBD).

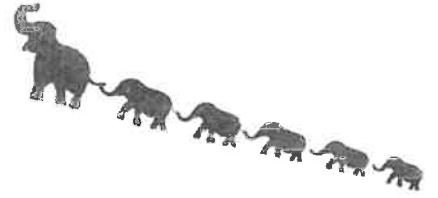
QUESTIONS/CONCERNS? Please feel free to contact your field trip sponsors and/or
Sandra.Hodges@stjohns.k12.fl.us or Sarah.Todrick@stjohns.k12.fl.us

Important

Student T-Shirt Size Circle One
Child Medium Child Large Adult Small Adult Medium Adult Large Adult XL



Chaperone Sign up Form



If you would like to participate as a chaperone, please fill out the form below. Please **print** all information clearly and completely on the lines provided. ***IMPORTANT!*** In order to participate as a chaperone, you must fill out the school access form found on the district website. To complete the form or check your status, go to <http://www.stjohns.k12.fl.us/volunteer/>. **If you have filled out a form anywhere in St. Johns County within the last 2 years, you must call the PBMS front office to include Pacetti Bay in your school access (904-547-8760). You do not need to fill out the form again.**

Student Name : _____

Parent Chaperone Name: _____

Chaperone Date of Birth: _____

Chaperone Address: _____

Chaperone Phone #: _____

Chaperone T-Shirt Size (Circle 1):

Adult Small Adult Medium Adult Large Adult XL Adult XXL (+\$2)

When you are approved as a chaperone, you will receive a text confirming your up-to-date chaperone status and containing the code to join our Remind App chaperone group and more information.

ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD TRIP ACTIVITIES

Please write
legibly!

School: Pacetti Bay Middle School

I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:

Disney's Animal Kingdom (Orlando, Florida) on March 15, 2018

Time: Leave: 6 AM Return: 10 PM We understand transportation will be by: _____ (DATE)

Charter Bus at a cost of \$ \$130.00

(MODE OF TRANSPORTATION)

We acknowledge our student is in good physical health and the Trip does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any trip.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the District, its agents, servants, or employees during the trip; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. In the event of an injury requiring medical attention, I/We understand and agree that neither the District nor its agents, servants, or employees are responsible for obtaining, or for the result of any medical or emergency treatment rendered or supplied to my student. I/We will hold the District and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school 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. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field trip.

Student's Name (Print): _____

Signature of Student _____

Date _____

Signature of Parent/Guardian _____

Date _____

Cell Phone _____ Work Phone _____

Home Phone _____

Emergency contact, if parent unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____

If the student requires medication during this trip, and or there is information of which sponsors should be aware, I understand I am obligated to complete the Medical Information Form (obtained from the trip supervisor) and provide the medication to the personnel trained to administer the medication.

Parent's Name (Print): _____

ALL STUDENTS MUST FILL THIS FORM OUT!

MEDICAL INFORMATION FORM

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ Work: _____ Other: _____

If parents cannot be reached in an emergency, please contact:
Name: _____ Phone #: _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma _____
Allergies _____
Bronchitis _____
Bed Wetting _____

Diabetes _____
Ear Infection _____
Epilepsy _____
Heart Disease _____

Nightmares _____
Sinus _____
Sleepwalking _____
Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the School Clinic prior to the field study.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ Date: _____

VERY IMPORTANT! Please complete this part no matter what!