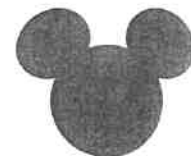


# 7<sup>th</sup> Grade Disney Field Trip



When: Thursday, March 15<sup>th</sup>, 2018  
Depart PBMS: 6:30 AM  
Depart Park: 8:00 PM  
Estimated arrival to PBMS: 10:00 PM



\* Student Name: \_\_\_\_\_

**Who can attend:** Field trip eligibility is based on academics, behavior and attendance. Administration reserves the right to revoke field trip privileges. If a student loses the field trip privilege AFTER paying, a refund will NOT be provided. Students must not have more than one day of ISD or any OSS during 2<sup>nd</sup> semester. Students must be passing all subjects. Students must have no more than 5 unexcused tardies in 2<sup>nd</sup> semester.

**Cost:** \$150 per student

Please make checks payable to Pacetti Bay Middle School. The price includes a T-Shirt, transportation and admission into the park. Meals are not included. No refunds will be issued after December 15<sup>th</sup>, 2017.

\*Annual pass holders may pay a discounted rate of \$52.00. You must provide a copy of your season pass. You can find a copy online at-  
<https://disneyworld.disney.go.com/login/>

\* Is the student a Season Pass holder: Yes No

**Deadline for Payment: Thursday, November 30, 2017**

Students must return payment, permission form and medical information to reserve a spot. Seats will be filled on a FIRST COME, FIRST SERVE basis. Please note that there IS a possibility that your money will be refunded and your child will not be able to attend based on seat availability on the bus. If we do not have enough seats, your money will be refunded. We apologize in advance if this happens to you and your child.

**Guidelines:** Students MUST remain with their chaperone group while at the park. Dress code remains in place. Shorts must be fingertip length. Spaghetti straps are not allowed. Flip flops are okay, but not recommended. Students are responsible for all items brought on the bus (electronics, money etc). Drinks and snacks may be brought on the bus. The drinks MUST have a screw on cap or flip closure. The

charter bus does not allow cups or open containers and will require them to be thrown out. Students will be in the park for 8-9 hours, money for meals and snacks is highly recommended.

\* Please circle T-shirt size for student: (all shirts are adult sizes)  
Small      Medium      Large      XL

I am aware of the grading, attendance and behavior issues that can result in losing my privilege to attend this field trip.

\* Student Signature: \_\_\_\_\_

**This form MUST be returned with t-shirt size, season pass information and student signature filled out.**

### **Are you interested in Chaperoning?**

Please provide the following information. Returning this form does not guarantee a spot on the trip. Chaperones will be picked on a FIRST COME, FIRST SERVE basis AFTER we know the final amount of students attending the trip. Chaperones will be asked to supervise groups of 7-10 children.

You MUST already be a PRE-APPROVED chaperone with the county. You may NOT start the approval process at this time. We will notify you if you have been picked to be a chaperone. You will pay for your trip at that time. Please do not make a chaperone payment until you have been notified. You will have 72 hours to pay for your spot or we will move on to the next chaperone on the waiting list. Chaperones must ride the bus and stay the entire length of the field trip. The cost for chaperones is the same as the student at \$150 for non-pass holders and \$52 for season pass holders. You must provide a copy of your season pass upon payment if selected.

Chaperone's Full Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Chaperone Season Pass holder: Yes \_\_\_\_\_ No \_\_\_\_\_

Chaperone T-shirt Size: Small      Medium      Large      XL

Questions or concerns?  
Please email Lisa Fink at:  
Lisa.Fink@stjohns.k12.fl.us

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

School: Pacetti Bay

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

Disney's Magic Kingdom on 3/15/18  
(DATE)

Time: Leave: 6:30 AM Return: 10:00 PM We understand transportation will be by:

Charter Bus at a cost of \$ 150.00  
(MODE OF TRANSPORTATION)

*\* price includes ticket, t-shirt and transportation*

We acknowledge our student is in good health and the tudy 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 activity.*

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 activity; (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 The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. 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 study.

Student's Name (Print): \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

My student requires medication and/or medical attention: YES \_\_\_\_ NO \_\_\_\_

If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency contact, if parent unavailable \_\_\_\_\_

Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy# \_\_\_\_\_

# MEDICAL INFORMATION FORM

(Required for any student requiring medication or medical attention)

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 \_\_\_\_\_

Diabetes \_\_\_\_\_

Nightmares \_\_\_\_\_

Allergies \_\_\_\_\_

Ear Infection \_\_\_\_\_

Sinus \_\_\_\_\_

Bronchitis \_\_\_\_\_

Epilepsy \_\_\_\_\_

Sleepwalking \_\_\_\_\_

Bed Wetting \_\_\_\_\_

Heart Disease \_\_\_\_\_

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: \_\_\_\_\_