



8th Grade field TRIP to ISLANDS of ADVENTURE and UNIVERSAL STUDIOS

- **When?** Friday, May 18th 2018; 1:00 pm to 2:00 am (times are approximate)
- **Who can attend?** Any PBMS 8th grader who has NOT received ISD or OSS during third or fourth quarter of the 2017/2018 school year. Additionally, all averages must be a C or higher, and students can have no more than 5 tardies/unexcused absences during 3rd or 4th quarter.
- **Cost?** \$125.00 per student
 - Price includes transportation, admission to both parks, meal in the park and t-shirt!
 - Season Passes are not accepted for this special event...sorry!
- **Safety:** The park will close to the public and remain open to only the middle school groups visiting for this event. Access to City Walk will not be available. Students will be able to go between parks using the Hogwarts Express or by walking through the sound stage area.

DEADLINE FOR PAYMENT: Thursday, March 15th, 2018

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

Parent chaperones are welcome and must be approved school volunteers. Adult ticket cost is the same as student cost. Any questions regarding your volunteer status, please contact the front office at 547-8760. Due to limited space, only 1 parent chaperone per homeroom is allowed through a lottery system.

TRIP GUIDELINES

- Students must remain in groups of three or more while in the park.
- Students are required to check in with teachers at 9:00 pm in **Seussland**. We will be departing the park at approximately 12:00 am.
- Dress code remains in place with the following exceptions: Shorts may be mesh but MUST STILL BE FINGERTIP LENGTH. You should wear your Gradventure t-shirt to the park. Closed toed shoes must be worn. You will not be permitted on the bus to leave if you are out of dress code.
- Students are responsible for all items brought on the bus (electronics, money, etc). You will not be permitted to bring much into the park. More info will come out later with park guidelines.

Any questions? Contact Mrs. Cooper at jennifer.cooper@stjohns.k12.fl.us
We are looking forward to a great trip!

Parents and Students: Complete BOTH sides and return to homeroom teacher by March 15.

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

School: Pacetti Bay Middle School

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:
Universal Studios and Islands of Adventure in Orlando, FL on Friday, May 18, 2018
 (DATE)

Time: Leave: 1:00pm Return: 2:00am We understand transportation will be by:
Charter Bus at a cost of \$ \$125
 (MODE OF TRANSPORTATION)

We acknowledge our student is in good health and the Study 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 _____

Medication Administered by School Personnel: 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# _____

MORE ON BACK

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 _____

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: _____