

Field Trip Authorization Form

Name of Group/Team: CEHS World Affairs Council

Faculty/Staff member Making Request: Gretchen McNulty

Date(s) of Proposed Trip: April 9-11 # of School Days: 1 # Nights Away: 2

Destination: Dartmouth College - Hanover, NH Distance (one-way): 200 m.

Purpose/Benefit of Trip: Model United Nations Conference

Transportation Arrangements: School Bus

Students: 20 # Chaperones: 2 School Staff: Gretchen McNulty Parents/Other: Kevin McNulty

Arrangements for Mixed Gender Supervision: yes

Cost Per Student: \$250

Description of any Fundraising: Gift Card Sales, Trivia Night

Do all members of the group/team have an opportunity to participate? Yes No

If "no," describe circumstances: n/a

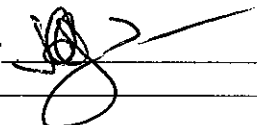
For overnight trips

All parent/other chaperones have attended volunteer training: Yes No

Date and time of pre-trip chaperone meeting: Monday, April 6th @ 6pm - HS rm 308

For out-of-country trips

Travel and cancellation insurance arrangements (attach copy of contract with insurance and cancellation provisions highlighted): na/

| | |
|---|--------------------|
| Approvals: | |
| Principal or Athletic Administrator  | Date <u>3/3/10</u> |
| Superintendent _____ | Date _____ |
| School Board _____ | Date _____ |
| <i>Authorization Authority: Principal/AA: in-state day trips; Superintendent: out-of-state trips w/n 125 miles, in-state trips requiring one-night stay; School Board: out-of-state trips beyond 125 miles, trips requiring 2 or more overnights; trips costing \$500 or more per student</i> | |

Field Trip(s) Information and Parent Consent Form

We are planning a field trip(s). Here are some details about the trip(s).

Class/Group: World Affairs Council

Trip Name: Dartmouth College Model UN

Teacher/Staff Trip Leader: Gretchen & Kevin McNulty

Date(s) of Trip/Destinations/Times

| <i>Date</i> | <i>Destination</i> | <i>Departure Time</i> | <i>Anticipated Return Time</i> |
|-------------|-------------------------------|-----------------------|--------------------------------|
| April 9 | Dartmouth Coll. Hanover, N.H. | 8 am | |
| April 11 | | | 6 pm |

Students: 20

Chaperones (including leader): 2

Transportation will be by: Schol Bus

Drivers (if other than school bus drivers or commercial carriers): n/a

In an emergency, how trip leader can be contacted: Gretchen McNulty 207-653-7746 / Kevin McNulty 207-653-2317

Other things you should know: Students will provided with extra, parent copy of full itinerary, packing needs, and additional contact information.

For Trips Involving Overnights

We will be staying at: Marriot Courtyard Hanover

Address: 10 Morgan Drive, Hanover, NH

Phone #: 603-643-5600

Provision for Mixed Gender Supervision: Yes!

Pre-trip Parent Meeting for Trips Involving 3 or more Overnights

We will hold a pre-trip parent meeting as follows.

Date: Monday, April 5,

Time: 6:00 pm

Place: CEHS rm. 308

Class/Group: CEHS World Affairs Council

Teacher/Staff Leader: Gretchen McNulty

Trip(s) Name: Dartmouth Model United Nations Conference April 9-11, 2010

Parent/Student Consent

I hereby give my permission for _____ (son/daughter name) to participate in the field trip(s) named and described above. I acknowledge receipt of the Field Trip Information form for that trip(s). I am comfortable with the arrangements described. I authorize the trip leader(s) to arrange for medical treatment in an emergency. I hereby release the trip leader, the field trip(s) chaperones, the school, and the school department ("School"), town of Cape Elizabeth ("Town"), and all of their agents or employees, from any and all claims, liabilities and responsibilities for damages or injuries that my son/daughter may experience during this trip, except only any claims for any damages or injuries that may be sustained as a result of any intentionally harmful acts on the part of the trip leader, the chaperone(s), the Town, the School, or their agents or employees.

Parent Signature

Student Signature (if 18 or older)

Date

Date

Emergency Contact and Medical Information Form

Student Name: _____ Birth Date: _____

Emergency Contact Information:

1st Parent Contact Name: _____

Work Phone : _____ Home Phone: _____ Cell phone: _____

2nd Parent Contact Name: _____

Work Phone: _____ Home Phone: _____ Cell phone: _____

Non-Parent Emergency Contact Name: _____

Work Phone: _____ Home Phone: _____ Cell phone: _____

Known Allergies/Treatment Protocols

Other Medical Conditions:

Medications/Medication or Treatment Restrictions:

