

Field Trip Authorization Form

Name of Group/Team: **WORLD AFFAIRS COUNCIL / JOHNS HOPKINS UNIVERSITY MODEL UNITED NATIONS CONFERENCE**

Faculty/Staff member Making Request: **MELISSA OLIVER**

Date(s) of Proposed Trip: **02/07 - 02/10** # of School Days: **2** # Nights Away: **3**

Destination: **BALTIMORE, MD** Distance (one-way): **≈515 MILES**

Purpose/Benefit of Trip: **JHUMUNC (MODEL UN SIMULATION)**

Transportation Arrangements: **FLIGHT FROM PORTLAND JETPORT TO BWI / GROUND TRANSPORT TO/FROM HOTEL/CONFERENCE**

Students: **24** # Chaperones: **2** School Staff: **1** Parents/Other: **1**

Arrangements for Mixed Gender Supervision: **YES**

Cost Per Student: **\$450.00 OR LESS**

Description of any Fundraising: **SALES / RAFFLES DURING CONFERENCES**

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

If "no," describe circumstances:

For overnight trips

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

Date and time of pre-trip chaperone meeting: **THURSDAY, JANUARY 31ST, 7:30 AM ROOM 307**

For out-of-country trips

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

Approvals:

Principal or Athletic Administrator _____

Superintendent _____

School Board _____

Date 11-6-12

Date 11/7/12

Date _____

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

CLASS / GROUP: World Affairs Council

TRIP NAME: Johns Hopkins University Model United Nations Conference

TEACHER / STAFF TRIP LEADER: Melissa Oliver

DATE(S) OF TRIP / DESTINATIONS / TIMES

DATE: 02/07/13 - 02/10/13

DESTINATION: Baltimore, MD: Baltimore Renaissance Harborplace Hotel / JHUMUNC

ANTICIPATED DEPARTURE TIME: 7:00 a.m. (Thursday)* flights will determine

ANTICIPATED RETURN TIME: 7:00 p.m. (Sunday) *flights will determine

STUDENTS ATTENDING: 24 (twenty-four) # CHAPERONES (INCLUDING LEADER) 2 (two)

TRANSPORTATION WILL BE BY: Airplane / Transfer shuttle to hotel / conference

DRIVERS (IF OTHER THAN SCHOOL BUS DRIVERS / COMMERCIAL CARRIERS):
N/A

IN AN EMERGENCY, HOW CAN GROUP LEADER BE CONTACTED: Melissa Oliver
(Cell Phone: # (603) 233 - 7693

OTHER THINGS YOU SHOULD KNOW:

FOR TRIPS INVOLVING OVERNIGHTS:

WE WILL BE STAYING AT: Baltimore Renaissance Harborplace Hotel

ADDRESS: 202 East Pratt Street, Baltimore, MD 21202

PHONE #: (410) 547-1200

PROVISIONS FOR MIXED GENDER SUPERVISION: Yes

PRE-TRIP PARENT MEETING FOR TRIP INVOLVING THREE (3) OR MORE OVERNIGHTS:

WE WILL HOLD A PRE-TRIP PARENT MEETING AS FOLLOWS:

DATE: 01/31/13

TIME: 7:30 a.m.

PLACE: CEHS Room 307

CLASS / GROUP: WORLD AFFAIRS COUNCIL **TEACHER/STAFF LEADER:** MELISSA OLIVER
TRIP NAME: UCMUN - University of Connecticut Model United Nations Simulation

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 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: _____

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

2nd Parent Contact: _____

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

Non-Parent Contact: _____

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

Known Allergies / Treatment Protocols:

Other Medical Conditions:

Medications:

Medication or Treatment Restrictions:
