

## 8<sup>th</sup> Grade Colonial Williamsburg Trip

April 10-12, 2019  
Information Sheet

**Depart:** Wednesday, April 10, 2019. Arrive at school at 5:00 am for check in/departure.

**Return:** Friday, April 12, 2019. Return home approx. 10:30pm

**Total Trip Cost: \$410**

**\*\*\*A Deposit of \$110 and all paperwork must be turned-in in advance to reserve your spot on the trip\*\*\***

**PLEASE UNDERSTAND THAT DUE TO THE PAYMENT STRUCTURE TO OUR VENDOR, REFUNDS WILL NOT BE GIVEN !**

**Paperwork:** Pink (Student Behavior Contract), Yellow (Medical Form), White (CMS Medication Authorization), and Blue (CMS Notice / Permission Form / Release)

We will be collecting the deposit beginning November 5 – 9, 2018. You may pay the whole trip at this time or pay in installments. All paperwork must be completed at this time.

**Payment Schedule:**

**Deposit-** \$110 due 11/5-11/9

*Chaperone #1 - \$100 due 11/5-11/9*

**Payment #2-** \$100 due 1/14-1/18

*Chaperone #2 - \$100 due 1/14 - 1/18*

**Payment #3-** \$100 due 2/11 - 2/15

*Chaperone #3 - \$100 due 2/11 - 2/15*

**Payment #4-** \$100 due 3/11-3/15

**Payments:** Final day for payment is March 15, 2019. Payments may be made in one of three ways: cash /check / online payment.

\*Cash and check payments must be handed to your child's Social Studies teacher before 9:15am

**Online School Payments (OSP):** For those who wish to pay by credit / debit card, OSP allows you to pay for activities using a secured web browser from any location, 24 hours a day. Payments received via OSP will post automatically to the school's bank account. You may access this website by going to <http://osp.osmsinc.com/cms>. Once on this website, click on Middle Schools, select Bailey Middle, and choose the activity that you wish to pay for. If you have any questions concerning OSP, please call the school at 980-343-1068 and ask for Chanda Hutcherson. She will be able to answer questions that you have concerning your online payment. (Please note that there is a 4% "Convenience Fee" for your total order). If you are paying by check, please make your check payable to **Bailey Middle School**. Include your student's name /phone number in the memo section.

**Your Total Cost Includes:**

- Round-trip motor coach transportation
- Two night hotel accommodations
- Private security guard at hotel
- All taxes, fees, etc...
- Admission to attractions
- (2) breakfast (1) lunch (3) dinners

**List of Attractions:**

- Jamestown Settlement / Historic Park
- Yorktown Victory Center
- Colonial Williamsburg
- Merchant's Square
- Bowling
- Ghost Tour
- Busch Gardens Amusement Park

**Opportunity to Donate:** If any parent would like to assist in funding this trip for a student who would not normally be able to go, scholarship donations will be gladly accepted. Please designate these scholarships in the memo line of your check or money order.

**Scholarships:** We have some families who will need assistance. All scholarship children will be asked to pay *at least half of the trip: \$205*. Please contact your child's Counselor, Mrs. Stone, by 11/2/18 for more information about scholarships and payment schedule.

**Opportunity to Chaperone:** If any parent would like to accompany us on this trip as a chaperone, please email your student's social studies teacher as soon as possible. **The cost is \$300**. Parents will be placed on a list for lottery selection. **Parents may not drive their own vehicles**. All chaperones will need to be approved as a CMS Volunteer. Please register online at <https://www.cmsvolunteers.com>. Volunteers must be 21 years or older.

**FOR MORE INFORMATION...**

**Please contact your child's Social Studies teacher via e-mail for more information.**

# Medical Form

Student's Full Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Another Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History

Surgery within the past year: \_\_\_\_\_

Emotional problems (Hysteria, etc.): \_\_\_\_\_

Serious medical problems that could disrupt trip: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Tetanus (Last Inoculation): \_\_\_\_\_

Any special medical problems in student history: \_\_\_\_\_

\***ANY / ALL** Medications currently being taken (Insulin, Antihistamines, etc.)

\*CMS medication form must be stapled to this form if taking any medication on the trip. This includes ibuprofen and other non-prescription over the counter medications. One form per medication.

Allergic to medications: \_\_\_\_\_

Explain Specifics: \_\_\_\_\_

Is the student under medical treatment at present? \_\_\_\_\_

Explain: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

This is permission for treatment of student by physician at hospital for any medical or surgery emergency.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>School Name</b>	<b>School Phone #</b>	<b>For School Use Only</b>
<small>If submitting by fax: 704-432-2079. (School Health)</small>		<b>Date Received/Receiver's Signature:</b>
<b>Student's Name (Please print.)</b>	<b>Student's Date of Birth</b>	Medication Received? <input type="checkbox"/> yes <input type="checkbox"/> no
		Date Approved/Nurse's Signature
		Entered in EHR? <input type="checkbox"/> yes <input type="checkbox"/> no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over-the-counter medications at school (CMS Policy JLCD/Regulation JLCD-R). Contact the school nurse for help if relocating from another state with orders from an out-of-state provider. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects). Contact the school nurse if you have questions.

### SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION

- When possible, medications should be taken before or after school. Administration of non-prescription medications at school is discouraged.
- CMS action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. See CMS Coordinated School Health webpage.
- When using this form, complete a separate form for each medication; write legibly; use lay terms.
- Complete Section 3 for students who will self-carry and/or self-medicate.

<b>Medication:</b> (Generic/Brand)	Controlled Substance? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Dose/Dosing Instructions:</b>	<b>Route:</b>
<b>Administration Time:</b>	<input type="checkbox"/> PRN (specify time interval):
Relationship to meals: <input type="checkbox"/> Not applicable <input type="checkbox"/> With meals <input type="checkbox"/> With snacks <input type="checkbox"/> Other:	
<b>Purpose:</b>	Check here if this medication is to be used for emergencies only. <input type="checkbox"/>
<b>Side Effects/Adverse Reactions:</b>	
Anticipated length of treatment: <input type="checkbox"/> School Year <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	<b>Other Instructions (including emergency situations):</b>

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Stamp, Print or Type Healthcare Provider's Name &amp; Address</b>	<b>Office Phone</b>
	<b>Office Fax</b>

### SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

- I understand: No medication will be given at school until this authorization has been approved by a school nurse. New authorization forms are required at the beginning of every school year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for school use. Information about this medication and my child's health may be shared with school staff or agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health. Medications are given by a nurse or trained CMS staff.
- I give permission for my child to receive the medication described above during school hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the school nurse about this medication and my child's health.
- On behalf of my child, I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child taking this medication at school.

<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>	<b>Phone Numbers (mobile, work, home):</b>
<b>Parent/Legal Guardian (Print Name):</b>		

## SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CMS STUDENTS

Student's Name	Student's Date of Birth
Name of Medication	Purpose of Medication

### CMS ELIGIBILITY REQUIREMENTS FOR SELF-MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the school nurse and the school administration, and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow CMS policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The CMS Board of Education, its designees and agents, do not assume responsibility for self-medication by students. Additional details are noted in CMS Policy JLCD/Regulation JLCD-R.

### HEALTHCARE PROVIDER

The student named above meets the CMS eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section I of this form. This student will not require adult supervision while taking this medication.

Is this medication a controlled substance?  yes  no

Check applicable items below:

- Please allow this student to self-administer this medication while at school during school hours.
- This student should carry this medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.

Healthcare Provider Signature:	Date:
Healthcare Provider (Print Name):	

### PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the CMS eligibility requirements. I give consent to the Charlotte-Mecklenburg Schools to allow my child to self-administer this medication at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at school in a location to which my child has immediate access to assure the medication is available if needed. I release the Charlotte-Mecklenburg Board of Education, their agents and employees from any and all liability whatsoever that may result from my child carrying or taking this medication at school. I understand that information about this medication and my child's health may be shared with other school staff and agents of the school to help assure my child's safety and success at school. The school nurse may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication and my child's health.

Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian (Print Name):	

### STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the CMS Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at school or school sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature:	Date:
Student (Print Name):	

### SCHOOL NURSE

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at school.

Nurse Signature:	Date:
Nurse (Print Name):	

### PRINCIPAL/DESIGNEE

I have reviewed this request and approve this student for self-administering this medication.

Principal/Designee Signature:	Date:
Principal/Designee (Print Name):	

**Bailey Middle School  
Student Behavior Contract  
Colonial Williamsburg Trip  
April 10-12, 2019**

In order to ensure a successful trip for this year and the years to come, the following guidelines must be met.

**On November 5, 2018** we will begin collecting the permission slips and behavior contracts, along with a deposit of \$110. **We will collect these through November 9, 2018.** If you are paying by check, please write the first and last name of the child on the memo line on your check or money order. **Due to the payment schedule to our vendor, refunds will not be given. Therefore, the entire amount is non-refundable if your student is not able or permitted to attend the trip for various reasons.**

Any student participating in the field trip may not be assigned any days of out-of-school suspension (OSS) and/or two or more in-school-suspension (ISS) from November 5, 2018 –April 10, 2019. **If a child is suspended for any reason (One day OSS or Two or more days ISS), he/she will be ineligible to participate in the field trip and all monies are non-refundable. Inappropriate behavior on the trip will result in the child's parent being contacted to travel to Williamsburg, VA to pick him/her up.**

**Any student that is in danger of not passing the eighth grade by failing two or more core subject courses for the year on the Third Quarter Report Card (F1-Final grade is below a 60%) will be ineligible for the trip and must attend school. This will also result in no monies being reimbursed.**

Ineligibility may also occur due to late payments after the deposit due date and/or failure to turn in appropriate forms (student behavior contract, medical form, and permission form).

I have read the above information and understand the responsibilities of the student attending the trip and the parent/guardian acceptance of these guidelines.

Student's name (please PRINT): \_\_\_\_\_

Student signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

THE CHARLOTTE-MECKLENBURG BOARD OF EDUCATION ("CMS")

NOTICE, PERMISSION FORM, AND RELEASE  
[NON-REQUIRED CMS-SPONSORED OVERNIGHT TRIPS (INCLUDING FOREIGN TRAVEL)]

To: Parents/Guardians of students interested in participating in non-required CMS-sponsored overnight trips (including foreign travel)

CMS has approved a non-required overnight trip to Williamsburg, VA on Wednesday, April 10, 2019 through Friday, April 12, 2019.

The purpose of the trip is: to visit the educational sites of Williamsburg, VA.

A description of the trip and how it represents part of the curriculum is as follows: The trip will allow students to visit historical and scientific sites that we have studied this year in our classrooms.

Mode of Travel:  School activity bus;  Car(s);  Other

Cost of trip (if any): \$410 per student

Time of departure from school: Wednesday, April 10, 2019 at 6:00 AM.

Time of return to school: Friday, April 12, 2019 at approx. 10:30 PM

Additional information about the trip:

CMS reserves the right to cancel this trip. CMS is not responsible for any cancellation fees that may be charged by travel-agents or other services providers and will not reimburse trip participants for any monies paid to such service providers, even if CMS cancels the scheduled trip. See the attached Notice of CMS Right to Cancel Trips.

\*\*\*\*\*

I have read and understand the trip description.

I have read and understand the attached Notice of CMS' Right to Cancel Trips. I understand and agree that CMS reserves the right to cancel field trips and that CMS is not responsible for any cancellation fees that may be charged by travel-agents or other service providers, even if CMS cancels this trip. I understand that if CMS cancels this trip I may lose some or all of the money paid by, or on behalf of, my child for this trip. **I agree not to seek any financial reimbursement from CMS and I agree to indemnify and hold harmless CMS, its board members, officers, agents and employees from and against any and all claims arising out of CMS' cancellation of this trip.**

**I also agree to indemnify and hold harmless CMS, its board members, officers, agents, and employees from and against all claims, losses, costs, damages, expenses, attorneys' fees and liability that any of them may sustain (a) arising out of my child's failure to comply with the Charlotte-Mecklenburg Schools Code of Conduct, (b) arising out of any damage or injury caused by my child, or (c) arising out of my child's participation in this non-required field trip.**

I give permission for \_\_\_\_\_ [child's full name] to go on this non-required trip sponsored by CMS.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**THE CHARLOTTE-MECKLENBURG BOARD OF EDUCATION ("CMS")**  
**Notice of CMS' Right to Cancel Trips**

CMS sponsors and approves certain non-required field trips, including some overnight and foreign travel. The purpose of CMS approval of such non-required field trips is to assure that any such trips are part of the curriculum and to authorize excused absences from school for both students and CMS staff. **CMS does not assume any financial responsibility for non-required field trips. Trip participants, not CMS, pay for non-required trips.**

CMS administration reserves the right, in its sole discretion, to cancel or postpone all CMS-sponsored field trips and related travel with no advance notice. By way of example, and not limitation, CMS may cancel all field trips and travel in the event of an act of terrorism or war or the threat of an act of terrorism or war.

- When the Homeland Security threat advisory is a Code Red (Severe) status, all foreign and domestic travel for CMS will be postponed, including foreign students traveling to CMS.
- When the Homeland Security threat advisory is Orange (high) or Yellow (elevated), CMS staff and parents will determine their participation in the scheduled foreign or domestic trip, including students traveling to CMS.

Travel agents and other providers of travel-related services typically require nonrefundable deposits that are retained by the service provider if a trip is cancelled. **CMS is not responsible for any such cancellation fees charged by service providers and will not reimburse trip participants for any monies paid to such service providers, even if CMS cancels the scheduled trip.**

CMS recommends that all trip participants review all travel-related contracts and make sure they understand their possible financial risks and obligations. Travel-related contracts for these non-required field trips typically should be signed by the PTAs, Booster Clubs or individual parents that pay for the trip. In appropriate circumstances, with approval of the Superintendent, CMS can be a party to the travel-related contracts; however, CMS will do so only if the contracts specifically state that any cancellation fees are the responsibility of the individual trip participants, not CMS, even if CMS administration cancels the trip.



**BUS RULES:** Check in approx 5:00 a.m. at Bailey Gym entrance with your parents.

- \*Please take your bags to your chaperone when you arrive at school on Wednesday morning. They need to be checked (in the presence of your parents) before they are loaded on the buses!
- \*Obey the bus driver's requests. Loud noise or movement in the aisle is a safety risk that must be avoided. Do not play with any buttons, curtains, or window shades. No standing while the bus is moving and no standing in the seats to remove packages from the above rack. Girls on one side, boys on the other side of bus.
- \*Each individual is responsible for picking up trash and articles in their personal area. Each bus is equipped with a trash can.
- \*Forbidden items: chewing gum in museums, canned/energy drinks, sticky candy, popcorn
- \*Permitted items: Snacks, dried/fresh fruit, bottled water SEALED, chips. No cans of food or canned drinks
- \*Restroom: Each bus is equipped with a restroom. Please use only in emergency if possible. Never put trash or any other items in the toilet.
- \*Movies: The staff will be providing movies that will be shown on the ride to and from Williamsburg.

**HOTEL RULES:**

- \*Enter the hotel in an orderly manner and as quietly as possible.
  - \*Students are to check each room for any damage or shortage of towels, etc... and report it to the chaperone.
  - \*No running or horseplay in the lobby, halls, or rooms.
  - \*No loud talking or screaming (think library voices!!)
  - \*Use the elevator in a safe and orderly manner (no jumping or pressing alarm)
  - \*You are restricted to your floor. No visiting other floors.
  - \*Telephone: Your room telephone will be cut off so that you may not make long distance or local calls. Please do not try to use the phones in the rooms!! Cell phones are permitted, please use those instead.
  - \*Security Guard: A private off duty police officer will be assigned to monitor the hallway at night from 10:00pm to 5:00am. Any student that misbehaves, makes loud noises, or leaves their room will be reported to the administrator. The doors will be taped so that the officer can recognize if the door has been opened.
  - \*Keys will be collected by chaperones on the last day and then turned in to the front desk.
  - \*Curfew: Students must be in their rooms by 10:00. We ask that lights are out by 11:00. Remember we have a long day ahead of us! The Security Guard, administrators, and teachers will be doing periodic hall checks!!
- Rooms will be taped with masking tape by teachers at 10:30. Taping allows teachers to monitor if any one tried to come out of the room after curfew. It does not prevent someone coming out if there is an emergency.

**TOUR RULES:**

- \*All CMS Rules will apply on this trip, just as you are in school! If there is a problem, your parents will be asked to come and get you in Williamsburg. \*We will follow the CMS Rights and Responsibilities...
- \*Any students possessing or using weapons, laser pointers, alcohol, cigarettes, vapes, or drugs will be sent home immediately at the parents' expense along with the school's disciplinary actions according to the CMS policy.
- \*Itinerary: You are being supplied with a general itinerary for your bus. It is a must that you and your group abide by the posted times. We have scheduled appointments at each attraction; if the group is late they will not be able to do the full program as designed. It may be a good idea to wear a watch to keep track of time.
- \*Lost student: If at any time you get lost on the trip... remain calm, look for a policeman to ask for help, find a telephone to call your chaperone, a member of your group or TBD at: TBD. On the market tour we will give you a place to meet us in case you get lost. Do not talk to strangers. We have your phone numbers so we will start calling you.

**Emergency Contact:** If a parent needs to contact the tour group while in Williamsburg, please call Bailey Middle School (980) 343-1068 and they will be able to contact the administrators on the trip.



\*One small bag for underneath the bus and one carry-on (like a book/sling bag) Be careful when bringing your electronics - do not leave them unattended at any time! We are not responsible for lost or stolen items

\*\$25 - \$30 spending money is suggested

\*Breakfast to eat on the bus on the first day (or eat before you come)

\*Bagged lunch for day 1

\*Money for lunch (on your own) at Busch Gardens on Day 3

\*NO sleeping Bags or air mattresses!!!

\*No gaming systems!

\*Medications/Prescriptions listed on the yellow medical form should be kept in their original containers. Dosage needs to be for the 10<sup>th</sup> through the 12<sup>th</sup> only and in original container. All meds will be given to Mrs. Bright, our grade level AP, in a Ziploc bag w/name, prescription dose and original container. You cannot bring prescription or OTC medication without the CMS Authorization forms signed by a doctor!

\*Shampoo, soap, deodorant, toothpaste/toothbrush, toiletries in a container/bag (there are blow driers and towels in the rooms)

\*Casual, comfortable clothing that is dress code appropriate. Layering is suggested due to unpredictable weather. **BRING A SWEATSHIRT!!!!** A poncho or umbrella is a good idea. Make sure you have an extra change of clothes should you get wet.

\*Comfortable shoes (There will be a lot of walking!) NO flip-flops are allowed. Tennis shoes work best.

\*Jacket depending on weather.

\*Umbrella/Poncho/Raincoat (In case it rains)- you choose! Required to bring at least one of these items!

\*You do NOT need a swim suit.

\*Pillow

\*Non-perishable snacks and sealed bottled water.

\*Cameras, Cell Phones, iPods are OK for the BUS and the ROOMS. However, students are responsible for their own items (not the chaperones) AND these items may not be out when we are on our excursions. Per CMS/BMS policy if any of these items are lost or stolen, the school is not responsible/liable.

\*Do not bring any materials that would be involved in pranks. This will not be tolerated and such behavior will be dealt with according to CMS policy.

\*A black garbage bag is suggested for dirty/wet clothes.

**\*Luggage will be checked!**