



# FLORIDA FORMS CHECKLIST

**PARENTS: Please refer to the following checklist to ensure that you have completed the necessary paperwork for our trip to Florida.**

<b>RATNER FORMS</b>	
<b>DOCUMENT</b>	<b>ACTION</b>
<b><u>FORM 1:</u></b> Ratner School Emergency Medical Authorization Form	<input type="checkbox"/> Return <b>signed</b> form <input type="checkbox"/> Include copy of insurance card (front and back)
<b><u>FORM 2:</u></b> Permission for Administration of Prescription Medication	<input type="checkbox"/> Return <b>signed</b> form <input type="checkbox"/> <b>Send medications in ORIGINAL PRESCRIPTION BOTTLES/PACKAGING no later than one week prior to the trip</b>
<b><u>FORM 3:</u></b> Permission for Administration of Over-the-Counter Remedies	<input type="checkbox"/> Return <b>signed</b> form <input type="checkbox"/> List allergies if applicable
<b><u>FORM 4:</u></b> Overnight Field Trip Code of Conduct	<input type="checkbox"/> Return <b>signed</b> form (STUDENT and PARENT must sign)
<b>WORLDSTRIDES FORMS</b>	
<b>DOCUMENT</b>	<b>ACTION</b>
<b><u>FORM 5:</u></b> 1. WorldStrides Emergency Medical Release 2. Personal Behavior Contract 3. Waiver and Parental Consent Form	<input type="checkbox"/> Return <b>signed</b> form (note that STUDENT and PARENT must sign part 2)





## **FORM 1**

**GRADES 7 & 8**  
**FLORIDA CLASS TRIP**  
**APRIL 2019**

### **EMERGENCY MEDICAL AUTHORIZATION FORM**

**To the Parents or Guardians of 7<sup>th</sup> and 8<sup>th</sup> Grade Students:**

**Please fill out the form below, which provides emergency medical authorization to the accompanying teachers for the trip to Tampa, Florida, scheduled for April 2019.**

#### **EMERGENCY MEDICAL AUTHORIZATION**

**On rare occasions, an emergency arises when the teachers are unable to communicate with parents. No anesthesia can be administered or operation performed on a minor without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of a traveler, Ratner Montessori requires the signature of the parent or legal guardian.**

I hereby grant the authority to The Lillian and Betty Ratner Montessori School and to the accompanying chaperones to authorize permission for administration of antibiotics, prescription drugs, and anesthesia and to hospitalize and/or provide treatment for my son/daughter. I agree to assume all medical expenses.

Emergency Contact (other than parents): \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company and Number: \_\_\_\_\_

**I will also furnish a copy of the insurance card or policy, which covers my child under our family insurance plan in the event that hospitalization should be necessary.**

#### **RELEASE**

We agree to the conditions of travel and permission for emergency treatment and acknowledge that we have read and understood them. We release The Lillian and Betty Ratner Montessori School, its owners, its employees and participating teachers from any and all claims and causes of action, including but not limited to loss of property, acts of terrorism, personal injury or death sustained by anyone arising out of any travel or activity conducted by or under the control of Ratner Montessori.

Parent/Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_



## **FORM 2**

**GRADES 7 & 8**  
**FLORIDA CLASS TRIP**  
**APRIL 2019**

### **PERMISSION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION**

**My child, \_\_\_\_\_, is taking the following medications:**

Name of medicine \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_

Name of medicine \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_

Name of medicine \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_

**I/We give permission to Ratner Montessori faculty/staff chaperones to administer the above medication(s) to our child.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND MEDICATIONS TO SCHOOL IN ORIGINAL PRESCRIPTION BOTTLES/PACKAGING.**

# FORM 3



GRADES 7 & 8  
FLORIDA CLASS TRIP  
APRIL 2019

## PERMISSION FOR ADMINISTRATION OF OVER-THE-COUNTER REMEDIES

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

**Parent Name(s)** \_\_\_\_\_

**YES, I/We give permission to Ratner Montessori faculty/staff chaperones to administer over-the-counter remedies (sunscreen, cough drops, antacids, Imodium/Pepto-Bismol, Chapstick, etc.) to my/our child.**

**NO, I/We do NOT give permission for administration of over-the-counter remedies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ACETAMINOPHEN**

**YES, I/We give permission to Ratner Montessori faculty/staff chaperones to administer Acetaminophen (Tylenol) to our child.**

**NO, I/We do NOT give permission for administration of Acetaminophen.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ALLERGIES**

Please list any allergies (food, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **FORM 4 (part 1 – for students to keep)**



**GRADES 7 & 8  
FLORIDA CLASS TRIP  
FEBRUARY 2019**

### **OVERNIGHT FIELD TRIP CODE OF CONDUCT**

As participants in an overnight field trip, you are expected to adhere to the following Code of Conduct:

1. All participants are expected to participate in all aspects of the programs. (Reasons of health may excuse a participant, but that student must first notify one of the teachers personally.)
2. Students must remain with the group at all times, except with the permission of the teachers.
3. Participants must stay in their rooms at night unless they have the permission of their teachers.
4. The possession of cigarettes, alcoholic beverages, or illegal substances is prohibited during this program.
5. Smoking is not permitted anywhere or at any time.
6. All participants must be respectful of the property in all buildings and facilities that will be used or visited during the trip.
7. All participants are expected to be on time for all programs and functions.
8. Cell phones are discouraged. However, if students choose to bring cell phones, they may be used for picture taking. Students assume all liability for loss or damage. If cell phones are used in ways that distract from the learning process (i.e. texting during tours or scheduled activities), they will be confiscated.
9. No iPads or personal computers allowed. Any students using “smartphones” will be held to The Ratner Montessori School’s acceptable use policy.

Adherence to these rules will ensure the safety of all and provide the most positive environment for learning and an enjoyable visit.

***Any participant found to be in violation of these regulations will be dismissed from the program and will be sent home at his or her own expense.***

We thank you for your cooperation and look forward to having you with us during this trip!

## **FORM 4 (part 2 – to sign and return)**



**GRADES 7 & 8  
FLORIDA CLASS TRIP  
APRIL 2019**

### **Code of Conduct Agreement Form**

Student Name \_\_\_\_\_

By signing this statement, I agree to comply with The Lillian and Betty Ratner Montessori School's *Overnight Field Trip Code of Conduct*.

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

Parent Signature \_\_\_\_\_

# **FORM 5 – PART 1**



## **WorldStrides®**

### **Emergency Medical Release**

**THIS FORM SHOULD BE COMPLETED AND RETURNED TO YOUR TEACHER**

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **EMERGENCY INFORMATION**

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Medication being used (include dosage/frequency) \_\_\_\_\_

Present state of health \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

#### **AUTHORIZATION FOR TREATMENT OF MINOR**

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Program Leader or the WorldStrides staff to secure proper treatment for my child. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child. I further give my permission for WorldStrides staff to have access to medical records relating to any treatment contemplated or received by my child and to provide such information, as necessary, to health insurance carriers.

**WorldStrides cannot be responsible for accommodating any food allergies, requirements or restrictions and is not responsible for any problems associated with the same. All issues with regard to food and drink, including allergies, requirements and restrictions are the sole responsibility of the participant.**

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

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Date

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Signature of Parent/Guardian

**Please return this form to your Program Leader .**  
**PLEASE DO NOT RETURN THIS FORM TO WORLDSTRIDES.**

## **FORM 5 – PART 2**

### **Student Rules and Regulations Personal Behavior Contract**

The WorldStrides tour you have elected to attend offers many unique opportunities and experiences. Beyond the educational benefits, the tour offers opportunities to form new friendships and to meet the challenges of independence.

We at WorldStrides promote a tour atmosphere where chaperones and students support one another with genuine respect. As a student participant, it is your responsibility to help make the tour a positive and enjoyable experience for yourself, fellow students, and chaperones. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and consequences for their actions. You are expected to exhibit honesty, courtesy and consideration toward others. This includes those in your group, as well as anyone else with whom you may come in contact, such as Motorcoach Drivers, guides and restaurant and hotel staff.

Our goal at WorldStrides is to make this trip an educational, safe, and enjoyable experience for everyone. We require your cooperation and commitment to the following behavior standards to help us meet this goal.

We expect the student/participant to obey the following rules of behavior:

- ❖ The student is to follow the directions and the rules and regulations established by the chaperones both prior to and during the tour.
- ❖ The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or WorldStrides.
- ❖ The student shall comply with all rules and regulations of the various governmental and vendor agencies (such as airlines, hotels, motorcoach companies, etc.).
- ❖ The student shall remain with the group at all times unless, and only if and when, the chaperones specifically allow you free time.
- ❖ The student shall follow the directions of the Program Leader, chaperones, and WorldStrides staff.
- ❖ The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- ❖ Quiet hours at the hotel will be observed from 10:00 p.m. until 6:00 a.m. At 10:30 p.m. students must be in their own rooms. Students must remain quietly in their rooms until awakened by chaperones.
- ❖ The student may never leave the hotel unless accompanied by a chaperone.
- ❖ The student must sleep in his/her assigned hotel room each night.
- ❖ Good common sense, respect and consideration for others and their property should be practiced daily.

If the student should violate any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

#### **Student Contract**

I have read, and I understand the behavior rules and regulations of WorldStrides. I agree to comply with all of these rules and regulations.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Parent Contract**

I have read, and I understand and support the rules and regulations of the WorldStrides tour. I represent that my child or ward has read the rules and regulations and has agreed to comply with all of them. It is understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT SEND TO WORLDSTRIDES. RETURN TO YOUR PROGRAM LEADER.**

### Habitat H<sub>2</sub>O Waiver Packet

Thank you for registering for the WorldStrides Habitat H<sub>2</sub>O educational program. We appreciate your trust and look forward to providing your child with an experience that will help them discover the world of science. Attached you will find the American Pro Diving Center waiver that is required. You will need to complete this so that your child can participate in the educational activity included on their itinerary.

***After signing the waiver, please return it to your child's teacher as soon as possible. The vendor will not allow student participation without a signed waiver.***

WorldStrides takes great pride in the partnerships we've developed with each of our vendors. Our focus is on safety and we hold our vendors to a high standard. As such, we require each of our vendors to provide us with 1) a certificate of insurance with an insurance limit requirement, 2) written safety procedures followed by the organization, and 3) a copy of their business license.

Prior to working with a particular vendor, we make multiple inspections of their business. We also make sure each vendor is willing to work with student groups and is able to deliver a safe and educational experience on a consistent basis. In addition, we have a number of our staff participate in these activities to further insure that students traveling on a WorldStrides program will have a fun and safe experience.



**(Parental Consent Form)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I certify by my signature that all statements on this release form are correct and that I have full authority to sign this Parent Consent Form for the child named above. I do voluntarily consent to said minor's participation and do hereby assume all risks of loss and injury that may be incurred, directly or indirectly as a result of said minor's participation in all activities with American Pro Diving Center. I agree to direct my child to comply with WorldStrides and American Pro Diving Center policies and realize that both organizations reserve the right to dismiss a student whose conduct or influence is not in the best interest of the trip. I release both organizations to use photographs in which my child may appear without restriction. I understand that students will not be allowed to participate in the dive trip activities without this signed form. I, as a parental/legal guardian, have read and agree with the above information.

X \_\_\_\_\_

Parent/ Guardian Signature

Parent/ Guardian Name Printed

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date