

B  
D  
G

The Charlotte-Mecklenburg Board Of Education ("CMS")  
Notice, Permission Form, & 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 Washington D.C. on 3/18 to 3/20/18.

The purpose of the trip is: tour the government institutions and leaders inherently tied to the AP Government curriculum.

A description of the trip and how it represents part of the curriculum is as follows:

Students will meet with Governmental officials including both Senators, a lobby firm, an embassy and tour National landmarks.

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

Cost of trip (if any): \$ 350<sup>00</sup>

Time of departure from school: 4:00 am Time of return to school: 7:00 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 understand that my child will be required to have a valid passport and possibly a visa to travel and return to the USA. It is my responsibility to understand I assume all responsibility for understanding and satisfying the immigration requirements for my child to leave and re-enter the USA.**

**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.

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.



H



## CLASS TRIP RULES AND CONDUCT CODE

My son/daughter \_\_\_\_\_ has my permission to participate in the class trip.

This trip is school-sponsored and provides the usual supervision by the accompanying chaperones.

The undersigned understands and agrees with the Rules and Conduct Code as outlined in the CMS Student Rights and Responsibilities Handbook as follows:

1. The student will attend school as specified by the chaperones. (Study Abroad/Exchange Trip)
2. Mature, courteous, thoughtful behavior and conduct of highest quality is expected at all times.
3. The student is expected to obey all rules and safety precautions established by the chaperones during the travel and group activities.
4. The student must report any absence from his/her host family immediately to the chaperone. (Study Abroad/Exchange Trip)
5. The student will refrain from the use of alcohol and drugs during the class trip. The trip is a school sponsored field trip and as such falls under the Charlotte-Mecklenburg Schools Handbook. Students and parents understand the school rules regarding the use of alcohol and drugs during school.
6. The student is not allowed to drive a car. Any driving will be considered as the illegal operation of a motor vehicle and will be reported to the local authorities.
7. Use or possession of illegal drugs or narcotics will result in the participant's immediate return to Charlotte at the expense of his/her parents. In the case of arrest, the student becomes the total responsibility of his/her parents.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# I J



## MEDICATION AUTHORIZATION FOR CMS STUDENTS

### 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 1 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):	

Feb. 18. 2018

No Planned water active are included in AP. Gov't Trip to Washington Dc

Students agree not to engage in activities that involve water (swimming pool/beach, etc.) during their stay in Washington DC

Sincerely,

A handwritten signature in blue ink, appearing to read "Alan Vitale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Alan Vitale

Master Teacher Ap History



# D.C. Trip - 2018

## Friday , March 16<sup>th</sup>, 2018

- 4:00 AM Depart Northwest School of the Arts (402 miles-6 hours, 14 minute drive time)
- 11:00 AM Meet at Arnold and Porter- Law firm/Lobbyists
- Catered Lunch
- 2:30 PM Meet with Richard Burr/Thom Tillis Office Staffers
- 3:30 PM Tour of Capitol Building
- Dinner
- 7:00-9:00 PM Tour and Dinner at the Saudi Embassy
- 9:30 PM Check into Hotel- Downtown location
- 11:30 pm Optional- Late night visit to Lincoln Memorial

## Saturday, March 17<sup>th</sup>, 2018

- 8:30 AM Library of Congress Tour
- 10:30 AM Holocaust Museum Tour (Reserved tix necessary)
- Lunch – Local Restaurant
- 1:30-5:30 PM Smithsonian Museums  
Open 10:00 AM - 5:30 PM  
National Portrait Gallery and American Art Museum Open 11:30 AM - 7:00 PM
- 6:30 PM Bike or Bus Tour- (Cherry Blossom at near peak)
- 7:30 PM The Axelrod String Quartet 2017-2018 Saturday Concert Series (American History Museum)

8:30 PM Dinner – Local Restaurant  
11:30 PM Night Visit to the Jefferson Memorial

**Sunday, March 18<sup>th</sup>, 2018**

9:00 AM Arlington Cemetery  
11:30-12:30 PM National Archives Self Guided Tour  
Return to NWSA, Charlotte by 7:00 pm