

WVMS Orlando Field Trip Permission Form



Orlando, FL – March 8 - 11, 2018

By signing below, I hereby give permission for my child, _____, to attend the WVMS band field trip to Orlando, FL on **March 8-11, 2018**.

I understand that all school rules apply in conjunction with this trip. Failure to follow school rules prior to departure or continuous discipline problems could result in my child's removal from the trip. I also understand and agree to the cancellation policy outlined in the trip packet sent home and agree to pay any and all fees involved with dropping out of the trip.

Please check below if your child will be requiring a vegetarian meal at Medieval Times. **The normal Medieval Times meal** consists of: garlic bread, tomato bisque soup, roasted chicken, sweet buttered corn, herb-basted potatoes, and a dessert pastry. **The vegetarian Medieval Times meal** consists of: hummus, warm pita bread, carrot and celery sticks, three-bean stew with fire-roasted tomato and brown rice, and fresh fruit/Italian ice. **Be sure to list any food/medical allergies on the medical forms, including if you have a horse hair allergy!**

If you would like to be a chaperone on this field trip, please indicate below by checking the first circle and adding the email address you regularly check. If you're signing up as a chaperone, you will be contacted with specific information shortly after the deposit due date. **Please also mark what your rooming preference will be as a chaperone (single room, double room with my child, share a room with other chaperones to cut the cost down, etc...).**

If your child does not have this year's red band shirt and/or last year's green band shirt, please include \$10 per shirt and indicate below which they will need and what size. **These shirts will both be required on the trip to wear each day in the park.**

- I would like to chaperone this trip. My email address is: _____
 - My rooming preference for the trip is: _____
- My child will be requiring a vegetarian meal at Medieval Times
- I will be picking up my child from the hotel Sunday morning
- My child will need to buy this year's red band t-shirt. T-shirt size: _____
- My child will need to buy last year's green band t-shirt. T-shirt size: _____

Student Name: _____

Parent Name (print): _____

Parent Signature: _____

Date: _____

Please return this form and the attached medical forms (must be notarized) to the WVMS Band Directors by October 6th, 2017. The deposit goes directly to Thomas Tours and is what officially reserves your place on the field trip!



Consent for Medical Treatment

For Students and Performers Under the Age Of 18

To: Universal Orlando

I [we] the parent[s]/legal guardian[s] of _____, a minor who is visiting Universal Orlando understand that while he/she is at Universal Orlando, circumstances may arise which may merit medical assistance.

I [We] hereby grant Universal Orlando Partners and its assigns my consent and permission to render medical assistance to my child as Universal in its discretion, deems appropriate, while he/she is at Universal Orlando. Such medical assistance provided on Universal's premises is limited to that which could lawfully be rendered by a registered nurse or licensed paramedic. If, in Universal's judgment, any condition requires the attention of a physician or immediate hospitalization, I [We] authorize Universal to refer my/our child to the care of a physician for treatment including and necessary hospitalization. I [We] waive, release, and hold harmless, Universal on the date(s) that my child participates in the Event and I [we] further waive, release and hold harmless Universal from any loss or damages suffered by my child to my child's person or property as a result of receiving medical attention provided to my child by Universal.

The following information is needed by any hospital or practitioner not having access to my [our] child's/ward's medical history: {Please list in the space provided and attach additional pages if necessary.}

Allergies: _____

Medication presently being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent factors to which a physician should be alerted: _____

I [We] understand that Universal Orlando will make all reasonable attempts to contact me [us] at the below listed telephone number[s] if a physician consultation or hospitalization is necessary.

Name (Print): _____ Phone number[s]: _____

Signature: _____ Date: _____

Name (Print): _____ Phone number[s]: _____

Signature: _____ Date: _____

What is this?

- This form must be submitted to health services on the day of your arrival.
- This form must be completed by each minor in the group, and signed by a legal guardian.
- This form may be modified to meet the school's own medical criteria however; it must contain the same information.
- If you are visiting both parks, you must have a copy for each park.

DO NOT SEND THESE FORMS TO THOMAS TOURS – SEND THEM TO THE GROUP LEADER

**WEST VALLEY MIDDLE SCHOOL BAND
ORLANDO, FL
MARCH 8-11, 2018
EMERGENCY MEDICAL AND RELEASE FORM**

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

FATHER'S NAME AND WORK: _____

PHONE: _____ CELL: _____

MOTHER'S NAME AND WORK: _____

PHONE: _____ CELL: _____

IF NEITHER PARENT CAN BE REACHED CALL

NAME: _____ RELATIONSHIP: _____

PHONE: _____

LOCAL PHYSICIAN: _____

PHONE: _____

ARE THERE MEDICAL PROBLEMS, ALLERGIES OR OTHER INFORMATION THE TEACHER SHOULD KNOW ABOUT IN ORDER TO MAKE THE TRIP SAFER AND BETTER FOR YOUR CHILD?

YES _____ NO _____ IF YES, GIVE DETAILS: _____

MY CHILD MAY _____ MAY NOT _____ TAKE TYLENOL.

INSURANCE COMPANY: _____

POLICY#: _____

RESPONSIBILITY: THOMAS TOURS, INC. ACTS SOLELY AS AGENT FOR TOUR MEMBERS IN ARRANGING TRANSPORTATION, ACCOMMODATIONS, MEALS, SIGHTSEEING AND OTHER NECESSARY ARRANGEMENTS AND CANNOT ASSUME ANY RESPONSIBILITY NOR CAN IT BE LIABLE FOR THE SERVICE OR NEGLIGENCE THEREOF ON THE PART OF THE PROVIDER OF ANY OF ABOVE SERVICES, INCLUDING DELAYS OF ARRIVALS OR DEPARTURES, THEFT, ACCIDENTS, LOSS, DAMAGE OR INJURY TO PERSON OR PROPERTY OR FOR ANY CONDITION BEYOND ITS CONTROL, OR FOR LOSS OR EXPENSE OCCASIONED THEREBY, AND HOLDS ITSELF FREE FROM ALL RESPONSIBILITY FROM WHATEVER CAUSE. THOMAS TOURS, INC. RESERVES THE RIGHT TO CHANGE ANY ARRANGEMENTS, SHOULD SITUATION NECESSITATE, OFFERING SUBSTITUTIONS OF EQUAL VALUE. TO CANCEL THE OPERATION AND/OR TO DECLINE TO BOOK OR RETAIN PERSON(S) ON ITS TOUR. MAKING FULL OR

EQUITABLE REFUNDS IF APPLICABLE. NO CARRIER SHALL HAVE OR INCUR ANY RESPONSIBILITY OR LIABILITY TO ANY PERSON TAKING THESE TOURS EXCEPT ITS LIABILITY AS A COMMON CARRIER.

LIABILITY AGREEMENT: I, _____, ACCEPT LIABILITY FOR ANY FINANCIAL OBLIGATIONS I MAY INCUR OR ANY DAMAGE OR INJURY I MAY CAUSE WHILE PARTICIPATING ON THE WEST VALLEY MIDDLE SCHOOL BAND TRIP TO ORLANDO, FL ON MARCH 8-11, 2018. I AGREE TO RELEASE MY LOCAL SCHOOL DISTRICT, SCHOOL BOARD, TEACHERS AND CHAPERONS FROM ALL CLAIMS OR RESPONSIBILITY ARISING OUT OF SUCH ACTS OR EVENTS.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING STATEMENT MUST ALSO BE COMPLETED:

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE, THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE LIABILITY AGREEMENT, AND THAT I ACCEPT AND WILL BE BOUND BY ITS TERMS AND CONDITIONS ON MY BEHALF AND ON BEHALF OF THE PARTICIPANT.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN: _____

DATE: _____

MEDICAL RELEASE

ALTHOUGH EVERY ATTEMPT WILL BE MADE TO CONTACT A CHILD'S PARENTS, SHOULD THE NEED ARISE THE CHAPERONES HAVE PERMISSION TO ACT IN PLACE OF PARENTS/LEGAL GUARDIAN IN CASE OF A MEDICAL EMERGENCY. THIS PERMISSION IS GRANTED FOR THE DURATION OF THE WEST VALLEY MIDDLE SCHOOL BAND TRIP TO ORLANDO, FL ON MARCH 8-11, 2018.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES