

Clarence Middle School
Washington, D.C.
Student & Parent
Informational Packet



November 5-8, 2024

INFORMATIONAL VIDEO:

To watch the informational video, please visit the Clarence Middle School website and click on “Welcome to the Middle School.” You can find the informational video under both the Grade 7 and Grade 8 webpages starting April 18th, 2024.

TO REGISTER:

<https://metrotours.groupcollect.com/v2/go/cms2024>

Please note:

Parents interested in chaperoning should NOT register themselves until they have formally been selected and notified by either Mrs. Lavey or Mr. Paxton.

MEDICAL FORMS:

Medical forms should be submitted to the Health Office no later than Monday, September 30th, 2024. Please read thoroughly as some forms require a physician’s signature.

**CLARENCE MIDDLE SCHOOL
WASHINGTON, D.C.
November 5-8, 2024**

Tuesday

11/5 **6:30 am** **Depart Clarence Middle School
10150 Greiner Rd, Clarence, NY 14031**

9:00 am **Rest stop/change drivers**

1:00 pm **Lunch Buffet at Dutch's Daughters
581 Himes Ave., Frederick, MD 21703**

3:00 pm **Steven F. Udvar-Hazy Center (Air & Space Museum)
14390 Air and Space Museum Pkwy, Chantilly, VA 20151**

6:00 pm **Pentagon City Mall for dinner/shopping
\$15 cash included**

8:30 pm **Depart for hotel**

9:00 pm **Check into Sheraton Pentagon City
900 South Orme Street
Arlington, VA 22204**

11:00 pm **Private Security on duty**



Wednesday

11/6 **7:00 am** **Breakfast at hotel**

8:00 am **Depart for Mount Vernon**

9:00 am **Arrive at Mount Vernon**

12:30 pm **Buffet lunch Mount Vernon Inn**

1:30 pm **Depart for National Aquarium in Baltimore
501 E. Pratt St., Baltimore, MD 21202**

5:30 pm **Depart for Medieval Times
7000 Arundel Mills Circle, Hanover, MD 21076**

7:00 pm **Enjoy the Dinner and show at Medieval Times**

9:00 pm **Depart for hotel**

11:00 pm **Private Security on duty**



Thursday

11/7 **8:00 am** **Breakfast at hotel**

9:00 am **Depart for Arlington Cemetery**

9:30 am **Arrive at Arlington Cemetery- View President Kennedy's Grave Site/
General Lee's Mansion/ Tomb of the Unknown Soldier**

11:30 am **Group pictures at Iwo Jima Memorial, Arlington, VA**

12:00 pm **Lunch provided by Pot Belly's Restaurant, Arlington, VA**

1:30 pm **International Spy Museum, 700 L'Enfant Plaza SW, Washington, DC 20024**

3:00 pm **Depart for hotel to freshen up for cruise**

5:30 pm **Depart for Spirit Cruise, 580 Water St. SW, Washington, DC 20024**

7:00 pm **Dinner cruise on the Potomac with DJ**

9:30 pm **Depart for hotel**

11:00 pm **Private Security on duty**

Friday

11/8 **7:00 am** **Breakfast at hotel**
 8:00 am **Check out of hotel**
 9:00 am **Smithsonian’s National Zoo and/or tour of Monuments**
12:30 pm **Lunch Buffet included at Dutch’s Daughters**
 581 Himes Ave., Frederick, MD 21703
 1:30 pm **Depart for home**
 5:00 pm **Dinner at Wegmans Food Market**
 201 William Street, Williamsport, PA 17701
 \$15 cash included
 9:30 pm **Approximate return to Clarence Middle School**

PAYMENT INFORMATION

Number of Students to a Room	Non-Refundable Deposit	Second Payment	Third/Final Payment	Total Trip Cost	Optional Travel Insurance (NOT included in Total Trip Cost)
Payment Due Date	May 3, 2024	July 12, 2024	September 13, 2024		
4 students (Quad Occupancy)	\$350	\$350	\$409	\$1,109 per student	\$50
3 students (Triple Occupancy)	\$350	\$350	\$459	\$1,159 per student	\$53

Number of Adults to a Room	Non-Refundable Deposit	Second Payment	Third/Final Payment	Total Trip Cost	Optional Travel Insurance (NOT included in Total Trip Cost)
Payment Due Date	May 3, 2024	July 12, 2024	September 13, 2024		
2 adults (Double Occupancy)	\$350	\$350	\$569	\$1,269 per adult	\$58
1 adult (Single Occupancy)	\$350	\$350	\$889	\$1,589 per adult	\$72

All deposits to Metro Tours are non-refundable.

Metro Tours highly recommends you purchase travel insurance.

Your insurance purchase must be included with your first deposit along with your permission to travel form.

Please know that all insurance policies are sold by Trip Mate Inc., not Metro Tours.

All claims’ decisions are at the sole discretion of Trip Mate Inc., and Metro Tours has no influence over the outcome.

Any questions regarding travel protection options, please contact Trip Mate Inc. at 844-777-6856.



CLARENCE MIDDLE SCHOOL

Matthew Frahm, Ed.D.
Superintendent of Schools

Ashley Dreibelbis
Principal

Elizabeth Chelus
Assistant Principal

Matthew Lauer
Assistant Principal

8th Grade Trip Parental Agreement

Please return this form by June 1, 2024, to the trip coordinator

We are excited to offer our 8th grade students the opportunity to participate in our overnight field trips! While this is an exciting and fun experience, we recognize that it also comes with some stress since a student is away from home without a parent/caregiver. These trips are a great chance for 8th grade students to feel a sense of independence in a structured setting. We are asking that parents/caregivers read through the expectations below in order to best support your student on the trip and to be sure you are aware of systems we have in place around communication. Please sign and fill out the information at the end of this form once you have read through the information. If you have questions or concerns, please contact the trip coordinator.

- In order to maintain security and safety for the entire group of students:
 - Parents/caregivers who are not chaperones will not be permitted to follow the group independently.
 - Students are not allowed to visit with out-of-town family who live in the area where we are traveling.
- We recognize that communication is important during the trip. With that said, chaperones are directly working with students for the duration of the trip and may not be immediately accessible via email. The following protocols are in place for communication.
 - A Remind App will be provided to relay any general/whole group information for parents throughout the trip. This includes any issues that come up with travel schedules.
 - You will hear from a trip coordinator or administrator directly if there is a true concern to report to you regarding your student. Issues we encounter that are addressed likely will not be reported (i.e. hotel room issues, low-level conflicts between students).
 - Parents/caregivers are encouraged to support their student's independence on this trip. Should your child report an issue to you, advise them to report the concern to their chaperone.
 - If the issue is emergent or not resolved by your student speaking to a chaperone, parents/caregivers should reach out to the 8th grade house office and an administrator will get in touch with a trip coordinator.
- Parents will complete and submit all necessary paperwork for the trip by the specified due dates. These documents include but are not limited to:
 - permission to travel form
 - medical form
 - parental agreement form
 - trip insurance sign-off
 - passport or birth certificate (Quebec trip only)

- If your student cannot find roommates, they will be assigned. School staff will work with students to find an appropriate match and will do their best to make sure students are familiar with each other prior to the trip.
- District policy states that bags may be searched prior to trip departure. Students should come to school the morning of the trip prepared to have their luggage searched by an administrator. Parents/caregivers are welcome to be present for this process if their student has their bag(s) searched.

I understand and am in agreement with the information above. I also understand that this is a school trip and that my student must adhere to the expectations in the Clarence Central School Code of Conduct and Clarence Middle School Handbook.

Parent/Caregiver Signature

Date

Parent/Caregiver Name

Student Name

**This form will be filled out during online registration.
There is no need to turn in this form in person.**

Metro Tours, Inc.
Student Permission to Travel Form
Release / Indemnity and Refund Policy

Any student who travels on a tour coordinated by Metro Tours, Inc. must return this completed form to the coordinating teacher, group leader, or Metro Tours, Inc. representative prior to trip departure. This information is being gathered for the protection of your child during their travel experience. Both legal guardians or parents must sign this document unless there is sole custody of child.

STUDENT LEGAL NAME:

Sex:

Date of Birth:

Grade:

School:

Supervising Adult:

Permission to Travel

I, _____ acting as the parent/legal guardian for _____ give permission for the above named child to travel to

_____ on the following dates: _____.

Metro Tours, Inc. is a tour broker and is responsible for hiring vendors to provide services during the travel experience. I understand that Metro Tours, Inc. is acting on behalf of your group and will only be held responsible for its role as a broker. I will not hold Metro Tours, Inc. responsible for errors, negligence or other actions taken by independent vendors during the educational travel experience. I will not hold Metro Tours, Inc. responsible for traffic delays, the closing of sites or buildings due to acts of God or government closures. Metro Tours Inc. assumes no risk or liability for your child's participation in Water or other organized sports activities.

I further acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend social distancing or other restrictive measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Metro Tours, Inc. cannot guarantee that my child/ren will not become exposed or infected by the Coronavirus/COVID-19 which may result from the actions, omissions or negligence of Metro Tours, Inc. and others, including, but not limited to the independent vendors and others that your child/ren may be exposed to while on the scheduled travel experience.

RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST METRO TOURS, INC. AND ITS PARTNERS AND SPONSORS, IN EACH CASE, INCLUDING WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS (THE RELEASED PARTIES), EITHER IN LAW OR EQUITY, TO THE FULLEST EXTENT PERMISSABLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY CHILD/REN'S PARTICIPATION WITH THE PLANNED ACTIVITY AND TRAVEL EXPERIENCE.

ASSUMPTION OF THE RISK. I UNDERSTAND THAT PARTICIPATION INCLUDES THE POSSIBLE EXPOSURE TO AND ILLNESS FROM INFECTIOUS DISEASES INCLUDING BUT NOT LIMITED TO COVID-19. WHILE PARTICULAR RULES AND PERSONAL DISCIPLINE MAY REDUCE RISK, THE RISK OF SERIOUS ILLNESS AND DEATH DO EXIST.

Metro Tours, Inc. Holds the necessary clearances for all tour guides acting as its representatives and will provide them to the sponsor or parent at the request of the school district.

I understand that rules set forth by the school or Metro Tours Inc. are necessary to the completion of a successful travel experience and that my child and I agree to abide by them and the enforcement of them, as well as the penalties for failure to comply.

Refund Policy

A **non-refundable payment** will be due and payable to Metro Tours Inc. per itinerary. As payments are made to vendors more of your deposit becomes nonrefundable. **45 days prior to departure date all payments become non-refundable.** In the event of any cancellations by parties outside of Metro Tours, Inc. the refund policy will remain in effect as stated above.

I have read and understand the refund policy and will comply by the payment schedule set forth by Metro Tours, Inc. If I do not comply with the payment schedule, I understand that I will lose my deposit and other monies paid to Metro Tours, Inc. Metro Tours, Inc. has the right to reject late payments and reserves the right to refuse travel to people who have not paid in full by the payment deadlines.

Upon reading and signing this form I understand and agree to the information provided to me herein by Metro Tours, Inc., including the release and waiver as well as the assumption of the risk provisions regarding me or my child/ren's travel experience.

Parent Signature: _____

Parent Name: (please print) _____ Parent phone _____

I certify that I have sole custodial rights for this

Parent Signature: _____

Parent Name: (please print) _____ Parent phone _____

Contact Information:

Student Name: _____

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Home Phone Number: () _____

Primary Guardian #1's Name: _____

Relationship to child: _____ Phone Number: () _____

Email Address: _____

Primary Guardian #2's Name: _____

Relationship to child: _____ Phone Number: () _____

Email Address: _____

**This form is to
be filled out
online during
registration.**

WASHINGTON, D.C. PARENT CHAPERONE REQUEST FORM

A limited number of parent/guardian chaperones will be needed to attend the Washington, D.C. trip in addition to the teacher, nurse and administrator chaperones. Potential applicants will be selected **randomly** once organizers have determined how many parent chaperones are required. Parent chaperones are expected to be active safety monitors throughout the duration of the trip for a small group in which he/she has been assigned. Parents will be placed with their child's small group unless otherwise noted. Parents pay full price for the trip and are expected to participate in all the activities that are on the itinerary. Students may never be unsupervised.

Interested parents need to do the following no later than Friday, May 3rd, 2024:

1. Fill out the form below and drop it off to the CMS main office
2. Send an email of interest to klavey@clarenceschools.org or bpaxton@clarenceschools.org

Parent/Guardian Name (please print): _____ Gender: ___ M ___ F

Check one: _____ Mother _____ Father _____ Other (please specify): _____

Student Name (please print): _____

Parent/Guardian Email: _____

Parent/Guardian Daytime Phone Number: _____

Have you attended the D.C. school trip in the past? _____ If yes, what year? _____

Is there anything else we should know or take into consideration when considering you as a chaperone (e.g. You are an EMT, Nurse or Police Officer)? Please specify below.

Select your rooming preference below: (Please note that all requests cannot be guaranteed)

_____ I will be rooming in a double occupancy room with my child only

_____ I would like to pay for a single occupancy room

_____ I would like to pay for a double occupancy room and would like to room with the following parent: _____ (please print)

_____ I would like to pay for a double occupancy room and need to be assigned a roommate of the same gender. I understand that if one cannot be assigned to me, I will be required to pay the single occupancy price.

Once selected and notified, parent chaperones will be asked to place a **non-refundable deposit of \$350 no later than Friday, June 7th, 2024**. Thank you for volunteering your time and additional support in making this trip a memorable experience.

CLARENCE CENTRAL SCHOOL DISTRICT

MEDICAL GUIDELINES FOR OVERNIGHT FIELD TRIPS

A new form is required for each overnight field trip even if you already have submitted them for previous trips in the same school year.

Both pages of these forms must be turned in together, to the person coordinating the trip (unless otherwise instructed.) The coordinator should turn them in as a group to the school nurse.

The **form and medications** must be turned in with all signatures *at least 3-weeks prior* to the trip. If you cannot get the form completed **by the due date**, please notify the person coordinating the trip. If there will be a change in the medications before the trip, please contact the school nurse and provide an updated order from the doctor.

- 1. Medical Information Form** must be completed and signed by a parent or guardian and signed by a doctor if any medications are to be given (including over-the-counter.) It will be on file with the school nurse and will be carried by a designated person or nurse going on the trip. It is important for trip planning to notify of any allergies *well before the trip*.
- 2. Medication Order** must be completed. If you check "I DO NOT give permission...", sign and date below, and a doctor signature is not needed but then keep in mind the nurse going on the trip cannot give any over-the-counter medications under any circumstances. If you check "I DO give permission...", for prescribed and/or over-the-counter medications, this section *must be completed and signed by your child's physician* and the following information will apply:
 - Medications that are already in the health office with a signed doctor's order: please check the box for "Please send the following medication(s) *already on file in the health office*" *contact the nurse to request the medications to be sent on the field trip*.
 - If medications are *not* already in the health office, the Parent/Guardian is responsible for *bringing medication to the school at least 3-weeks prior to the trip*. Any prescription or nonprescription medication sent on the trip must include the *original labeled container*, and *only the amount needed for the trip*.
 - Medication not kept in school may be picked up during normal school hours at the end of the trip. Any remaining medication will be disposed of by the end of the school year.

Special Notes for Medications:

Students are NOT permitted to carry or self-administer medications, EXCEPT for inhalers, diabetic supplies, and EpiPen, and ONLY with prior approval from their doctor.

- If it is necessary for a student to carry and self-administer a medication: 1) the physician must order it; 2) the parent/guardian must request it in writing; and 3) the student must be evaluated for competency in self-administration by the school nurse.

Please contact your school Health Office with any questions.

OVERNIGHT FIELD TRIP MEDICAL INFORMATION FORM

To be completed by a parent or guardian.

Trip Dates: _____ Destination: _____ Coordinator's Name: _____

Student Name: _____ Date of Birth: _____

Age at time of travel? _____ Sex: M F (Circle One) Grade: _____ Height _____ Weight _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

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

Insurance Provider _____ ID # _____ Group _____

Emergency Contact: (Only in an emergency when a parent/guardian cannot be reached)

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Physician Name: _____ Phone: _____

List significant Health History: _____

List All Allergies: _____

Is your child currently taking any medications? _____ NO _____ YES

At home: _____

On this trip: _____

Please let us know of any concerns:

OVERNIGHT FIELD TRIP MEDICATION ORDER

Name of Student _____ DOB: _____ Grade _____

I DO NOT give permission for my child to receive any medications on this trip.

I DO give permission to the trip nurse or other assigned person to administer the selected over the counter medications, per package instructions, to my child during the trip (requires doctor's signature below):

____ Acetaminophen (Tylenol)

____ Ibuprofen (Advil/Motrin)

____ Antacids (Tums)

____ Diphenhydramine (Benadryl)

____ Dramamine (motion sickness)

____ Topical Antibiotics (Neosporin)

These specific medications will be supplied by the School Nurse, no need to send your own.

I DO give permission to the trip nurse or other assigned person to administer these prescribed medication(s):

_____ Dosage _____ Time to be given _____

_____ Dosage _____ Time to be given _____

_____ Dosage _____ Time to be given _____

_____ Dosage _____ Time to be given _____

If more space is needed to list these medications, please see the Health Services webpage for additional forms.

Please send the following medication(s) *already on file in the health office*: _____

Attestation for self-carry/self-administration of Emergency Medication ____ Yes ____ No (*inhalers, diabetic supplies, and EpiPen's only)

X _____
Physician Signature Date

Optional Physicians Stamp

X _____
Parent/Guardian Signature Date

DOCTOR MUST SIGN FOR ANY MEDICATIONS – NYS LAW!