November 8, 2024

Dear Parents:

We are excited to offer your child the opportunity to travel to Tallahassee this year. This opportunity comes with high expectations for responsibility, citizenship, and behavior.

We have a tentative schedule as well as several permission slips and medical release forms that must be signed. As with all school trips, school rules apply. If for any reason your child misbehaves or must be sent home, this will be done at your expense.

The cost of the trip is $315.00 and a fee schedule is attached. All cancellations and refunds will be reviewed and refunded by Educational Tours. David C. Hinson Middle School has no control over the refund policy.

It is important to understand that students who plan to attend this trip cannot have any referrals between November 11, 2024 and the departure date, out of school suspensions, or a 3 in conduct. The principal has final discretion to grant or deny attendance on the Tallahassee trip. Students are also responsible for making up any missing work. With your first payment, please sign the agreement below.

Sincerely,

Hinson Middle School Administrators

***Return this form with your first payment**

I have reviewed and understand the criteria for my child to attend the trip to Tallahassee, FL.

_____ _____

Parent/Guardian Signature Child's Name (printed please)

Tallahassee Check List

FORMS DUE WITH THE FIRST PAYMENT

_____ Cover Letter

_____ Permission slip with teacher signatures

_____ School Related Liability/Medical Wavier

_____ Tour Enrollment Form

_____ Movie Permission Form

_____ Medicine Forms

(signed by doctor AND delivered to school nurse by an adult 2 weeks prior to trip)

SUGGESTED PAYMENT SCHEDULE

(Checks are to be made payable to David C. Hinson Middle School. Please include phone number on check.)

_____ Payment #1 January 17, 2025 $200.00 initial deposit

_____ Payment #2 March 7, 2025 Final Balance

VOLUSIA COUNTY SCHOOLS
FIELD TRIP PARENT PERMISSION FORM
SECONDARY

Use page 15 or page 16.
Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter _____, _____ has permission to participate in
(legal name) (student ID)

Tallahassee Field Study on April 10-11
(event) (date(s)

from 4:30 ☒ A.M. ☐ P.M. to 6:30 ☐ A.M. ☒ P.M at Tallahassee, FL .
(address)

Cost to student is $ 315.00 .

I understand that my son/daughter will travel by:

☐ Activity bus ☐ District-owned vehicle ☐ School bus ☐ Private carrier/vehicle
☒ Commercial carrier - name of carrier MCA Transportation

Erika Bunford 9/6/2024
Signature of Sponsor Date

Signature of Principal Date 8-8-24

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.

Parent/Guardian Signature Date

Home Phone Number Emergency Phone Number

STUDENT INFORMATION

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

Student Signature Date

Home Address

Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.

Block/period	Teacher's signature	Block/period	Teacher's signature	Block/period	Teacher's signature

VOLUSIA COUNTY SCHOOLS
SCHOOL-RELATED ACTIVITIES LIABILITY/MEDICAL WAIVER

Use page 13 or 14.

Name of Student _____ Emergency Phone Numbers _____
Name of School _____ Current School Year _____
Date of Birth _____ Place of Birth _____

For high school students only – I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Athletics Association (FHSAA).

_____
Student's Signature Date

PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue the School Board of Volusia County, its directors, officers, agents and employees all for the purpose hereby referenced as "releases," for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student's participation in any school-related activity. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student's participation in any school-related activity follows.

Medical Insurance Company Name _____ Policy # _____

SPECIAL HEALTH CARE INFORMATION (allergies, medications, treatments, etc.)

_____
_____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date

TOUR ENROLLMENT FORM

This form is required on overnight trips for our travel liability insurance coverage.
All students, parents, and non-staff chaperones must submit a Tour Enrollment Form.

Participants whose form is not in our office PRIOR to the trip departure may not be permitted to board the bus.

PARTICIPANT NAME(S): _____

PRINT ALL FAMILY PARTICIPANT NAMES HERE (*one form per family*)

SCHOOL NAME: Hinson Middle School
DESTINATION: TALLAHASSEE
DEPARTURE DATE: 4/10/2025

CANCELLATION POLICY

All cancellations are subject to a $35.00 administrative fee. Cancellations up to 30 days prior to departure will be reviewed and refunded by Educational Tours with the following exceptions: pre-paid theatre, sporting events and other ticketed attractions which are non-refundable (depending upon the activity, the cost is $15-$75); deposits required for air travel are non-refundable (generally $50-$50). The cancellation fee 29 days or less is 50% of the tour price plus any pre-paid deposits. No refund will be given to those cancellations which occur within 72 hours of trip departure. In case of cancellation due to a verified sickness, injury or death in the immediate family (*sickness or injury must be verified in writing by a licensed medical practitioner*) a full refund, less the $35.00 administration fee, will be given. Working in full consultation with the sponsoring school and teacher, Educational Tours always reserves the right to send any student home (at parent's expense) for serious rule infractions or violations of law.

RESPONSIBILITY PROVISION

Educational Tours is acting as the agent for you in the making and securing of all arrangements for transportation, sightseeing, hotel accommodations, food service or other services for the tour program. All providers of goods and/or services for the tour program are independent contractors. As a result, Educational Tours is not and shall not be responsible or liable for any negligent act, omission, willful act, or other actions of any third party and/or any person not employed by Educational Tours. Educational Tours shall not be responsible for any injury, loss or damage to person or property caused by Acts of God, Acts of Terrorism, civil unrest, pandemic including COVID-19 or any other cause beyond the direct control of Educational Tours. You agree to hold Educational Tours, its officers, agents, and employees harmless from and against any liability for damages of any kind not caused by the direct gross negligence of Educational Tours, its agents, officers, and/or employees. You further agree to waive the right to a jury trial in any action involving Educational Tours. This form also gives Educational Tours permission to use pictures from your upcoming tour for promotional purposes. These images will not be sold and will only be used to promote Educational Tours. It is understood there will not be any compensation for this permission.

I have reviewed and understand the Tour Enrollment Form.

_____ _____
(Parent/Guardian Signature) (Date)

_____
(Print Parent/Guardian Name)

PLEASE RETURN THIS FORM TO THE TRIP SPONSOR WITH YOUR FIRST PAYMENT

November 8, 2024

Dear Parents:

To play PG-13 videos on the bus going to Tallahassee, we need to have a permission form on file for each student. Students are more than welcome to bring DVDs from home that are rated G, PG, or PG-13. We hope this will make the bus ride to Tallahassee go a little quicker!

Sincerely,

Mrs. Binford

I GIVE MY STUDENT, _____ PERMISSION TO WATCH VIDEOS RATED PG AND PG-13 ON THE BUS RIDE TO TALLAHASSEE, FLORIDA.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

Please Read Carefully

Florida laws require that we follow school board policies.

Medications on Field Trips

Medication on field trips includes prescription, over the counter, vitamins, herbs, medicated lip balm, and cough drops.

- Emergency medication (Epi pens, inhalers, diabetic, etc.) may be carried by the student with the ***Student Administered Authorization Form*** filled out and signed by the doctor and guardian. Any emergency medication will also require an ***Emergency Care Plan.***

- Daily meds or PRN's (as needed) over the counter or prescriptions will be administered by school board personnel with the ***Authorization Form for School Personnel to Administer Medication*** form signed by the doctor and guardian.

  All prescription bottles or over the counter medications **must match** the authorization form exactly. There will be only one drug per form, a time frame to administer must be listed (see form) and match the prescription bottle.

All medications and medication forms must be turned in together to the clinic person two (2) weeks prior to the date of departure by an ADULT.

(The medication forms are separate from the other field trip forms.)

Please contact the school nurse/assistant with any questions or problems related to medication prior to due date. **NO medication will be accepted after** the 2 week prior due date unless approved by the nurse/assistant.

Please remember that an adult, not the student, must deliver and sign in the medications and forms to the clinic nurse/assistant.

THE SCHOOL DISTRICT OF VOLUSIA COUNTY
HEALTH SERVICES

AUTHORIZATION TO ADMINISTER PRESCRIPTION/ NON-PRESCRIPTION MEDICATION (TO STUDENTS BY SCHOOL PERSONNEL)

NOTE: SCHOOL BOARD POLICY REQUIRES THAT:

1. Prescription medication can only be administered at school when failure to take such medication could jeopardize a student's health.

2. Medication must be brought to school by the parent/guardian or their adult designee. It must be in the original container labeled by the pharmacy to include the following, and must exactly match the doctor's orders:

   A. NAME OF STUDENT
   B. NAME OF DOCTOR (Licensed and authorized by Florida law to order prescription medication)
   C. NAME OF MEDICINE
   D. INSTRUCTION AS TO DOSAGE (amount and time, such as 12:00 PM, noon, or lunchtime)
   E. INDICATION OF SPECIAL STORAGE, IF NEEDED (refrigeration, etc.)

***** PLEASE COMPLETE ALL AREAS *****

DOCTOR'S AUTHORIZATION (To be completed by doctor) **ONLY ONE PRESCRIPTION DRUG PER FORM**

_____ _____ _____
Student's Name School Grade

The above student is under my medical supervision. I have ordered _____
(All PRN medication orders must note frequency) (Name of Medication)

DOSAGE **EXACT TIME**
_____ at _____
_____ at _____

Reason for medication to be administered at school: _____
Possible reactions or side effects: _____

This authorization is valid for this school year only unless earlier date is specified: _____

_____ _____ _____ _____
Doctor's Stamp Doctor's Signature Phone Date

_____ _____ _____ _____
Address City State Zip

PARENT/GUARDIAN PERMISSION

I hereby request that my child be given the above medication while in school and away from school for school activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonable prudent person should have acted under the same or similar circumstances.

☐ Yes ☐ No I give permission for the physician and school district personnel to exchange pertinent information pertaining to this child's condition/progress.

Signature of Parent/Guardian: _____

_____ _____
Parent/Guardian's Name (Printed) Address

_____ _____
Nursing Supervisors Signature Date

SCHOOL SHOULD RETAIN THIS FORM IN THE HEALTH CLINIC
Distributed by: Health Services
Revised 04/2014

2004-347-VCS

THE SCHOOL DISTRICT OF VOLUSIA COUNTY
HEALTH SERVICES

AUTHORIZATION FOR STUDENT TO SELF-CARRY/SELF-ADMINISTER EPINEPHRINE AUTO-INJECTOR

NOTE: SCHOOL BOARD POLICY REQUIRES THAT:

1. Prescribed medication can only be self-carried at school when failure to take such medication could jeopardize a student's health.
2. Students may carry an epinephrine auto-injector for self-injection/school personnel administration, If:
   A. This form is signed by a parent or guardian.
   B. The doctor who prescribed the medication competes and signs the Doctor's Authorization below.
   C Physician determines if student can self-administer medication (In the event the student is unable to self Administer, school personnel will perform medication administration.)
3. D. Prescription medication must be brought to school by the student for whom it was prescribed. It must be in the original container labeled by the pharmacy to include the following information:
   A. NAME OF STUDENT
   B. NAME OF DOCTOR (licensed and authorized by Florida Law to order prescription medication)
   C. NAME OF MEDICINE
   D. INSTRUCTIONS AS TO DOSAGE

***** PLEASE COMPLETE ALL AREAS *****

DOCTOR'S AUTHORIZATION (To be completed by doctor) **ONLY ONE DRUG PER FORM**

_____ _____ _____
Student's Name School Grade

The above student is under my medical supervision. I have ordered _____
(Name of Medication)

DOSAGE **EXACT TIME**

_____ at _____

_____ at _____

Reason for medication to be administered at school: _____

Possible reactions or side effects:

_____ Self-Administer: Yes No

Date this prescription expires: _____

_____ _____ _____
Doctor's Stamp Doctor's Signature Date Phone

_____
Address City State Zip

*******PARENT'S STATEMENT** **Student Can Self - Administer Yes: _____ NO____**

I request that the above- named student be authorized to self-administer the following prescription medication while in attendance at school and school activities. I will assume full responsibility for my child's self-administration and for any side effects and complications my child may have as a result of taking this medication. In addition, I assume full responsibility for any ramification that result from my child's possession of this medication. I understand that it is my obligation to ensure that the medication is not kept beyond its effective date. I agree to indemnify and hold the health department and school board, its employees and assets harmless from any and all liability or damages that may occur due to my child's possession, handling, administration, or lack of safekeeping of said medication. I agree, in the event, if my child is deemed unable to administer medication by a physician or in event of an emergency situation student is not able to self- administer medication school personnel will administer medication.

Signature of Parent/Guardian: _____

_____ _____
Parent/Guardian's Name (Printed) Address

_____ _____ _____
Home Phone Number Emergency Phone Number Business Phone

_____ _____
School Nurse Supervisor Signature Date

SCHOOL SHOULD RETAIN THIS FORM IN THE HEALTH CLINIC