

HILLSIDE MIDDLE SCHOOL

January 2025

TO: Parents/Guardians of Hillside Eighth Grade Students
FROM: William Forney, D.C. Trip Director
RE: **PARENT APPROVAL FORMS - WASHINGTON, D.C. TRIP**

Please complete the attached four-page *Parent Approval Form* for this year's Hillside Washington, D.C. Trip as follows:

- 1) Make sure all questions are answered accurately and completely. Also, please sign all spaces requiring parent signature.
- 2) Please be sure to fill out the name of your *insurance company* and *policy or contract number*.

Important: A separate medical packet needs to be completed if your child will require the administration of medication during the trip, or has an action plan for allergies, asthma, or seizures.

IMPORTANT NOTE TO PARENTS:

We have a very limited time to organize this complex Washington, D.C. field trip; therefore, it is imperative that every student meet every deadline date (see "Hillside's Washington, D.C. Trip Calendar"). In order to meet the organizational responsibilities of this field trip, we **CANNOT** have late permission slips, trip payments or forms. Missed deadline dates will jeopardize your child's opportunity to participate in this once-in-a-lifetime school experience. Your cooperation and understanding is greatly appreciated.

The collection of the first \$285 payment and the parent approval forms will be held from February 3 through 7. **DEADLINE IS FEBRUARY 7.**

The collection of the second \$285 payment and any medical forms will be held on April 10 and 11. **DEADLINE IS APRIL 11.**

Payments must be made by cash or check. Make checks payable to "PCSD".

PARMA CITY SCHOOL DISTRICT
PARMA, OHIO
PARENTS' APPROVAL FORM
EDUCATIONAL TRIPS OUTSIDE OHIO BUT WITHIN UNITED STATES

Dear Parents:

Your child is eligible for participation in an educational trip described below. The following form is divided into four sections which: (1) identify your child and the trip for which he/she is eligible; (2) provide pertinent medical data; (3) establish a procedure for emergency treatment; (4) set forth the conditions and limitations upon Board liability in connection with your child's participation. Please read the form carefully and provide the necessary data. No child will be permitted to participate in the trip unless he/she has first submitted a completed form, signed by both parents or by a single parent having sole legal custody of the child.

Section 1

Student's Name _____
Last First Initial

Student's Address _____
Street
_____ City Zip Code

Student's School _____ Hillside Middle School _____

Name of Trip _____ Washington, D.C. Trip _____

Students will be traveling by _____ Barons Bus Lines _____

to _____ Washington, D.C. _____ and will leave _____ Hillside Middle School _____

at _____ 6:45 AM on _____ Wednesday, June 4, 2025 _____
Day Date

Students will be returning to _____ Hillside Middle School _____ at approximately
_____ 9:45 PM on _____ Friday, June 6, 2025 _____
Day Date

Section 2

Is this your child's first trip away from home without parents? _____ Yes _____ No

Is your child allergic to any drugs or foods _____ Yes _____ No

If yes, which ones?

Is your child susceptible to motion sickness: _____ Yes _____ No

If yes, please state what treatment, if any, you request be administered to your child: _____

Date of child's last tetanus shot: _____
(this shot is required to register for kindergarten)

Does your child have any medical conditions of which the school personnel should be aware? (Example: heart condition, diabetes, seizures, recent injuries, or illnesses) _____ Yes _____ No

If yes, please describe specifically: _____

If yes, state whether the student or school personnel will be responsible for administering the medicine: _____ Student _____ School Personnel

In the event you request the medication be administered by school personnel, the parent must personally deliver an adequate supply of the medicine directly to the school prior to departure. Also in accordance with the Parma City School District Procedure, Code JHCD, Section J: Students, you must supply written permission and directions for administering said medicine by having the physician fill out Form B and the parent fill out Amended Form C.

Do you have medical insurance which covers your child? _____ Yes _____ No

◆ If yes, state the name of the insurance company: _____

◆ Policy or contract number: _____

Any other information of which you feel the staff should be aware? _____

Mother's or Guardian's Name _____

Home Address _____

Home Phone _____

Place of Work _____

Business Address _____

Business Phone _____

Father's or Guardian's Name _____
 Home Address _____
 Home Phone _____
 Place of Work _____
 Business Address _____
 Business Phone _____

Doctor's Name _____
 Business Phone _____

Dentist's Name _____
 Business Phone _____

Emergency Contact Person _____
 Home Address _____
 Home Phone _____
 Place of Work _____
 Business Address _____
 Business Phone _____

Section 3

EMERGENCY TREATMENT

In the event that my child should become ill or injured during the course of this educational trip, I request that you make reasonable attempts to contact me. In the event reasonable attempts to contact me at

_____ or _____
 Home Phone No. Work Phone No.
 Other Parent

_____ have been unsuccessful, I hereby give
 Home Phone No. Work Phone No.

my consent for (1) the administration of any treatment deemed necessary by a licensed physician; and (2) the transfer of the child to a hospital or emergency facility as deemed necessary by school personnel and/or physician.

Parent/Guardian _____
 Date _____

Parent/Guardian _____
 Date _____

Section 4

CONDITIONS AND LIMITATIONS IN CONNECTION WITH THIS EDUCATIONAL FIELD TRIP

- a. It is understood and agreed that portions of this trip may be rescheduled, postponed, or canceled due to strikes, sickness, quarantine, government restrictions or regulations, acts of God, or acts or omissions of, or damaged or malfunctioning property owned by any service or transportation company, firm, individual or agency, and that neither the Board of Education of the Parma City School District, its members, officers, employees, group leaders, nor chaperones shall be held responsible therefor.

- b. It is expressly understood and agreed that the child and parents assume all risk of harm, injury, or loss which the child may incur during the course of this trip and that, as a result, the undersigned expressly waive and release such claims or liability, including but not limited to claims arising from the dispensing of medication in the manner hereinabove directed or providing emergency care in the manner hereinabove directed. This waiver and release shall include, but not be limited to, claims arising while the student is on "Free Time" and while the student is absent from the group for other reasons authorized by the parent in writing in advance.

- c. It is further understood and agreed that the child shall comply with all rules and regulations of the Board of Education, including suggestions, recommendations, rules and regulations of chaperones and staff members, in all matters pertaining to the program or personal conduct, and that failure to do so shall be grounds for immediate terminations of the child from the trip and his/her being returned home at the parents' expense, without refund of any other trip fees.

I have read, understand, and accept all of the above-stated conditions.

Parent

Date

Parent

Guardian

Child/Student