



# Morrisonville HS Washington DC Trip

## Medical Release & Permission Form

*A trip to Washington DC is being sponsored by Morrisonville CUSD#1 as a unique opportunity to members of the Junior and Senior classes. The trip will involve school bus transportation from Morrisonville to DC & back, departing on Tuesday, February 23<sup>rd</sup> 2 7:30 PM and returning on Sunday, February 28<sup>th</sup> in the afternoon. Attendees will utilize both School Bus and Washington Metrorail for transportation once in DC. Students will be responsible for all of their own expenses while a part of the trip.*

Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent/Guardian phone number(s): Work \_\_\_\_\_ Home \_\_\_\_\_  
 Relation: \_\_\_\_\_

I give my permission for \_\_\_\_\_ Print Student' Full Name \_\_\_\_\_ to attend the above trip, and, in a medical emergency, consent to the trip sponsors, taking, arranging for, or consenting to the procedures or any medical treatment in my absence, for the well-being of the student. I agree to hold harmless Morrisonville CUSD#1, its employees and agents, and the physician or hospital treating my son/daughter, exclusive of negligence, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named student and will not hold the Morrisonville CUSD#1 responsible in the event of medical emergency (Feb 23-Feb 28, 2010).

I authorize the supervising staff to administer aspirin on the request of the student Please Initial \_\_\_\_\_

### *If Parent/Guardian cannot be reached in case of emergency call:*

Emergency Contact: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

### *Insurance Information*

Physician: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

Please list any special medical or physical needs, medical conditions, allergies, or medications being taken, that the chaperones should be aware of. I understand if my child requires an inhaler/epipen that he is responsible for taking it with him/her on the trip: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

In exchange for my child being allowed to participate in the Washington DC Trip, and as the custodial parent(s) or legal guardian of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Printed Name (Parent/Guardian) \_\_\_\_\_



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## Personal Conduct Agreement & Behavioral Expectations

While participating in DC trip and activities sponsored by Morrisonville High School, you are a representative of your school and community. This trip must be recognized as a privilege and MHS has, therefore, established certain behavioral expectations that must be observed by all participants.

All participants in the trip are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. In addition, you must abide by the following rules and regulations:

1. I promise that my attitude & conduct will be a credit to my sponsors, school and community.
2. I promise to abide by all guidelines and rules contained in the school handbook.
3. As a representative of Morrisonville HS I will dress appropriately. I will not wear distasteful/suggestive clothing or shirts with beer/tobacco advertising on them.
4. I will not be in the hotel/sleeping room of anyone other than my own room, or, if invited, to the room of a sponsor. Entering a room of a member of the opposite sex may result in suspension from school upon return to Morrisonville.
5. I will not have in my possession or use drugs, alcohol or tobacco at any time during the trip.

**It is expected that all students will abide by the rules and directions of the sponsors and chaperones of this trip and both parents and students understand that in an extreme situation a student could be sent home at their expense.**

### Personal Conduct Agreement

- ❖ I agree to participate in all trip activities according to the guidelines set forth in this Personal Conduct Agreement and the instructions of Trip sponsors.
- ❖ I understand that as part of my academic responsibilities on this trip, I will be required to research one of the Memorials and act as the group tour guide for that site.
- ❖ I understand that if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to District policy as described in the student handbook or expressed above, it will be dealt with as though it happened at school, on school time.
- ❖ I further understand and agree that if my participation is terminated due a serious or repeated offense, I will be denied participation in the remaining trip activities, and in the case of a severe violation, could be sent home and bear sole responsibility for all costs associated with my early termination, including travel expenses.
- ❖ I agree to allow trip sponsors and chaperones to make reasonable, unannounced searches of my living quarters and personal belongings if they reasonably suspect that I am violating the behavioral expectations set forth in this Agreement. This includes a search of all luggage prior to departing for DC.

By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations, and agree to abide by those behavioral expectations.

**Student Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**Printed Name (Student)** \_\_\_\_\_

In exchange for my child being allowed to participate in the Washington DC Trip, and as the custodial parent(s) or legal guardian of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

**Printed Name (Parent/Guardian)** \_\_\_\_\_