

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS FIELD TRIP LIST

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band X

Building: WLW/WLC/WLN **Teacher:** Nick Pourcho **Semester:** 2
School Year: 2018-2019

Event Title	Group	Trip Date	Location	Departure Time	Return Time	Transportation Source	Daily OR Overnight
MCGC Show	WLP – World WLP – A Line	2.2.2019	Novi HS - Novi, MI	TBD	TBD	Private Car	Day
WGI Regional	WLP – World	2.15.2019 – 2.17.2019	James Trent Arena - Dayton, OH	TBD	TBD	Private Car	Overnight
MCGC Show	WLP – World WLP – A Line	3.2.2019	Milford HS - Milford, MI	TBD	TBD	Private Car	Day
MCGC Show	WLP – World WLP – A Line	3.17.2019	West Bloomfield HS – West Bloomfield, MI	TBD	TBD	Private Car	Day
WGI Regional	WLP – World	3.22.2019 – 3.24.2019	BB & T Arena - Highland Heights, KY	TBD	TBD	Private Car	Overnight
MCGC State Championships	WLP – World WLP – A Line	3.31.2019	Saginaw Valley State University – Saginaw, MI	TBD	TBD	Private Car	Day
WGI Championships	WLP – World	4.10.2019 – 4.14.2019	University of Dayton Arena – Dayton, OH	TBD	TBD	Private Car	Overnight

Extended/Overnight Performing Arts field trips require an IFCB-R-13c for EACH scheduled trip.

WLP FORM B

IFCB-R FIELD TRIPS

IFCB-R-13b

**WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS PRIVATE TRANSPORTATION AUTHORIZATION**

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band X

Student _____ Grade _____

School _____ Teacher Nick Pourcho

Valid for: **Semester 1** or: **Semester 2** of the **2018-2019** school year.

Our performing arts class will be participating in events that require transportation in privately owned vehicles. Students will NOT be allowed to participate unless this form is completed and returned to the performing arts teacher by **November 27, 2018**.
(This form must accompany forms IFCB-R-13 and IFCB-R-13c.)

Check ALL that apply:

___ 1. I would like to **volunteer as a driver**. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver's license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide _____ seatbelts.

___ 2. I authorize my child, _____, to be transported by a **volunteer driver** as I am not able to provide transportation.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents ("released parties") from any and all claims whatsoever arising from or relating to my participation or my child(s)'s participation in this event ("released claims"). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Student Name Printed

Student Signature

Guardian Name Printed

Guardian Signature

WLP FORM D - 1

IFCB-R FIELD TRIPS

IFCB-R-13c

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT

EXTENDED/OVERNIGHT PERFORMING ARTS PARENT NOTICE & MEDICAL CONSENT

Check One: Forensics ___ Vocal Music ___ Orchestra ___ Band X

School: WLN/WLC/WLW Department: Band (WLP) WORLD LINE and A LINE Grade: _____

Teacher: Nick Pourcho Course: indoor drumline # of Students: 55

Destination: Dayton, Ohio Phone: (517) 449-4579

Purpose of Trip: WGI Dayton Regional

Number of Days: 3 Date Leaving: 2.15.2019 Date Returning: 2.17.2019

Number of Chaperones: 10 Method of Transportation: Private Car

LODGING INFORMATION

Dates: 2.15.2019-2.17.2019 Facility: YMCA of Greater Dayton/Downtown Branch

Address: 316 N. Wilkinson St., Dayton, OH 45402 Phone: (937) 228-9622

Please complete bottom portion and return no later than November 27, 2018

PARENT PERMISSION & MEDICAL CONSENT

(No Verbal Permission Accepted)

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone(s) _____ Home Phone(s) _____

Employer _____ Employer _____

Phone _____ Phone _____

If unable to reach call: Name _____ Phone _____

or Name _____ Phone _____

Current Medications _____ Allergies _____

Special Concerns _____

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. Therefore, I provide the following information:

Insured's Name _____ Insurance Company _____

Contract No. _____ Group Number _____

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Conduct Code, I agree to pick my child up and remove him/her from this field trip.

I give my child, _____, permission to participate in the above listed field trip.
(Print Child's Full Name)

Guardian Signature _____ Date _____

THIS FORM MUST BE IN POSSESSION OF TEACHER WHILE ON TRIP

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT

EXTENDED/OVERNIGHT PERFORMING ARTS PARENT NOTICE & MEDICAL CONSENT

Check One: Forensics ___ Vocal Music ___ Orchestra ___ Band X

School: WLN/WLC/WLW Department: Band (WLP) WORLD LINE and A LINE Grade: _____

Teacher: Nick Pourcho Course: indoor drumline # of Students: 55

Destination: Dayton, Ohio Phone: (517) 449-4579

Purpose of Trip: WGI Mid-East Power Regional

Number of Days: 3 Date Leaving: 3.22.2019 Date Returning: 3.24.2019

Number of Chaperones: 10 Method of Transportation: Private Car

LODGING INFORMATION

Dates: 3.22.2019-3.24.2019 Facility: YMCA of Greater Cincinnati

Address: 2840 Melrose Ave, Cincinnati, OH 45206 Phone: _____

Please complete bottom portion and return no later than November 27, 2018

PARENT PERMISSION & MEDICAL CONSENT

(No Verbal Permission Accepted)

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone(s) _____ Home Phone(s) _____

Employer _____ Employer _____

Phone _____ Phone _____

If unable to reach call: Name _____ Phone _____

or Name _____ Phone _____

Current Medications _____ Allergies _____

Special Concerns _____

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. Therefore, I provide the following information:

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I give my child, _____, permission to participate in the above listed field trip.
(Print Child's Full Name)

Guardian Signature _____ Date _____

THIS FORM MUST BE IN POSSESSION OF TEACHER WHILE ON TRIP

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT

EXTENDED/OVERNIGHT PERFORMING ARTS PARENT NOTICE & MEDICAL CONSENT

Check One: Forensics ___ Vocal Music ___ Orchestra ___ Band X

School: WLN/WLC/WLW Department: Band (WLP) WORLD LINE and A LINE Grade: _____

Teacher: Nick Pourcho Course: indoor drumline # of Students: 55

Destination: Dayton, Ohio Phone: (517) 449-4579

Purpose of Trip: WGI Percussion World Championships

Number of Days: 5 Date Leaving: 4.10.2019 Date Returning: 4.14.2019

Number of Chaperones: 15 Method of Transportation: Private Car

LODGING INFORMATION

Dates: 4.10.2019 – 4.14.2019 Facility: Comfort Inn Northeast

Address: 7907 Brandt Pike, Huber Heights, OH 45424 Phone: (937) 237-7477

Please complete bottom portion and return no later than November 27, 2018

PARENT PERMISSION & MEDICAL CONSENT

(No Verbal Permission Accepted)

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone(s) _____ Home Phone(s) _____

Employer _____ Employer _____

Phone _____ Phone _____

If unable to reach call: Name _____ Phone _____

or Name _____ Phone _____

Current Medications _____ Allergies _____

Special Concerns _____

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. Therefore, I provide the following information:

Insured's Name _____ Insurance Company _____

Contract No. _____ Group Number _____

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Conduct Code, I agree to pick my child up and remove him/her from this field trip.

I give my child, _____, permission to participate in the above listed field trip.
(Print Child's Full Name)

Guardian Signature _____ Date _____

THIS FORM MUST BE IN POSSESSION OF TEACHER WHILE ON TRIP

WLP FORM E

**Allergy / Medical Condition & OTC Medication Permission Form
Walled Lake Percussion 2018-2019 Season**

_____, has my permission to receive the "over the counter" medications, as noted below with a check mark, for the duration of the 2018-2019 WLP Season.

I have listed below any known allergies, treatments, medications, and medical conditions associated with my child.

Signature of Parent / Guardian _____ Date _____
Print Parent / Guardian Name _____ Emergency Phone _____

<u>Allergy / Medical Condition(s)</u>	
<input type="checkbox"/> No Medical Conditions Known	List Daily Meds:
<input type="checkbox"/> Seasonal Allergies (please list below)	_____
<input type="checkbox"/> Insect Allergies	_____
<input type="checkbox"/> Food Allergies (list below)	_____
<input type="checkbox"/> No Known Allergies	List Any Known Medical Conditions:
_____	_____
_____	_____

<u>OTC Medication Permission</u>	
<u>Check all medications your child has your permission to receive</u>	
<input type="checkbox"/> Tylenol (Acetaminophen) (Ibuprofen)	<input type="checkbox"/> Advil/Motrin
<input type="checkbox"/> Benadryl (Diphenhydramine) oral	<input type="checkbox"/> Calamine Lotion
<input type="checkbox"/> Maalox, Mylanta, or Tums	<input type="checkbox"/> Claritin
<input type="checkbox"/> Imodium	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Midol	<input type="checkbox"/> Aleve

Date	Time	Medication	Dose	Reason	Initials

Administrators' Signatures: (print name and sign)

WLP FORM F

JGFGB-R

JGFGB-R-13

AUTHORIZATION TO ADMINISTER MEDICATION

Permission Form for Prescribed Medication and Over-the-Counter Medication.
This Authorization is Valid for the Current School Year Only.

TO BE COMPLETED BY THE PARENT/GUARDIAN

Student: _____ Date of Birth: _____ Grade: _____

School: _____ Teacher/Classroom: _____

I have read the policy and regulations pertaining to administration of medication. I request that (name of student) _____ receive the medication specified below at school according to standard school policy. I understand the parent is required to deliver medication to school.

Date Parent/Guardian Signature

Self Administration: High school students may self administer medication. Elementary and middle school students may self administer only emergency medications such as Epi Pens and inhalers with the approval of the parent and physician. I request that (name of student) _____ be allowed to self-administer the medication below at school according to school policy.

Date Parent/Guardian Signature

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER:

Name of Medication: _____

Reason for Medication (optional): _____

Form of Medication/Treatment: Tablet/Capsule Liquid Inhaler Injection Nebulizer
 Other _____

Instructions: (Times and dose to be given at school): _____

Start: Date form received Other date: _____

Stop: End of school year Other date/duration: _____

Restrictions and/or adverse reactions:

None anticipated Yes. Please describe: _____

Special storage requirements: None Refrigerate Other: _____

This student is both capable and responsible for self-administering this medication.

No Yes, Supervised Yes, Unsupervised

This student may carry this medication: Yes No

PLEASE PRINT:

Physician's Name: _____ Date: _____

Address: _____

Phone Number: _____ Physician's Signature: _____

Office Use Only:

Date received: _____ **Received by:** _____

Administrative Approval: _____

**WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
FIELD TRIP CHAPERONE GUIDELINES AND INFORMATION FORM**

Date: _____

To: _____ (Chaperone)

From: Nick Pourcho School Phone (248) 956-4700
Teacher(s)/Supervisor(s)

GUIDELINES: We are pleased that you have agreed to assist school personnel in the supervision of students during this field trip. Your primary responsibilities will be to:

1. Request names of students for whom you will be responsible from teacher/supervisor.
2. Review attached Field Trip Bus Safety Rules (IFCB-R-6).
3. Be aware of the following emergency procedures in case of serious injury or accident:
 - a. Call 911
 - b. Designate someone to meet EMS technician and/or police officer.
 - c. Do not leave injured person unattended until medical service arrives.
 - d. Do not move injured person.
 - e. Complete Accident Report Form immediately upon return from site.
4. Reinforce conduct standards as described by teacher/supervisor.
5. Maintain particular vigilance over your assigned students by taking periodic head counts.
6. Report unacceptable conduct of any student to teacher/supervisor.
7. Monitor students going to restrooms per teacher/supervisor instructions.
8. Remain with the students assigned to you during the entire trip.
9. Be aware of emergency communication plan.
10. No drinking of alcoholic beverages.
11. No smoking in presence of students.
12. Chaperones must attend all required chaperone meetings.
13. No abusive or vulgar language or behavior.
14. Chaperones may be assigned to groups other than their own child's, particularly at the secondary level.
15. Other instructions: _____

Because of the levels of responsibility that must be assumed by the teacher/supervisor, no outside-of-class/field trip children will be allowed on the trip.

PURPOSE OF FIELD TRIP Attend WGI Regional's and WGI Percussion World Competition

DESTINATION: Dayton, OH/Highland Heights, KY/Dayton, OH

DATE: 2.15.2019-2.17.2019/3.22.2019-3.24.2019/4.10.2019-4.14.2019 DEPARTURE TIME: TBD

RETURN TIME: TBD

METHOD OF TRANSPORTATION: Private Automobile

I have read this form and agree to abide by its terms, and enforce the Student Code of Conduct.
Chaperone Signature _____

THANK YOU FOR ASSISTING US IN PROVIDING THIS IMPORTANT EDUCATIONAL EXPERIENCE FOR OUR STUDENTS. IF YOU HAVE SUGGESTIONS FOR IMPROVING OUR PROCEDURE, PLEASE LET US KNOW.

GUEST REGISTRATION AND RELEASE



GUEST CONTACT INFORMATION

First Name _____ Middle _____ Last Name _____
Home Address _____
City _____ State _____ Zip Code _____
Primary Phone _____ Birth Date ____/____/____
Email Address _____

RELEASE AND WAIVER

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and in any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment, therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participation in any program affiliated with the YMCA whether caused by the negligence of the releases, or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises of any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is helping invalid, it is agree that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

ACCEPTANCE

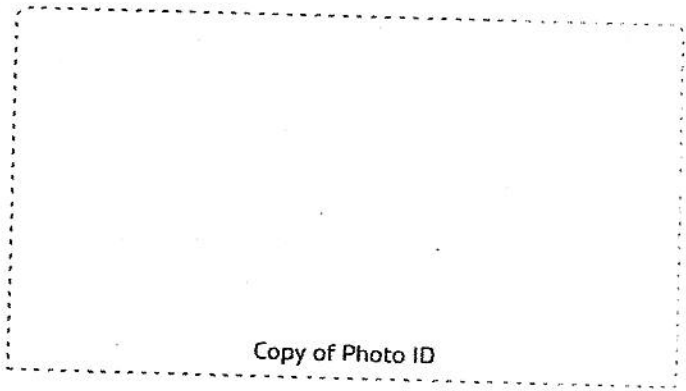
I acknowledge the Waiver set forth above and being in sympathy with the mission statement of the YMCA hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Signature

____/____/____
Date

AWAY Member? Yes No

Staff Name (PRINT)



Copy of Photo ID

Last Name
First Name