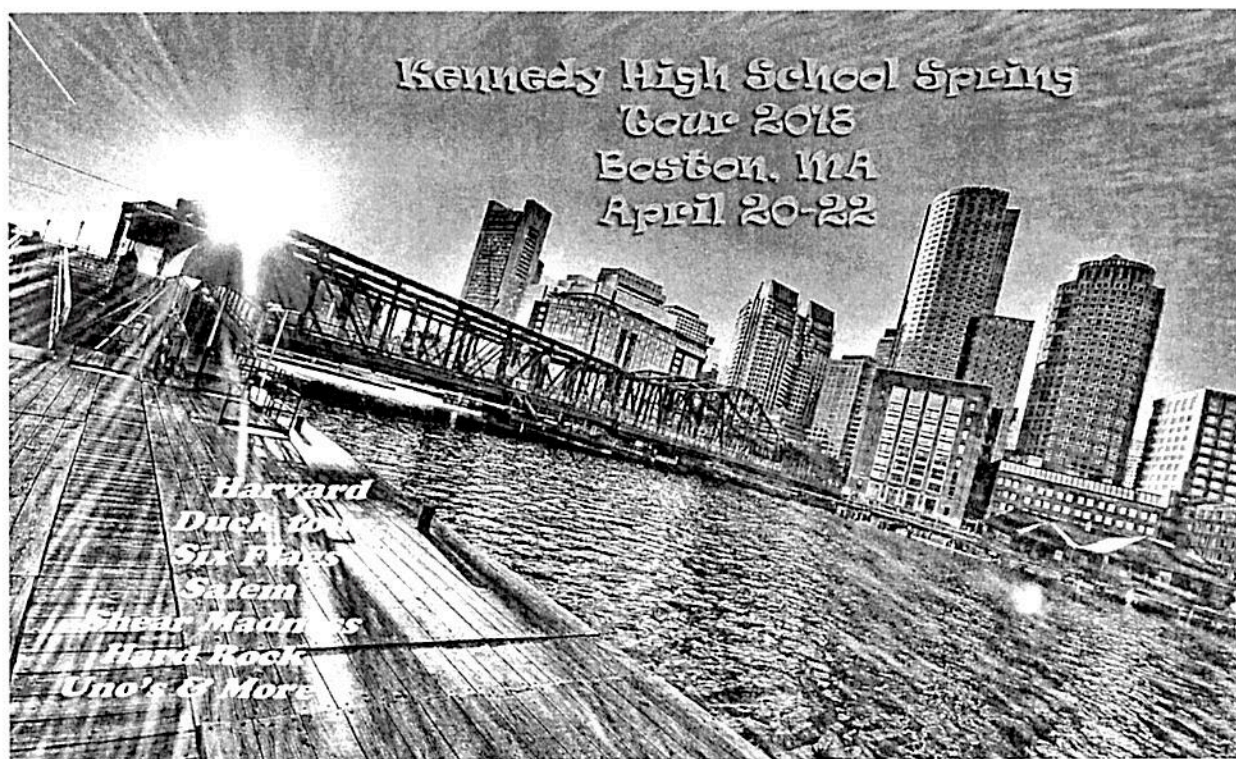

LAST NAME: _____

JOHN F. KENNEDY HIGH SCHOOL BANDS 2018 SPRING TOUR

BOSTON, MA

PACKET B



HAND IN WITH YOUR DEPOSIT

FIELD TRIP – PARENT PERMISSION FORM

Students who go on field trips are required to meet with their teachers before the date of the trip to discuss work that will be missed. It is the students' responsibility to be prepared for all classes upon their return. I have discussed this procedure with my child who has my permission to go on the school-sponsored field trip described below.

Student's Last Name _____ Student's First Name _____
Date(s) of Trip 4/22-22/18 Destination BOSTON, MA
Date/Time Leaving 7:30AM Date/Estimated Time Returning 7:30PM
Type of Transportation COACH BUS
Purpose SPRING TOUR Cost (Approximate) \$570
Faculty Sponsor (and/or Supervisor(s)) W. ALLANZA
Name of Parent or Guardian to Contact in Case of Emergency, Illness, Injury, or Delay _____

Telephone Number (home) _____ (business) _____

Please list below names and telephone numbers of persons to be called in an emergency if the parent or guardian cannot be reached.

- | | | |
|----|------------|------------------------|
| 1. | Name _____ | Telephone Number _____ |
| 2. | Name _____ | Telephone Number _____ |

Physician to be called:

Name _____ Telephone Number _____
Address _____ Hospital _____

In the event emergency medical attention must be provided, please indicate below any information which might be important for a physician to know in advance of such treatment.

Existing Medical Condition _____

Current Medication _____

Allergies _____

Parent or Guardian _____ Date _____

I understand and agree to the following:

1. The field trip may be cancelled at the discretion of the District, for a variety of reasons, which may include factors related to the health, safety, and welfare of the children as well as faculty and parents. This could also include a local or national emergency or an increased "terror alert" issued by the Department of Homeland Security.
2. In the event of a cancellation, the Bellmore-Merrick Central High School District shall not be responsible for any unrefunded vendors' fees, deposits, or other expenses related to the trip.
3. All students violating this Code of Conduct will be subject to the appropriate disciplinary action.
4. Parents will be contacted if a student violates the Code of Conduct. Arrangement will be made for the student(s) to be sent home at the parents' expense.

Signature of Parent or Guardian _____ Date _____

EMERGENCY CARE FORM

PLEASE NOTE: Students without Health Forms will not be allowed to board bus, therefore, please complete this form as comprehensively as possible. Please write legibly. ALL INFORMATION SUPPLIED IS KEPT CONFIDENTIAL!

Student's Name (first and last) _____ DOB _____ Age _____

Street Address _____ Town _____ Zip _____

Phone _____ Sex: M F

Name of Parent/ Guardian _____ Phone _____

Illnesses/ Accidents in Past Year

Physical Limitations that Would Prevent 100% Participation

Allergies _____

Medications _____

Add' Medical Info

Emergency Phone #s:

1) Name _____
Relationship _____
Phone _____

2) Name _____
Relationship _____
Phone _____

Physician _____ Phone _____

(X) as necessary: Glasses ____, Contacts ____, Capped Teeth ____, Braces ____

If there is a pool in the hotel, I **do/ do not** (circle one) give permission for my child to swim.

In the event of illness and/ or injury, I hereby give my consent for medical treatment of my child, _____ by the professional staff (nurse and/ or hospital).

Sign _____ Date _____
Relationship _____

Insurance Company _____
Policy/ Group # _____

JOHN F. KENNEDY HIGH SCHOOL BANDS

MR. WALTER AVELLANEDA, DIRECTOR

3000 BELLMORE AVENUE

BELLMORE, NEW YORK 11710

516-992-1441 ~ WAVELLANEDA@BMCHSD.ORG ~ @JFKHSBANDS

MUSIC TRIP CONTRACT

I, _____ have read and understand the “rules and regulations” and
(print name)

the corresponding punishments, and I agree to adhere fully to these stipulations in order to ensure the best possible experience for everyone.

(student’s signature)

I have read and discussed with my child the rules and regulations for this trip, **and I agree to take on full financial responsibility, and to come pick up my child immediately should he or she need to be sent home for a serious infraction.** In addition, I understand that once I begin making payments, all such payments will be considered non-refundable. In the case of an emergency, or need to cancel the trip for any reason, refunds are subject to the travel agency’s policy and ability to obtain return deposits and it would be common not to receive a full refund.

(parent’s signature)

Email for list-serve: _____

CONDITIONS OF CONTRACT

It is our aim to give all passengers the best possible services and attention. We are not responsible for delays caused by circumstances beyond our control. Any additional expenses that are incurred due to a third party such as: Airlines, motor coach, cruise ships etc. or weather, are the responsibility of the tour group. Members of the collective tour group designate Custom Tours, Inc. as agent for the purpose of arranging group travel.

We reserve the right to reject or terminate the membership of any person whom the management may consider objectionable. We also reserve the right to make such changes in itineraries, hotels, or incidentals as may be necessary for the comfort and welfare of the passengers.

Baggage and other personal belongings are the passengers own responsibility and Custom Tours, Inc. is not responsible for any losses, damage or injury to personal property.

Custom Tours and its affiliated entities and its employees, shareholders, officers, directors, successors, agents and assigns, neither own or operate any persons or entity which is to, or does provide goods or services for these trips or tours. Because Custom Tours does not maintain any control over the personnel, equipment, or operations of these suppliers, Custom Tours assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any tour suppliers, or other employees or agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any party not under the supervision or control of the Operator.

It is understood that this release covers not only the person traveling but their heirs and guardians as well.

Trip Name _____

Trip Date _____

Please sign below

Students name

Signature of Responsible Party

Date

Please Print Name Clearly