



ARE YOU GOING??

Permission slip and money are due by February 28, 2020.
Tickets may sell out before this date!

Don't delay...get your tickets today!

Student Name: _____



FIELD TRIP!!!!

WHEN: March 6, 2020

WHERE: Hard Rock Café and Hippodrome Theater

WHAT: Dinner and a Broadway musical

COST: \$100 per student/\$100 per chaperone

- There are only 125 tickets available.
- Tickets are on a first-come, first-serve.
- *Tickets may sell out before this date!*

You can now pay by credit card at this link:
<http://osp.osmsinc.com/howardmd/default.aspx>

TURN IN THE ENTIRE BOOKLET TO THE FRONT OFFICE WITH MONEY. Do not tear out pages.

It is very important to remember that there are only 125 tickets available for this field trip. Once tickets sell out...that's it!

Permission slip and money due by February 28, 2020.

INTERESTED IN A PAYMENT PLAN?

Please complete this form **ONLY** if you are choosing the payment plan.

Please check one of the following:

I am choosing payment plan #1. (1 student)

I am choosing payment plan #2. (1 student and 1 chaperone)

Email address:

(Necessary for payment email reminders) PLEASE PRINT

	<u>Plan #1</u> STUDENT	<u>Plan #2</u> STUDENT + CHAPERONE
1 st payment	\$50**	\$100**
Final payment due 2/28/20	\$50	\$100

****1ST PAYMENT IS A DEPOSIT THAT RESERVES TICKETS.**

Please contact Ms. Drakes with any other financial issues, or if you need to adjust your payment dates.

Any other financial assistance must be approved, so please make sure to get in contact with Ms. Drakes if this is the case.

REMINDER: YOU MUST PUT DOWN A DEPOSIT IN ORDER TO RESERVE TICKETS; JUST SENDING IN A SIGNED PERMISSION SLIP DOES NOT RESERVE TICKETS.



**HOWARD COUNTY
PUBLIC SCHOOL SYSTEM**

PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form and return with cash or money order to the front office. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Wilde Lake Middle		
Destination:	Hard Rock Café and Hippodrome Theater		
Objective of the trip:	Students will see live theater.		
Class/Group:	8 th grade		
Departure date:	3/6/20	Time:	4:00pm
Return Date:	3/6/20	Time:	11:15pm
Bus Company:	Bowen's Bus Service		
Public Transport:			
Cost per student:	\$100; \$100 per chaperone		
Checks payable to:	Wilde Lake Middle School		
Due Date:	February 28, 2020		
Meal Arrangements:	Dinner at Hard Rock Cafe		
Appropriate Attire:	School appropriate		
Total # of Students:	110 students; 25 chaperones		
Anticipated Ratio of Chaperones to Students:	1:5		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input checked="" type="checkbox"/>
Overnight <input type="checkbox"/>	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: To be determined...

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Ms. Drakes

Contact number: 410-313-6957

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF ALL STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR _____ TO GO TO Hard Rock Café and Hippodrome Theater

(PRINT Student Name)

on 3/6/20. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME _____ SIGNATURE _____

CHAPERONE PHONE NUMBER _____ CHAPERONE EMAIL: _____

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

Revised 7/2014

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**EMERGENCY PROCEDURE/HEALTH INFORMATION for
EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS**

MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP

STUDENT'S NAME _____ MALE _____ FEMALE _____

 LAST NAME FIRST NAME MIDDLE INITIAL
 SCHOOL _____ GRADE _____ DATE OF BIRTH _____
 STREET ADDRESS _____
 CITY _____ ZIP CODE _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
 FAMILY PHYSICIAN _____ PHONE _____
 PARENT/GUARDIAN NAME _____

EMERGENCY NOTIFICATION

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified)
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER

HEALTH INFORMATION

(Please list & give dates if known)

Health conditions/operations:

Handicapping Conditions:

Allergies (medication, food, insects, etc.):

Describe the usual symptoms/reactions:

Medications (prescription and non-prescription):

If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific to Medication Form/Physician's Order (IFAS# 39513035) is required. Refer to attached Medication/Treatment Order. **MEDICATION MUST BE PROVIDED FROM HOME.** There will not be a school nurse in attendance on this trip.

Does your child have any activity restrictions? Yes _____ No _____ If yes, please explain _____
 Does your child have dietary restrictions? Yes _____ No _____ If so, what are restrictions? _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.

INSURANCE COMPANY _____	POLICY OR BINDER NUMBER _____
PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.	
PARENT/GUARDIAN SIGNATURE _____	DATE _____

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Chaperone Responsibility Form

Date _____

Dear Parents:

We appreciate your willingness to help chaperone this trip. Without assistance from chaperones, this trip would not be possible. The responsibilities of a chaperone can be demanding mentally and physically. If you have any, or potential, limitations that may prohibit or minimize your ability to carry out the responsibilities of a chaperone, please discuss this with the Teacher-In-Charge prior to the trip. The information provided will assist in planning. Reasonable accommodations, if necessary, will be considered to ensure your safety and health.

To assist us in making this a positive experience for all, we are requesting the following:

- Chaperones should **immediately** alert the Teacher-In-Charge or other staff member under the following circumstances:
 - Student becomes ill or injured or reports feeling ill or injured;
 - Student becomes unmanageable in any way;
 - Student's behavior makes the chaperone feel uncertain or uncomfortable;
 - Student will not stay with the group or follow directions of the chaperone;
 - Student becomes lost; or,
 - Another chaperone seems to be having difficulty dealing with a student or group of students.

The notified staff member will then take appropriate action:

- Please follow the instructions of the Teacher-In-Charge regarding supervision of the students assigned to you. If you are unsure of your responsibilities, please clarify them with the Teacher-In-Charge. Please make the safety of the students your highest priority.
- Purchasing of souvenirs or food (other than the previously announced meal arrangements) is only permitted if approved by the Teacher-In-Charge. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision.
- As some students may have food allergies, students should not share food with one another, and chaperones are asked not to share food with students.
- When students use rest rooms, please exercise age-appropriate care to ensure student safety.
- Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" of their groups. Also, a "head count" should be taken on the bus at the beginning of the trip and prior to the departure of the bus for the return to school.
- Chaperones may not smoke or consume alcohol on any school-sponsored trip.
- If possible, chaperones are asked to bring cell phones and exchange contact numbers with the Teacher-In-Charge to assist in communication during the field trip.

Thank you for your assistance in making this a safe and positive experience for all students.

Please read, and sign below:

I understand that the Howard County Public School System shall not be held responsible for my injury and/or loss of my personal property due to my voluntary involvement in an activity that is not required as part of my responsibilities as a chaperone.

The Howard County Public School System provides liability insurance coverage for claims that may be filed concerning any actions or omissions by me, while within the scope of my duties as a chaperone.

I have read, understand and can perform responsibilities/duties of a chaperone for _____'s field trip to _____
(Name of School) (Destination)

I give permission for my cell phone number to be shared with the other chaperones and HCPSS staff to ensure safety and communication on this trip.

(Printed Full Name of Parent Chaperone)

(Parent Signature/Date)

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Please read the information below thoroughly!

Items to fill out and turn in: (Keep in mind that the ENTIRE booklet should be returned)

1. Payment plan (page 3): *Only if you are selecting a payment plan.*
2. Wicked permission slip (page 4)
3. Extended Day Medical form (page 5)
4. Chaperone Responsibility Form (page 6): *Only if you are going to be a chaperone on this trip.*
5. Turn in full payment: \$100 student payment, \$200 student + chaperone payment, or payment plan 1st deposit (\$50 for student, \$100 for student + chaperone)
6. **Due Date: Friday, February 28, 2020.**

If you plan on chaperoning this trip, please make sure to check the box, and clearly print your name and email on the form. Chaperones must pay \$100 for this trip

REMINDER: Tickets are on a first come, first served basis. If the tickets sell out, there will not be any more ordered. Once they are gone, they're gone!

- Partial scholarships will be considered based on qualifying need and available school funds.
- Please communicate any financial difficulties to either Ms. Drakes. We can't help if we don't know!
- Donations for students in need are gladly welcomed!
- Cash and credit card payments are preferred.
There will be a link to the online payment on the 8th grade Canvas information page.

Donations:

_____ Yes, I would like to donate \$_____ to sponsor a student who needs financial support. This amount is included in my payment.

⑦

Hard Rock Café

LEGENDARY MENU

Choice of Entrée

Original Legendary Burger

(Prepared medium well)

A juicy ½-lb Certified Angus Beef burger topped with smoked bacon, cheddar cheese, golden fried onion ring, crisp lettuce and vine ripened tomato.

Served with fries.

Veggie Leggie (vegetarian) option available.

Tupelo Chicken Tenders

Hand-breaded, lightly fried tenderloins of chicken, with honey mustard and hickory BBQ sauces.

Served with fries.

Barbecue Pulled Pork Sandwich

Hand-pulled smoked pork with hickory BBQ sauce on toasted brioche. Served with cowboy beans and citrus coleslaw.

Twisted Mac Chicken & Cheese

Cavatappi macaroni tossed in a three-cheese sauce with roasted red peppers, topped with Parmesan parsley bread crumbs and grilled chicken breast.

Served with garlic toast.

Classic Chicken Caesar Salad

Romaine lettuce tossed in our homemade Caesar dressing, topped with garlic croutons, shaved Parmesan cheese & grilled chicken breast.

(Available without Chicken)

Dessert

Chocolate Chip Cookies