

INSTRUCTIONS:

Please complete both sides of this form. Feel free to contact Mr. Meiller, Ms. Statham or Mr. Deardorf if you have any questions.

NHS Band and Orchestra Trip to New York City Behavior Agreement

Preface:

If any of the rules are broken, I may be returned to Norman at my own expense.

I understand that I may face disciplinary action from the school administration.

I understand that I may not be allowed to go on future school sponsored trips.

1. I understand that all school policies and rules are in effect on this trip. Examples: no tobacco, alcohol, or other banned substances. Students are expected to behave responsibly and appropriately at all times and appropriate school attire is required at all times.
2. I will listen to and stay with my adult sponsors when requested to do so.
3. I will be safe by staying in groups of at least two or more and with sponsors at all times.
4. I understand the necessity of the loading and unloading the buses, planes, etc. rapidly and efficiently. I will cooperate by following instructions and staying quiet for all role calls. I understand that my entire group must stay together in waiting areas (listen for instructions).
5. My behavior during travel (bus, plane) will be respectful of others. I understand that in this situation, loud and rude behavior is inappropriate. Unless absolutely necessary to get up, I will stay in my seat.
6. I will be on time for all departures. Some details of the itinerary may change at the last minute. Listening to instructions is very important.
7. If a hotel stay is involved: Students will be in hotel rooms of the same sex only. There is a commons area for meeting in groups.

Let's all remember that we represent our city, our school, our organizations and ourselves in how we act, dress, and how we treat and speak to others. Enjoy the trip!!

By signing the reverse of this form, the student and parent acknowledge and agree to the above regulations.

**STUDENT PERMISSION TO ATTEND
BAND & ORCHESTRA TRIP**

I (we) give _____ permission to attend the Band/Orchestra trip to New York City, March 10-13, 2016. We understand that s/he must abide by all rules and regulations for the trip as set by the school and staff, outlined in the *Behavior Agreement*. My child is in good physical condition and may receive necessary first aid on site or medical treatment at the nearest hospital or clinic. I understand that I will assume financial responsibility for that treatment.

Parent Signature	Date	Home Phone	Cell Phone
Student Signature	Date	Instrument / Serial Number	

FIELD TRIP EMERGENCY MEDICAL FORM – STUDENTS & SIBLINGS

In the event your child should need emergency medical attention while on a field trip, it is necessary for us to have the following information.

Student's Name _____ Birthdate _____ Approx. Weight _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

Parent/Guardian Name _____ Home Phone _____ Cell Phone _____

Address _____ Date of Last Tetanus Shot _____

Insurance Co. Name _____ Policy Number _____

Emergency Name (other than parent) _____ Phone _____

Doctor's Name _____ Phone _____

1. Does your child have any allergies: Yes No (circle one) If so, describe.

2. Does your child take any routine medicines? Yes No (circle one) If so, describe.

3. Does your child have any major health problems? Yes No (circle one) If so, describe.

Any prescription medication your child will need should be given to a sponsor for dispensing. It must be in the original container and must be specifically prescribed for your child. Sponsors will not dispense any medication without a prescription.

** Additionally, if applicable, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any, action or protection is required on account thereof. Submit this notification in writing and attach it to this form.

SPONSOR FORM - BAND & ORCHESTRA TRIP

I _____ will be traveling with the NHS Band & Orchestra on the trip to New York City, March 10-13, 2016. I understand that as a sponsor, I agree to abide by all rules and regulations for the trip as set by the school and staff, and as outlined in the *Behavior Agreement*. As a sponsor, I agree to look after the well being of my assigned students and adhere to the regulations as stated by the directors on the trip.

I am in good physical condition and may receive necessary first aid on site or medical treatment at the nearest hospital or clinic. I understand that I will assume financial responsibility for that treatment.

Sponsor Signature

Date

Home Phone

Cell Phone

FIELD TRIP EMERGENCY MEDICAL FORM - SPONSORS

In the event your child should need emergency medical attention while on a field trip, it is necessary for us to have the following information.

Sponsor's Name _____ Birthdate _____ Approx. Weight _____

Address _____ Date of Last Tetanus Shot _____

Insurance Co. Name _____ Policy Number _____

Emergency Name _____ Phone _____

Emergency Contact (not on trip) _____ Phone _____

Doctor's Name _____ Phone _____

1. Do you have any allergies: Yes No (circle one) If so, describe.

2. Do you take any routine medicines? Yes No (circle one) If so, describe.

3. Do you have any major health problems? Yes No (circle one) If so, describe.

Any prescription medication your child will need should be given to a sponsor for dispensing. It must be in the original container and must be specifically prescribed for your child. Sponsors will not dispense any medication without a prescription.

** Additionally, if applicable, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the sponsors should be aware, and what, if any, action or protection is required on account thereof. Submit this notification in writing and attach it to this form.