

**Boyertown Middle School East
6th Grade Field Trip Dorney Park
Thursday, May 30, 2019**

Schedule Arrive to school at regular time - Arrive back at East approximately 5:30 p.m.

Trip Cost \$50.00 (\$25.00 if you have an annual Dorney Park pass): Due April 3, 2019

Transportation School bus charter

Itinerary

7:45 a.m.-9:15 a.m.	Movie in auditorium (movie title TBA)
9:30 a.m.	Depart from Boyertown Middle School East
10:00 a.m.	Approximate arrival at Dorney Park
10:15 a.m. – 11:45 a.m.	Ride Time in park (No Water Park)
12:00 – 1:00 p.m.	Check-In and Buffet Lunch
1:00 – 3:00 p.m.	Ride Time in park (No Water Park)
3:00 p.m.	Students complete second mandatory check in
3:15 to 4:45 p.m.	Ride Time in park (No Water Park)
5:00 p.m.	Depart for home
5:30 p.m.	Approximate arrival at East

Note Lunch will be an all-you-can-eat buffet. Choices will be cheeseburger, chicken tenders, or mac n’ cheese, applesauce, chips, soda, and ice cream.

Snacks or Dinner will be the student’s responsibility. We suggest \$15.00.

**Expectations/
Dress Code** The dress code and expectations for the trip will be announced to the students prior to the trip. The weather will play an important role.

Behavior All school rules will apply. We are representing the Boyertown community and our school. We expect students to be friendly, courteous, and respectful.

*The school reserves the right to exclude students from the trip who have shown chronic or severe discipline problems. **No refunds will be available as all money will have been paid to the appropriate vendors.***

Miscellaneous We will be going rain or shine. Plan accordingly. Personal phones, iPods, or MP3 players are acceptable. They are the students’ responsibility.

.....**Tear Off & Return**.....

_____ **Yes** my son/daughter will participate in the field trip on May 30, 2019

_____ **No** my son/daughter will not participate in the field trip

Parent/Guardian Signature

Student Name _____ Grade _____

Payment: \$50.00 due by April 3rd, 2019. This is for students only at this point – no money for chaperones since they haven’t been picked yet. If you have an annual pass to Dorney Park, the cost will be \$25. You must submit a copy of the annual pass with your payment and paperwork.

If you would like to be considered as a chaperone for this trip, please fill in the three below items.

Name: _____ Email: _____ Phone: _____

All checks should be made payable to East Student Activity Account and enclosed with this form. Payment for student only at this point.

PARENT AND STUDENT FIELD TRIP ITINERARY

FOR YOUR INFORMATION

6th GRADE – Thursday May 30th – DORNEY PARK

After HR	All 6 th Grade students report to the auditorium
7:45 A.M. Movie	TBA
9:20 A.M.	Students will be instructed to board buses
10:00 A.M.	Dorney Park
12:00 - 1:00 P.M.	Students eat buffet and complete a mandatory check in
3:00 P.M.	Students complete second mandatory check in
4:45 P.M.	Groups assemble at park entrance to board buses for home
5:00 P.M.	Students will board buses with their chaperone
5:30 P.M.	Arrive back at East

Students are not allowed to enter the Dorney Park water park at any time during the day!!!

All school rules apply. We are representing the Boyertown community and school. We expect students to be friendly, courteous, obedient and respectful.

The dress code will be proper shorts and tops. Backpacks with a towel and a change of clothes can be brought along. Students are responsible for their belongings. Students should wear either **sneakers or sandals with a heel strap. Absolutely no flip-flops, period!**

Weather could also be a factor and should be considered for the trip that day. We will be going rain or shine.

Any student who arrives improperly dressed will stay at school and not go on the trip.

Students will be provided lunch, but are on their own for snacks and dinner.

If students wish to eat dinner before leaving the park, they should bring approximately \$15. They may also wish to bring additional money for snacks or any other items they wish to purchase.

Items of interest:

- 1) All students should wear red shirts the day of the trip. We plan on having the park tickets with us and distributing them on the bus.
- 2) There will be two check-ins with Mr. Hagmann and Mr. Wagner. The first will be at 12pm when we eat at the buffet and the other will be at 3pm near the Wave Swinger in the middle of the park. If a student misses their check in, they will have a staff member with them until the next check in opportunity. There will also be staff members stationed throughout the park as well as at the entrance/exit for the duration of the trip.
- 3) There will be five (5) chaperones chosen per team or twenty (20) total. This will take place after we know who is going on the trip. These chaperones will not include anyone needing to go on the trip for medical reasons. All chaperones must have all of their clearances on file with the Ed Center prior to April 3rd, 2019.
- 4) We are taking school buses to help with costs. We will line up by bus on the exit of the park and have one last check in.
- 5) We plan on reviewing the map of the park, check in locations, and schedule for the day the day before we leave.
- 6) If you have an annual pass to Dorney Park, the cost will be \$25. You will need to submit a copy of the annual pass with your payment and paperwork.

**BOYERTOWN AREA SCHOOL DISTRICT
FIELD TRIP AUTHORIZATION FORM
(PLEASE COMPLETE ALL SECTIONS OF THIS FORM)**

Child's Full Name _____ Date 4/3/19

Teacher _____ 6th Grade _____ Cost \$50

Place Dorney Park Location Allentown

Departure date/time _____ From East _____ Return date/time 5:30PM

*If you wish to allow your child to participate in this trip, please sign the form below, detach it, and return it to the sponsoring teacher by _____. If you do not wish to have your child participate, simply do not sign the form. The child will then attend all classes as regularly schedule on the day of the trip.

AUTHORIZATION

_____ has my permission to participate in the educational field to
Dorney Park
on Thursday, May 30th, 2019.

I understand that reasonable precautions will be taken to safeguard my child while on the trip. If my child would need professional medical attention while on this trip, please act on my behalf. Therefore, I hereby authorize medical treatment for my son/daughter, _____, in case of an emergency and in the event I cannot be contacted.

MEDICAL HISTORY (PLEASE NOTE "NONE", IF THIS DOES NOT APPLY TO YOUR CHILD)

**Please list any allergies (food/drug/environmental) or medical conditions of your child.

***MEDICATION:** Includes prescribed, over-the-counter, and supplemental medications that are either daily medications, as needed medications (inhalers, allergy related medication, etc.) and/or emergency medications (Benedryl, Epi-pen, etc.). **Choose one of the following:**

_____ My child **WILL NOT** need medication during this trip

_____ My child **WILL** need medication during trip hours

Medication Name _____

The parent will be responsible for providing all medications required for the trip. The Authorization for School Medication Administration form must be completed and on file in the nurse's office.

EMERGENCY CONTACT INFORMATION

(MOTHER) HOME() _____ WORK () _____ CELL() _____

(FATHER) HOME() _____ WORK() _____ CELL() _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

*Please refer to the student handbook for detailed medication policy. Authorization Form for Medication Administration can be found at http://www.boyertownasd.org/UserFiles/File/forms/Health/Medication_Request_Form.pdf or contact the school nurse or copy back of permission form.

COMPLETE THIS SIDE **ONLY** IF STUDENT REQUIRES MEDICATION TO BE ADMINISTERED DURING FIELD TRIP

BOYERTOWN AREA SCHOOL DISTRICT
AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION

Child's Full Name: _____ Grade/Homeroom: _____ 6th _____

Date of Birth: _____ Allergies: _____

PHYSICIAN'S REQUEST

Name of medication (OTC, Prescribed, Vitamins): _____

Reason: _____ Route: _____ Time and dose(s) to be given at home _____ Time and dose(s) to be given at school: _____

- Medication is to be administered:
1. _____ until completed. Date: _____
2. _____ entire school year: daily _____ pm _____
3. _____ other: _____

____ * I believe this child is able and responsible to carry and self-administer his/her inhaler and/or Epi-Pen during school, on field trips, and at extra-curricular activities upon clearance by their physician, parent and school nurse. S/he has permission to do so and has been instructed on how to self-administer (Gr. K-12).

____ ** I believe this child is able and responsible to carry and self-administer the medication on certain field trips and at extra-curricular activities. S/he has permission to do so and has been instructed on how to self-administer (Gr.6-12 only).

PHYSICIAN'S SIGNATURE

PRINTED NAME

DATE

PHONE NUMBER

PARENT REQUEST

I, the parent/guardian of _____ request that the Boyertown Area School District nurse administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Boyertown Area School District and its Board of Directors and all employees unless the District is negligent with regard to any claim for injury in connection with administration of the prescribed medication.

Additionally, I agree to hand deliver the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give permission for the school and physician to communicate regarding this medication and medical condition.

____ * I believe my child is able and responsible to carry and self-administer his/her inhaler and/or Epi-Pen during school, extra-curricular activities and on field trips. I give my permission for him/her to do so (Gr. K-12).

____ ** I believe my child is able and responsible to carry and self-administer his/her medication on certain field trips and at extra-curricular activities. I give my permission for him/her to do so (Gr.6-12).

DATE

PARENT/GUARDIAN SIGNATURE

List all medications currently being taken by this child: _____

In accordance with Boyertown's Medication policy:

*Students in **Grades K-12** may carry and self-administer his/her inhaler and/or Epi-Pen during school, on field trips, and at extra-curricular activities upon clearance by their physician, parent and school nurse. Your initials indicate that the child is capable of proper medication administration.

** Students in **Grades: 6-12 ONLY** may carry and self-administer his/her medication on certain field trips and at extra-curricular activities upon clearance by their physician, parent and school nurse. Your initials indicate that the child is capable of proper medication administration.

All medication forms must be completed and on file in your child's school health room before medication can be administered.

____ Clearance to carry and self-administer an inhaler and/or Epi-pen has been given by the school nurse

Revised 5/2007

PLEASE RETURN ALL PAPERS AND PAYMENTS TO YOUR HOMEROOM TEACHER.