

Nurse/chaperone will place a picture of student in this box.

1st Choice Educational Tours, LTD
585-343-1313

Attach a copy of your medical insurance card in this box.

May 20-23, 2024

Dear Parent:

We are delighted that you are permitting your child to participate in our tour. You have chosen one of the finest educational tours on the market. In order for us to continue our fine reputation, we require that your child follow the Damage and Discipline rules and regulations while on our tour. Please discuss these rules and regulations with your child.

1st Choice Educational Tours, Ltd. Damage Policy is as follows: In the event your child causes any damage during the course of the trip, you, as parent or guardian, and the student, agree to assume all costs to repair the damage.

1st Choice Educational Tours, Ltd. has a 4 step Discipline Policy. Said policy to be implemented by Brockport staff:

1. Warning to the student regarding behavior.
2. Call to parent or guardian regarding behavior.
3. Sent home, with chaperone, at parent's or guardian's expense. **Automatic** with any drug, alcohol use or possession. **Also automatic** with the possession of any weapons or weapon-mimicking device, such as laser pointers.
4. Cell phones will be permitted on the trip in accordance with the Brockport School District PED policy.

Student Name _____ Date of Birth _____

Parent Name _____ Home Phone # _____

Primary Address _____ Chaperone _____

Father's Workplace _____ Phone # _____

Mother's Workplace _____ Phone # _____

If you plan on being away while your child is on the trip, please tell us when and where:

_____ Phone # _____

Name & telephone number of a friend or relative to contact if we are unable reach you:

_____ Phone # _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Every effort is made to ensure the safety and welfare of all participants. However, the rare possibility of a situation requiring medical attention is understood. The signature on the back of the form is an authorization for the Brockport Central School District representative or surrogate to seek out proper medical attention in the event that such a need should arise. It is understood that I will be notified as quickly as possible in such an event. I guarantee expenses incurred to cover the cost of emergency medical care not covered by my insurance plan or 1st Choice Educational Tours, Ltd. insurance plans. I do not want necessary emergency care withheld from my child in the event I cannot be reached.

I have read and understand the 1st Choice Educational Tours, Ltd.'s Damage, Discipline and Refund policies and agree to their enforcement. My son/daughter has my permission to be part of this trip and it is understood that he/she will be subject to all rules, regulations, and supervision of the chaperones. It is further understood that if my child commits repeated offenses of rules and regulations or if there is a single offense of a serious nature, my child will be sent home at the family's expense.

(See back of form for health information requirement.)

Medication Requirements

If you are sending **ANY medication** (prescription and/or over the counter) with your child on the American History Trip, a **doctor's note** is **REQUIRED** for **ALL medications** (such as ibuprofen, tums, vitamins, inhalers, etc.).

Of special note, in order for **your child to carry and take ANY medication** themselves, a **doctor WILL have to write on the note that your child can carry and self-administer**. Otherwise, the medication will be held and administered by an adult.

List medications, prescription and/or over the counter, you will provide a doctor's note for:

Medication Name	Dose	Frequency	Side Effects
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Medication Name	Dose	Frequency	Side Effects
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Medication Name	Dose	Frequency	Side Effects
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Medication Name	Dose	Frequency	Side Effects
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Please identify important medical information/concerns: _____

Allergies to food, medication, etc. _____

Has your child been known to sleepwalk? Yes ____ No ____ If so, how frequent? _____

Date of last Tetanus shot (If not known, the OMS nurse will fill this in.): _____

Check all that apply:

- I agree to have my child's doctor provide a note to the OMS Nurse's Office for **all** medications listed above and that will be sent with my child while on the American History Trip.
- I also feel my child is competent and responsible to carry the medication and self-medicate without supervision.
- A copy of the health insurance card is attached.

Parent Signature

Student Signature

Date

Questions:

Nurse's Office Contact Info:

Phone: (585) 637-1862

Fax: (585) 637-1962