

New Foundations Charter School

Senior Class Overnight Trip

Parental Permission Form

**Harbor Exploration,
Dinner and Dance on the Spirit of Baltimore,
Washington D.C. Day Trip**

Dear Parents/Guardians,

An **overnight trip** to Baltimore Harbor, MD has been scheduled for your child(ren) for **April 29th - April 30th 2019. This trip involves an overnight stay.** The trip will be made by charter bus leaving New Foundations Charter School at 7:00 am on Monday, to spend the day at the Baltimore Harbor area, and stay at Spring Hill Suites by Marriott on **April 29, 2019** followed by a bus trip on **April 30, 2019** to Washington, D.C. Students will be returning by bus from Washington D.C. to New Foundations Charter school on **April 30, 2019.**

The NFCS high school teachers, and staff will accompany this group and will work with students to accomplish the educational objectives of this trip. It is required that you complete this document and return it to Ms. Dalcin by **Friday, February 16, 2019.**

The cost of the trip is \$175 per student (four students per room). The cost includes round trip transportation in a coach bus, one night hotel stay at the Springhill Suites, breakfast, and dinner-dance on board the Spirit of Baltimore. Your child will need to bring personal items, clothing, toiletries, and spending money.

For your convenience, there is a payment plan schedule. 1st payment of \$40 is due on **Monday, January 14, 2019** to secure their spot on the trip. The remaining balance is due by **Friday, March 1, 2019.** Once the down payment is submitted, your son or daughter will be eligible to officially select their roommate. There will be a parent information meeting on **Tuesday, January 8, 2019** at 5:30pm at the high school to answer any questions or to address any concerns regarding the senior trip.

This form MUST be signed and returned. Parent approval may NOT be obtained by phone.

**Ron Brady,
CEO**

**Charles Baltimore,
9-12 Principal**

Student Name: _____ Date: _____

Student Cell Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

I am aware that New Foundations Charter School requires all participants on all **overnight field trips** to supply the following information in case a medical emergency should arise during this trip:

(1) **INSURANCE.** Each participant must supply information regarding medical insurance coverage for medical problems which may occur away from home. Absence of coverage for a participant in no way obligates New Foundations Charter School to provide said coverage. (Please also provide a copy of the ID card)

Insurance Carrier: _____ Policy Number: _____

(2) **FAMILY PHYSICIAN.**

Name: _____ Phone: _____

Address: _____

(3) **EMERGENCY CONTACT.**

On the dates of this **overnight field trip**, if any emergency should arise and I am not available, please call:

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

(4) **DRUG SENSITIVITIES/ALLERGIES.** The student is known to react unfavorably or is allergic to the following foods or drugs:

(5) **ANY OTHER MEDICAL PROBLEMS OR MEDICATION TAKEN:**

MEDICAL AUTHORIZATION AND CONSENT:

In the event of an emergency, which would require medical care and treatment to be administered to the student, I hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student. I authorize the employees, representatives and chaperones of New Foundations Charter School to seek and obtain emergency medical treatment, should it be necessary, during the **overnight field trip** or my child's travel to and from the activity. I understand that I will be notified as soon as possible should it become necessary to obtain emergency treatment. The person(s) who should be notified in case of an emergency and their telephone numbers(s) are:

Name _____ Telephone No. _____

Name _____ Telephone No. _____

RELEASE:

I waive and release any and all claims for damages I and/or my child may have against New Foundations Charter School and its employees, representatives and chaperones, exclusive of gross negligence, arising out of any and all damages to personal property or injuries sustained by myself and/or my child while participating in or traveling to and from this **overnight field trip**.

I acknowledge these policies and hereby consent to allow my child to participate in and travel to and from this **overnight field trip** by school or district-provided transportation.

I have read this **Overnight Field Trip** and Medical Authorization Consent Form and declare and affirm that I consent to the contents herein stated.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Emergency Contact Phone Number: _____