

Dear Parents,

Thursday, April 17th, 2023

All of the preparations for the Music Department trip are proceeding as scheduled, and we are eagerly anticipating our performances at Festivals of Music. Attached is a tentative itinerary for your reference. Minor changes may occur in the schedule, but the basic itinerary will remain. Also attached are the following:

1. PBSB Field Trip Permission Form - requires **PARENT SIGNATURE**, then **TEACHER SIGNATURES**. (Parents must sign this form first, then teachers)
2. Permission and Waiver - requires **PARENT SIGNATURE**
3. Parental Permission Form - requires **PARENT SIGNATURE**
4. Health Form - "PBSB Student Health Info for Extended Field Trip" - to be completed; requires **PARENT SIGNATURE**
5. Student Regulations & Agreement - requires **STUDENT SIGNATURE**
6. Items For Students Attention - requires **STUDENT SIGNATURE**

Thursday, April 17th, 2023

7:00 AM

TBA

TBA

ALL COMPLETED/SIGNED FORMS MUST BE RETURNED TO THE MUSIC OFFICE BY MONDAY, April 17th, 2023.

2:00 PM

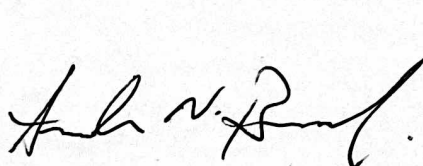
3:00 PM

We are looking forward to a safe and rewarding trip. Thank you for your support of this activity, and continued support of the Music program.

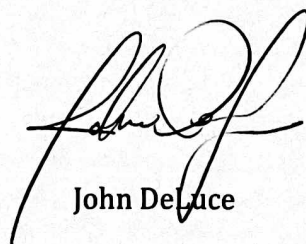
Monday, April 20, 2023

6:00 AM


Sincerely,



Andrew Bronkaj



John DeLuca



Bethany Loy

GENERAL ITINERARY - SUBJECT TO CHANGE

Thursday, April 27th, 2023

- 6:00 AM Students report to PHS Bus Lot - Load Buses
(Nurse available to drop off medications)
- 6:30 AM Buses Depart from PHS
- 10:00 AM Restroom Stop
- 12:00 PM Lunch Stop - \$10 Cash
- 3:30 PM Dinner Dance Cruise in DC
- 5:45 PM Bus Departs from Dinner Cruise
- 8:30 PM Arrive at Hotel - (Wyndham Garden Hotel, 201 Water Country Parkway, Williamsburg, VA.)
- 10:00 PM Quiet Time - Security on Duty

Friday, April 28, 2023

- 7:00 AM Buffet Breakfast @ Hotel
- 8:00 AM Depart Hotel for Performance Sites
- 9:15 AM to ??? - Performances are scheduled throughout the day. Performance schedule is not yet released. Lunch (\$10 ea.) scheduled around performances.
- TBA Dinner - Pizza in Rooms.
- 10:00 PM Quiet Time - Security on Duty

Saturday, April 29, 2023

- 7:00 AM Buffet Breakfast @ Hotel
- TBA Depart from Hotel for Marching Band Performance
- TBA Marching Band Performance
- 11:00 AM Arrive at Busch Gardens
- 11:30 AM Lunch - meal voucher through festival
- 2:00PM? Attend Awards Festival @ Busch Gardens (time is tentative)
- 5:00 PM Dinner Buffet @ Black Forest Pavilion @ Busch Gardens
- 9:00 PM Depart Park to return to hotel
- 10:00 PM Quiet Time - Security on Duty

Sunday, April 30, 2023

- 7:00 AM Buffet Breakfast @ Hotel
- 8:00 AM Check Out of Hotel - Room Checks.
- 8:30 AM Bus Departs
- 1:30 PM Meal en Route - (\$10 Cash ea)
- 4:30 PM Return to PHS for pick-up



PLUM BOROUGH SCHOOL DISTRICT

Exceptionally Prepared for Success

Field Trip Permission Form

The following is your child's scheduled field trip information:

Date: April 27-30, 2023

Departure & Return times:

Location: Williamsburg VA

Cost per Student:

Items to Bring on the Field Trip:

PLEASE SIGN THIS PERMISSION SLIP BELOW AND RETURN THE BOTTOM HALF WITH MONEY FOR THE FIELD TRIP COST TO THE SCHOOL BY MONDAY APRIL 17th, 2023

My child, _____ (Print Child's Name), has my permission to leave the school premises to attend a field trip on _____ (Date) to the location listed above.

In the event of an emergency, I authorize the sponsor of the trip, or the nurse/EMT if required, to admit my child to a medical facility and to consent to medical and/or surgical procedures, including the administration of drugs, in my absence or in the event that I cannot be contacted.

Your child's medical conditions/allergies if any: _____

Students are not permitted to take any medication on the school field trip unless the school nurse has a written order on file from your physician. Is your child currently taking any medications at home: _____ Medications taken at school: _____

Parent/Guardian Print Name

Parent/Guardian Signature

Primary Phone Number

Alternate Phone Number

SPONSOR'S SIGNATURE: _____



PLUM BOROUGH SCHOOL DISTRICT

Exceptionally Prepared for Success

Field Trip TEACHER Permission Form

Student Name: _____

Grade: _____ Date of Field Trip: April 27-30, 2023

Location of Field Trip: _____

Sponsor of Field Trip: Loy, DeLuce, Bronkaj

TEACHER APPROVAL/ DENIAL

Period	Teacher Signature	Approved	Denied
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>

SPONSORS SIGNATURE: Mrs. Loy



PLUM BOROUGH SCHOOL DISTRICT

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PERMISSION SLIP TO ATTEND SCHOOL SPONSORED FIELD TRIP AND WAIVER OF LIABILITY

STUDENT: _____ AGE _____ PHONE _____

EMERGENCY CONTACT _____

SCHOOL _____ GRADE _____

The undersigned _____, referred to as the parent and lawful guardian of _____, minor child.

Parent acknowledges that said minor is authorized to take the following trip, _____ and to engage in all activities incident thereto.

Parent hereby appoints the Plum Borough School District and its employees as loco parentis, and such person is able to render emergency medical care to the minor child as could be undertaken by the parent and the parent hereby releases said Plum Borough School District, its Board of Directors, agents and employees from any and all acts taken in good faith during the trip. Parent acknowledges that by signing this permission slip they are waiving any right to recourse and agrees to hold harmless the Plum Borough School District, its directors, officers, employees, and agents from damages to property or injuries to any person(s) and any other losses, damages, expenses, claims, demands, suits, and actions (including attorney's fees) by any other party against the Plum Borough School District in connection with the above stated activity/trip.

Signed this _____ day of _____, 20____.

Parent

Plum Borough School District
Health Services Department

Student Health Care Consent for an Extended Field Trip

Student's Name _____ Grade _____ Birth Date _____ Student's Weight _____

Parents or Guardians must send their child's needed prescription medication in properly labeled pharmacy safety containers, and any required over the counter medications (not listed below) in the original manufacturer's packaging. Please use tape to label the over-the-counter medications with your child's name.

My signature, as the parent / legal guardian of the student named on the reverse side of this form, indicates that I give permission for all of the following:

1. I permit another adult or teacher that accompanies my child on the trip:

To make any necessary decisions regarding care needed.

To provide any needed first aid.

To drive, or obtain transportation for my child (such as a cab), to a medical facility if his/her condition warrants.

To call EMS personnel to transport my child to an emergency room, if necessary.

To assist my child in taking any required medications.

2. I permit my child to be given any of the following over-the-counter medications (or their generic equivalents) according to package directions:

For pain or fever

Tylenol or Motrin

For upset stomach

Tums, Mylanta, Maalox

For cough

Robitussin DM or Cough Drops

For sore throat

Throat Lozenges

For severe nasal congestion

Sudafed

For small cuts

Topical Antibiotic Ointment

For itching

Calamine or Rhuli Anti-Itch Gel

For allergic reaction

Benadryl

For diarrhea

Imodium

***Aspirin or medication containing Aspirin-Like compounds such as Pepto Bismol, Alka Seltzer Plus, or Kaopectate will not be administered to students due to the link between Aspirin and Reye's Syndrome.**

3. I give my permission for my child to be provided any care deemed necessary by a medical facility or emergency room.

4. I agree to pay for expenses not covered by my insurance, including any cost incurred by EMS or other transportation to a medical facility or emergency room.

Other Instructions: _____

Parent/Guardian Signature _____

Date _____

Plum Borough School District
Nursing Services Department

Student Health Information for an Extended Field Trip

Student's Name _____ Grade _____ Birth Date _____ Student's Weight _____

Address _____ Zip _____ Home Phone() _____

Date of Last Tetanus Shot _____ Wears Contacts _____ Glasses _____ Hearing Aid _____

List Allergies (to medications, food, environment, or insects):

Allergic to: _____ Type of Reaction (ex: local swelling, hives, etc.): _____ Treatment Required: _____

List Student's Current Medications (include dosage, frequency, and time given): _____

Current Health Problems: _____

List Previous Hospitalizations and Surgeries: _____

Does the Student Have a History of:	Yes	No	Explain Yes Answers Here:
Asthma, Pneumonia, Recurrent Cough, Respiratory Illness	___	___	_____
Attention Deficit Disorder, Mental or Nervous Disorder	___	___	_____
Bone or Muscle Disorders, Previous Orthopedic Injury	___	___	_____
Cancer, Blood Disorder, Inherited, Genetic Problems	___	___	_____
Diabetes, Other Endocrine Disorders	___	___	_____
Drug or Alcohol Problems	___	___	_____
Ear, Nose, Throat, Vision, Hearing Problems	___	___	_____
Gastrointestinal or Urinary Problems	___	___	_____
Head Injuries, Seizures, Dizziness, Concussion	___	___	_____
Heart Trouble, Murmur, Hole in Heart, High blood Pressure	___	___	_____
Migraines, Frequent Headaches	___	___	_____
Scoliosis (curvature of the spine)	___	___	_____
Skin Conditions-Hives, Rashes, Eczema	___	___	_____
Do you have any concerns about your child's emotional well-being or behavior?	___	___	_____
Any Other Conditions – (not listed above)	___	___	_____

Parent Name(s): _____ Place of Business: _____ Business Phone #: _____ Cellular #: _____ Beeper #: _____

Other Emergency Contacts you authorize to make decisions regarding your child if unable to reach parent(s):
Name: _____ Relationship: _____ Home Phone#: _____ Business Phone#: _____ Cellular / Beeper #: _____

Physician's Name _____ Phone # _____
Dentist's Name _____ Phone # _____
Insurance Carrier _____ Name of Insured _____
Pre-Authorization Phone # _____ Group # _____ Agreement # _____

* I AGREE TO THE CONDITIONS AS STATED ON THE REVERSE SIDE OF THIS FORM. In addition, my child may receive the listed medications, and be provided the necessary care as described.
Other Instructions: _____

Parent/Guardian Signature _____ Date _____

STUDENT REGULATIONS

1. Use of tobacco in any form, marijuana, narcotics, restricted substances of any form and/or alcoholic beverages is prohibited.
2. Use of vulgar, obscene, or profane language, and or possession of obscene literature are prohibited.
3. Students must remain with the group and chaperones at all times unless specific permission is granted otherwise.
4. Fraternalization with people outside of our group is prohibited unless **specific** permission is granted otherwise.
5. All students must be in their room by curfew time, as defined by directors. Students are not permitted in any hotel room other than their own.
6. Students will follow the direction of staff and chaperones at all times.
7. Operation of any forms of transportation (excluding amusement park attractions) is prohibited.
8. The hotel pool will not be used for this trip.
9. All Plum High School rules and regulations as stated in the Plum High School Student Handbook apply at all times during the trip.
10. Students are not permitted to carry ANY medication with them throughout the course of this trip. Self-administered rescue medications must be cleared through the PBSN Nurse and Music Department Trip Nurse.
 - a. If a student takes a daily medication, it must be administered by the nurse.
 - b. Medication can be dropped off at PHS April 17-21 (7am-2:00pm) OR brought with you when you are dropped off to depart on Thursday morning (April 27th). Medication must be in its **original container** and include name, dosage, and instructions. Medication must be accompanied by a doctor's order (pharmacies will print a duplicate bottle for instances like this).

STUDENT AGREEMENT

I have read and understand the above rules and regulations, and agree to abide by them. I understand that a serious violation of any of the rules listed above, or any of the rules of Plum High School, or rules of the Band, Chorus, or Orchestra, may result in being sent home from the trip at my parent's expense. I further understand that any violation of the above mentioned rules might result in further discipline as deemed by appropriate school authorities.

STUDENT SIGNATURE _____ DATE _____

ITEMS FOR YOUR ATTENTION-STUDENT SIGN AND RETURN

1. **CLOTHING:** Casual clothing will be the rule for this trip. Your clothing should conform to the school dress code and in the bounds of good taste. A light sweater or jacket will be necessary, as it is sometimes cool in the evening. You will need complete performance attire: Bands, Choirs, Orchestra, Marching Band.
2. **RULES:** They must be strictly followed – they will be strictly enforced.
3. **CURFEW:** Curfew will be at 10:00 PM, or as soon as we return for the evening (whichever comes later), as required by our hotel. Curfew means everyone in the rooms and lights out. Medical exceptions will be approved by staff.
4. **MONEY:** Don't bring more cash than you can afford to lose. You will only need enough for personal expenses. The trip is all-inclusive.
5. **SNACKS:** You are welcome to bring some snacks for the bus ride.
6. **LUGGAGE:** One suitcase and one carry-on per person. Do not pack anything in your suitcase that you will need the first day. You may not have access until Thursday Night. Additionally, please use one garment bag per person for your performance attire. Marching Band Uniforms will also be carried on with you to be transported on the charter bus.
7. **GENERAL BEHAVIOR:** Always be considerate of others. Be calm and polite on all transportation and public places. Treat drivers, chaperones, staff and everyone we meet with courtesy.
8. **HOTEL BEHAVIOR:**
 - A. We check every room for missing items and damage. Your room will be held financially responsible for any problems. Do not leave a mess, as housekeeping may refuse to clean any room that is in disarray.
 - B. Noise in the hotel can be a problem for other guests. You must be considerate while moving throughout. Remember we are a large group and there are people on vacation.
 - C. Pranks, foul language, rough housing, and immature treatment of others will not be tolerated. These will be considered serious violations of the rules.
9. **POOL:** The hotel pool will not be used for the trip.
10. **BE ON TIME:** If you are late, you will be inconveniencing 150 others.
11. **STAY WITH THE GROUP:** You are never permitted to leave a specific park or location where the group is located. These areas will be defined by the staff. Stay with the group and stay out of trouble.

STUDENT SIGNATURE _____ DATE _____