2.15 APPROVAL OF OVERNIGHT FIELD TRIP REQUEST FOR WNHS STUDENT COUNCIL TO TRAVEL TO GREAT WOLF LODGE IN GURNEE, IL DEC 3-4, 2026

A. SUBJECT

The Board is asked to approve an overnight field trip for Woodstock North High School students to attend the Student Council State Convention at Great Wolf Lodge in Gurnee, IL on December 3-4, 2026.

B. SUGGESTED MOTION

This item will be included as part of the Consent Agenda Motion.

WOODSTOCK COMMUNITY UNIT SCHOOL DISTRICT NO. 200

OVERNIGHT STUDENT TRAVEL REQUEST FORM

Athletic/Club Name:
Woodstock North HS Student Council

Name of Event and Description:
Illinois Association of Student Councils State Convention

Coach/Chaperone Name(s):
Jennifer Rooney & William Weber

Date(s) of Activity:
Thursday, December 3 - Friday December 4th, 2026

Location of Activity:
Great Wolf Lodge, Gurnee, IL

Number of Students:
Male: 3 Female: 3 Total: 6

Applicable Costs:

Gas/Mileage:	IHSA SPONSORED EVENT/TRANSPORTATION					=	$ -
Entry/Reg Fee:	$90.00 per person					=	$ 1,350.00
Lodging:	$ 230.00 per night	# of nights	1	# of Rooms	5	=	$ 1,150.00
Meals:	per day	# of days		# of Students		=	$ -
Tolls:						=	$ -
Transportation:	(explain) District Bus					=	$ -
					TOTAL		$ 2,500.00

Above Costs to be Paid By:
Each student will pay $50 to attend. Student Council will cover the remaining balance.

Account # (if applicable):

Submitted By: Jennifer Rooney & William Weber — 11/3/2025 (Date)

Approved By: _____ (Principal's Signature) — _____ (Date)

_____ (Superintendent's Signature) — _____ (Date)

_____ (Board Meeting Approval Date (if applicable))

Appendix A: Tour Proposal and Detailed Itinerary

To: Administration and Board of Education of Woodstock Community School District 200
From: Jennifer Rooney, Student Council Advisor at Woodstock North High School
Request for Trip to: North Central District of IASC Winter Retreat at Great Wolf Lodge in Gurnee, IL
Date: December 3-4th, 2026

Plan for the Trip: WNHS student council is an active member of the NCD of IL student councils, and our students help run this retreat for all students in the North Central District of IL.

Trip Objectives: Students will be surrounded by ambitious leaders from different schools, collaborate on ideas to bring to Woodstock North, and grow in their leadership and confidence in their abilities. The overnight is also a time for them to participate in Parliamentary Procedure and use Robert's Rules in an official capacity.

Pertinent Information

1a) Cost to the District: $0.00

1b) Cost to the Student: $50.00 per student

- **What is Included?** Overnight stay at the hotel, meals, & leadership activities
- **What is *Not* Included?** Students may want to bring money for Snacks & souvenirs, but it is not required.

2) Chaperones: Jen Rooney & Bill Weber

3) Student Expectations: Students are expected to follow all D200 rules while on the trip.

4) Cancellation and Travel Protections Plan (Insurance): N/A

5) Supporting Documents

Document Title

Appendix A: Tour Proposal (including Costs) and Detailed Itinerary *	**Appendix G: Chaperone Expectations ***
Appendix B: Frequently Asked Questions *	**Appendix H: Health Forms ***
Appendix C: Payment Plan (if applicable.) n/a	**Appendix I: Student Behavioral Expectations ***
Appendix D: Fundraising Opportunities (if applicable) n/a	**Appendix J: Information Letter ***
Appendix F: Travel Insurance Information (if applicable) n/a	**Appendix K: Chaperone Benefits and Rewards (from the tour company if applicable) n/a**
* **Required documents**	

Thank you so much for your time and consideration of this potential experience and trip for students within our school district. If you have any further questions, please email me at **jrooney@wcusd200.org** or call me at **224-522-6760, or email Bill Weber at wweber@wcusd200.org or call him at 847-894-3280**. I look forward to moving forward with your approval to provide the students of Woodstock Community School District with this great opportunity.

Sincerely,

Jennifer Rooney

[redacted]

Appendix B: Frequently Asked Questions

TRIP DETAILS

When will I receive our final itinerary?
We should have the final itinerary the week before.

Can I change my reservation (room occupancy, etc.)?
No, we need to commit to numbers by Nov. 14th

How many adults or chaperones will travel with my child? *2 adults with them on the bus. MANY more teacher chaperones will be there (2 for each school in attendance, so approximately 12)*

Are parents allowed to attend a tour? *No*

What if the weather is inclement? *It is indoors*

EMERGENCIES

What happens if my child has a medical emergency while on tour? *We will have the students medical information and call 911 if necessary.*

What if I have an emergency and need to reach my child? *They can have their cell phones.*

HOTEL/ACCOMMODATIONS

On overnight tours, how many students will be in each hotel room? *4-5 students depending on the final number of students coming.*

Who determines the hotel rooming arrangements? *We will decide who rooms together.*

INSURANCE

What is the Optional Travel Protection Plan? *n/a*

PAYMENT AND REGISTRATION

How do I make payment for my child's trip? *Check for $50 to WNHS.*

Is it ok if my payment is late? *We will need the check by Dec 2, 2026*

Do you send out payment reminders? *To students via the Remind App*

How do I register for a tour? *Students sign up with advisors*

How do I complete the Permission for Medical Treatment form online? *We have paper copies*

What happens if not enough participants sign up for the tour by the initial deposit date? *We will go if more than 5 students sign up.*

If my school is fundraising, how will I know how much my child has earned? n/a

Can I make subsequent payments online if I have mailed in the first deposit? n/a

Can I pay with a credit card over the phone? n/a

CANCELLATIONS

How do I cancel my child's tour? *Once signed up, they are responsible for the $50 fee.*

MEDICATIONS AND SPECIAL NEEDS

What if my child has medications or allergies or is on a special diet? *We will take those things into consideration and provide proper care.*

What if my child has special needs? *We will take those things into consideration and provide proper care.*

PACKING

Is my child allowed to bring a cell phone or other electronic devices? *Yes*

How much money will my child need to bring on the tour? *None required, but snacks, souvenirs, and the arcade will be available for purchase.*

Appendix F: Woodstock District 200 Field Trip Chaperone Expectations

CHAPERONE DUTIES AND EXPECTATIONS WILL INCLUDE BUT ARE NOT LIMITED TO:

1. Responsible for an assigned group of students throughout the planning and execution of the trip.
2. Attendance at any pre-trip chaperone meetings and meetings during the trip will be expected.
3. Compile an emergency contact list and communication plan for the assigned group.
4. Required to attend all planned functions during the trip.
5. Responsible for getting assigned groups to specified locations on time.
6. Responsible for assuring students have all the required items needed for the day's events.
7. Work in shifts with other chaperones including supervision during all daytime activities as well as potential night time hotel hallway/room monitoring.
8. Assist with bus loading and attendance.
9. Assist with equipment loading, unloading, and handling as needed.
10. Assist with any snack and meal preparation, serving and clean-up as necessary.
11. **NO CHAPERONE WILL ISSUE DISCIPLINE TO A STUDENT.**
12. Report all problems to the Lead Staff Chaperone.
13. **NO SMOKING, CONSUMPTION OF ALCOHOL OR USE OF ILLEGAL SUBSTANCES WILL BE ALLOWED BY ANY CHAPERONE DURING THE TRIP.**

Appendix G: D200 Field Trip Medication Form

Woodstock Community Unit School District 200

Dear Parent/Guardian,

If your student will need to take prescription or over-the-counter medication during the international/overnight field trip, please complete the **D200 Field Trip Medication Form** with your student's physician. A physician's order is required for all prescription or over-the-counter medication that your student may need during the trip (ie. if your student has a headache, the **D200 Field Trip Medication Form** is required before medication can be administered). The **D200 Field Trip Medication Form** needs to be turned in to the trip sponsor four weeks before departure for the trip. It will be held by the trip sponsor during the trip for safety purposes. Students may carry and self-administer a prescribed asthma inhaler or epinephrine auto-injector device if the permission to self-carry is indicated by your physician. The **D200 Field Trip Medication Form** is below for your reference. If you have any questions, please call the trip sponsor or your School Nurse.

Sincerely,

District 200 Health Services

D200 Field Trip Medication Form

Health Services

Guidelines for the administration of prescription or non-prescription medication to students attending a school-sponsored activity or field trip (including overnight trips) will follow District 200 Board Policy 7:270, *Administering Medicines to Students*. As the school nurse does not usually accompany students on trips, the student's teacher or other designated school employee will be responsible for medication storage and administration. Illinois School Code (105 ILCS 5/22-30) and District 200 Board Policy permits students to carry and self-administer specific medication deemed necessary for life-threatening conditions provided the student's parent has completed and submitted the appropriate Request for Self-Administration of Medication** form in addition to this form. (Medications that can be carried and self-administered include asthma inhalers and epinephrine). **Students may NOT carry or self-administer medications other than asthma inhalers and/or epinephrine.**

The parent must complete and submit this form to the school health office prior to departure of the trip. Medication must be provided in the original container clearly labeled with the child's name, name of medication, dosage, and possible side effects. Medication supply should coincide with the number of doses needed for the duration of the trip and **must** be dropped off to the school health office by a parent or other responsible adult.

_____ _____ _____ _____

Student's Name (Please Print) Birthdate Grade Teacher or Activity Sponsor's Name (Please Print)

MEDICATION(S) AND INSTRUCTIONS: The following medication(s) will be stored and administered by the student's teacher or other designated school employee. *For emergency medications (inhalers, EpiPens), please clearly write out specific instructions on when to administer, how to administer, and what to do after administration.

☐Prescription Medication ☐Non-Prescription Medication ☐Student to Carry / Self-Administer**

Name of Medication: _____

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

_____

☐Prescription Medication ☐Non-Prescription Medication ☐Student to Carry /Self-Administer

Name of Medication: _____

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

_____

Name of Physician (Please print): _____ Phone Number: _____

Address: _____

_____ _____

Physician's Signature Date

I authorize Woodstock Community Unit School District 200 and its employees and agents, to administer the above medication(s) or to permit my child to carry and self administer** as directed by the physician. I agree to indemnify and hold harmless Woodstock Community Unit School District 200 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication to my child **and/or** my child's self administration of medication. I also give my permission to Woodstock Community Unit School District 200 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name (Please Print): _____ Relationship: _____

_____ Work / Cell Phone: _____

Parent's Signature Date _____

Appendix H: WCUSD200 International/Overnight Student Field Trip Permission Form

Woodstock Community Unit School District 200 - Woodstock, IL 60098

Student Name: _____ DOB: _____

Address: _____ Phone: _____

Father: _____ Phone: _____

Mother: _____ Phone: _____

Family Doctor: _____ Phone: _____

Date of last tetanus booster: _____

Student Health Insurance coverage for accident and/or medical is provided by:

Company: _____ Policy Number: _____

Allergies/Health Concerns: _____

_____

Current Medication (indicate medication, dosage and times to be taken): _____

_____

_____

Release and Waiver, Affidavit of Insurance Coverage and Agreement regarding Student Conduct on Educational Tour/Field Trip

I/We _____,the parents or legal guardians of _____, a minor in Woodstock Community Unit School District No. 200 (hereafter "School District"), McHenry County, Illinois (hereafter "student"), in consideration of the agreement by the School District to permit the student to participate in the educational tour/field trip (hereafter "trip") to take place from _____to_____, 20___, do hereby swear and affirm that there is accident and health insurance coverage for our student that will cover him/her while participating in the said trip, and that we agree to maintain such coverage in full force and effect for the duration of the trip.

I/We do further agree to release, indemnify, protect and hold harmless said School District, its Board members, officers, supervisors, agents, servants, employees and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the trip from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, whosoever caused, as a result of the student participating in the above described trip.

I/We do further agree that the Board of Education, it's officers, agents and/or employees reserve the right to terminate the participation of the student for failure to behave and act in accordance with the School District Regulations on Conduct, for failure to follow the instructions and directions of the tour supervisor(s) and/or chaperones, or for failure of the student to act or conduct him/herself in a manner that is compatible with the interest, harmony, comfort or welfare of the trip as a whole as determined by said Board, its officers, agents and/or employees. If the participation of the student is terminated, I/we understand that the cost of the trip may not be refunded and the student will be sent home at our expense.

I/We do further agree that in the event of an accident or illness to our son/daughter/ward occurring from the commencement to the end of the trip and if we cannot be immediately contacted we hereby authorize the School District personnel to arrange for the transportation of our son/daughter/ward whether by ambulance or otherwise to a proper facility where emergency medical treatment would normally be administered including, but not limited to the emergency

room of a hospital, doctor's office, or medical clinic and we further authorized such personnel to sign releases as may be required in order to obtain immediate medical or surgical treatment as is required in the judgement of medical authorities at said facilities.

Student medication during an international/overnight field trip is kept under the supervision of the District 200 lead staff chaperone. Student medication will be administered by the District 200 lead staff chaperone according to the physician's order(s) that is documented on the District 200 medication authorization form that is submitted by the parent/guardian. All medications to be taken during the educational tour/field trip must be brought to the School Nurse at least two weeks prior to the departure of the trip, along with the medication authorization form completed by the parent/guardian and physician.

I hereby request and grant permission for District #200 school personnel to dispense medication to my student, according to Doctor (name) _____ instructions during the field trip. I further waive any claims against the School District, it's employees and agents arising out of the administration of said medication, and agree to hold harmless and indemnify the School District, it's employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses including attorney's fees, resulting from or arising out of the administration of medication.

SUBSCRIBED and SWORN to before me this _____day of_____, 20_.

_____ _____

Parent or Legal Guardian

_____ _____

Notary Notary Seal

Appendix I: Parent Letter

Student Council WINTER RETREAT
NCD LEADERSHIP EVENT
Thursday, Dec 3rd – Friday, Dec 4th, 2026
Great Wolf Lodge, Gurnee, IL

Hosted by the NCD Executive Board

Come to the 2026 NCD Winter Retreat
where you can learn about a position on the executive board,
meet other student council members from
Other Illinois highschools
Participate in fun leadership activities, and have
A blast at the water park.

$50.00 - COMMITMENT TO ATTEND IS DUE BY FRIDAY, NOVEMBER 13th, 2026

- This cost covers all workshops, lunch & dinner on Thursday & breakfast & lunch on Friday, an overnight stay at the hotel, and waterpark passes.

PERMISSION SLIPS DUE – BY TUESDAY, NOVEMBER 24th, 2026

- ***NOTARIZED* overnight permission slip-** This needs to be signed by parents in front of a notary

REMINDERS: WHAT YOU NEED TO BRING!!!

- ___ THURSDAY:
  - **WEAR WNHS STUCO SPIRIT WEAR!!!!!!**
- ___ FRIDAY:
  - **COMFY / CASUAL** jeans/legging fine-- NO PAJAMA PANTS AS CLOTHES!
- ___ ALSO PACK: Toiletries & Pajamas /lounge clothes for free time
  - **SWIMSUIT FOR WATERPARK!**
  - Extra snacks and drinks for your room if you want some!

What Else to Know

- We will be leaving at the end of 3rd hour- 11:15 a.m.
- We will return to school on Friday, December 4th, at approximately 3:30 p.m.