



Office of the Superintendent
Madison Public Schools
Madison, CT 06443

School Trip Proposal / Request Form Student International Travel

School: Daniel Hand High School Principal: Anthony Salutari
Date(s) of Trip: 6/25/2026 - 7/6/2026 Trip Organizer(s): Martin Glasser
Trip Destination: Freiburg im Breisgau, Germany
Date of departure: 6/25/2026 Date of return: 7/6/2026
Grade level of student participants: 10, 11, 12 No. of Students: 13
Educational objectives of trip including related classroom activities prior to / following trip:
Students are participating in an exchange program with students from St. Ursula's
Gymnasium in Freiburg, learning about
German culture and building international connections.

Trip Funding

Funding source: student families
Total student fees: \$2200
Fees required for: Transportation 1650 Tour 100 Meals _____ Other 550

Name of Tour Company: Explorica
Name of Transportation service vendor: Swiss Air
No. of buses required: 1 Cost per bus: 300
No. of chaperones on trip: 2 (attach list of chaperones with contact information to form)

Include the following information when submitting this form. Check items to indicate inclusion.

- ☒ Parent/ guardian letter explaining trip and travel itinerary. Include information on individual financial responsibility in the event of emergency cancelation.
- ☒ Parent / Guardian Permission and Acknowledgement of Risk for Student International Travel
- ☒ Emergency Plan (include arrangements for medical needs, parent/guardian contact information, access to communication devices, emergency response procedures)
- ☒ List of chaperone names and phone numbers with MPS employees noted
- ☒ Provide the building administrator a list of those students going on the trip.



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I/We certify that this trip is in accordance with Madison Public Schools policy #5142 and corresponding regulations:

X 
Signature, Trip Organizer

Trip Approved

X  12-22-25
Signature, Principal / Assistant Principal Date

X  1/5/26
Signature, Superintendent of Schools Date

Board of Education Approval: _____ (Date)

Trip Denied

Reason _____

X _____
Signature, Principal / Assistant Principal Date

School Trip Checklist

- ☐ Obtained approval at least six (6) months prior to the trip. (Include enough time for BOE approval)
- ☒ Submitted list of participating students to Principal at least three (3) months prior to the trip,
- ☐ Submitted an updated list of participating students to the Principal and Health Office one (1) month prior to the trip.
- ☐ Submitted flight, hotel, charter bus, and airport information one (1) month prior to trip.
- ☒ Arranged appropriate number of chaperones and provided orientation.
- ☒ Clearly explained expectations of students.
- ☐ Received parent forms and emergency medical forms.



Daniel Hand High School

286 Green Hill Road
Madison, CT 06443
(203) 245-6350

Anthony R. Salutari, Jr., Principal
Brian M. Bodner, Assistant Principal
Melanie A. Whitcher, Assistant Principal

December 12, 2025

Dear Parent/Guardian,

This summer your child will participate in the second part of our exchange with the St. Ursula School in Freiburg, Germany. Your child will stay with the same student you recently hosted. We plan to leave on **Friday June 26 and return on Monday, July 6**. Your child will participate in school activities and present about DHHS, Madison, and our Culture. On other days we will take short day trips to see Staufen, the Black Forest, Basel, Switzerland, and Europa Amusement Park. On the weekend, your child will spend time learning about German culture with their host family.

Itinerary

June 25 - Fly nonstop to Zurich on Swiss Airlines flight
June 26- Chartered bus from Zurich to Freiburg
June 27, 28 - Students spend weekends with host families
June 29 - Daytrip to Basel
June 30 - Daytrip to Titisee, Germany
July 1 - student presentation about DHHS, Madison and USA in St. Ursula's
July 2 - Daytrip to Europark
July 3 - Daytrip to Staufen, Germany
July 4,5 - Students spend weekends with host families
July 6 - Students fly home to NYC

Although we hope everyone stays healthy, in the event of a medical emergency, the St. Ursula host teachers, Mr. Glasser and Mrs. Stott will assist and contact parents. While in Freiburg, we will have school phones with international access. Parents and students may use this number to reach us or through WhatsApp. Mr. Glasser will be staying in an apartment in downtown Freiburg, and Mrs. Stott will be staying with the host teacher from St. Ursula School in Freiburg.

The costs of the June 25-July 6 trip to Freiburg will be approximately \$2,200. This price reflects air and ground transportation, both here and in Europe. It also includes five day trips we take the week of June 29-July 3, as well as housing, breakfasts, dinners and weekend lunches with your child's German host family. In addition, the cost reflects much but not all of the costs that the chaperones will incur, as we discussed in our November meeting.

Should you decide to cancel, the airfare refund will depend on the airline's policy, which I will know by January. The \$300 each family provided by chaperones may be refunded, but the rest of the group would have to absorb that fee.

Please sign the attached **Permission and Acknowledgement of Risk Form** and the **Medical Form** and have your child **return the forms by Monday, February 2** to Mr. Glasser. Thank you for supporting this unique opportunity for your child.

Best Regards,
Martin Glasser
Laura Stott
Department of Social Studies
Daniel Hand High School



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Parent / Guardian Permission and Acknowledgement of Risk for Student Travel

Parent Directions: Please read this form, and, if you give your child permission to attend the school trip, sign and return it to your child's teacher.

School: Daniel Hand High School Principal: Mr. Salutari
Date(s) of Trip: _____ Trip Organizer(s): Martin Glasser
Destination of Trip: Freiburg im Breisgau, Germany
Cost of Trip: _____
Educational Objectives: Students are participating in an exchange program with students from St. Ursula's Gymnasium in Freiburg, learning about German culture and building international connections.

Supervision:

- ☐ Students will be directly supervised by adults at all times
☒ Students will be directly supervised by adults with the following exceptions: _____
Students will be staying with their host families as described in the parent letter.
☐ A School Nurse will be present on this school trip.

Transportation Provided: ☐ School Bus ☒ Charter Bus ☐ Train ☒ Personal Vehicle ☐ Leased Vehicle

Drivers of Personal or Leased Vehicles (Gr. 4-12): ☐ Parent ☐ Teacher / Staff Member ☒ Other Adult

Related Risks: ☐ Swimming Pool ☒ Amusement / Theme Park ☐ Beach or Ocean ☒ Other ☐ None
Air Travel

Student Agreement:

While participating in this school trip, I will accept responsibility for maintaining conduct in accordance with the Madison Public Schools Code of Conduct and I will follow directions of the school trip organizers/chaperones at all times.

Student Signature (Gr. 4 -12): _____ Date: _____

Parent / Guardian Acknowledgment of Risks:

I understand that participation on this school trip is voluntary and that it exposes my child to some risk(s). I also understand that the trip may include amusement/theme park activities and that participation in amusement/theme park activities will expose my child to some risk of injury or even death. I have read and understand the attached description of the school trip. I also understand that participation in the school trip will involve activities on school property; therefore, neither the Board of Education nor its employees and volunteers will have any responsibility for the condition or use of any non-school property.

Parent / Guardian Permission

I give permission for _____ to participate in all aspects of this school trip.

Parent / Guardian Signature: _____ Date: _____

The Madison Public Schools cannot be responsible for reimbursements to parents or students of money submitted as "advance payment" (e.g., Broadway shows, transportation, hotels) for any field trip that the district cancels.



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Student Travel Medical Form

Student Name: _____ Grade: _____ Date: _____

Will your child require medication during this trip? _____ YES _____ NO

If NO please proceed to the BACK of this form. If YES please complete BOTH sides of this form.

- Medications currently stored in the Health Office for your child will be sent on school trips. If additional medication is required, please provide only the amount of medication needed for the duration of the trip.
- The parent/guardian must deliver the medication directly to the nurse (at least 24 hours before departure of the field trip). Controlled substances must be counted with the nurse, or their designee, at the time of delivery.
- All medication must be in original pharmacy labeled containers, including student's name, dosage, route, and frequency of administration (including inhalers, Epi Pens, and all regularly or occasionally taken medications).
- Students may only self-carry life threatening medical provider authorized medications (examples, Epi pens, inhalers, diabetic medications)

Staff Administered Medication(s) - List each medication individually			
Medication Name	Dosage Information <i>Frequency, AM/PM, etc.</i>	Comments <i>Optional</i>	FOR STAFF USE ONLY Given By & Date / Time

Authorized Self-Administered Medication(s) - List each medication individually	
Medication Name	Comments (Optional)

Parent/Guardian Signature: _____ Phone: _____

Medical Provider Signature: _____ Phone: _____

Parent/Guardian Contact in Case of Emergency

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Name: _____ **Phone:** _____

Health Insurance Provider: _____ **Policy #:** _____

Health History

Allergies/Dietary Restrictions (food, medicine, environment, etc.): _____

Medical Concerns and Health Conditions: _____

Parent/Guardian Consent and Release:

I/We, the undersigned parent/guardian, agree to release, indemnify and hold harmless the Madison Public Schools and their employees and agents from and against any claim either I/We or my child may have as a result of any act or omission which may arise out of this authorization.

I/We further consent to urgent medical treatment by a health care provider in the event of illness or injury of our child during their participation in the trip/activity/program. I/We accept full responsibility for all costs for any medical treatment.

I/We consent for the release of confidential medical information to be released to and from medical providers and the school trip/activity/program organizers and chaperones as needed to maintain my child's health and safety.

Parent/Guardian Signature: _____ **Date:** _____

Chaperones:

Martin Glasser 203-868-9870

Laura Stott 203-640-8292