



Office of the Superintendent  
Madison Public Schools  
Madison, CT 06443

### School Trip Proposal / Request Form Student International Travel

School: Daniel Hand High School Principal: T.J. Salutari  
 Date(s) of Trip: April Break 2027 Trip Organizer(s): E. Brako  
 Destination of Trip: Costa Rica  
 Grade level of student participants: 9-12 No. of Students: 20 (approx)  
 Educational Objectives including related classroom activities prior to / following the trip: \_\_\_\_\_  
- To host several meetings before trip to introduce students to the  
rich flora and fauna of the country  
- To expose students to incredible biodiversity and Central American culture  
 Funding Source(s): \_\_\_\_\_  
 Complete if students are paying for all or part of the trip.  
 Total fees required from each student: Tour Fee = \_\_\_\_\_  
 Transportation Fee = \_\_\_\_\_  
 Name of Tour Company: EF Tours  
 Name of transportation service vendor: TBD  
 No. of buses required: 1 Cost per bus: TBD  
 Date / Time of trip: Departing Madison: 4/10/2027 (approx) Returning to Madison 4/18/2027 (approx)  
 Number of chaperones on trip: 3

Include the information below when submitting this approval form. (Place a check mark by each item indicating its inclusion in the approval packet.)

- ☒ Information outlining parental financial responsibility should there be an emergency cancellation
- ☐ Parent / Guardian letter explaining the trip and travel itinerary
- ☐ Parent / Guardian Permission and Acknowledgment of Risk for Student International Travel Form
- ☐ Emergency Plan (Includes arrangements for medical needs, parent / guardian contact information, access to communication devices, and procedures for general potential emergency situations)
- ☐ List of Chaperone Names and Phone Numbers with MPS employees noted
- ☐ Telephone Tree in the event of an emergency

Be sure the school administrator has a list of those students participating in the activity and a copy of the emergency contact numbers.



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### School Trip Proposal / Request Form Student International Travel

I / We certify that this trip proposal is in accordance with Madison Public Schools policies #5100.8 and #6100.16.1 and corresponding regulations:

Elisa Braku  
Signature, Trip Organizer(s)

☒ Trip approved

[Signature]  
Signature, Principal / Assistant Principal

12/4/25  
Date

[Signature]  
Signature, Superintendent or Designee

12/4/25  
Date

☐ Trip Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature, Superintendent or Designee

\_\_\_\_\_  
Date

#### International Travel Checklist

- ☐ Obtained approval at least six (6) months prior to the trip.
- ☐ Submitted list of participating students to Principal and Health Office at least three (3) months prior to the trip.
- ☐ Submitted an updated list of participating students to Principal and Health Office one (1) month prior to 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 permission forms and emergency medical forms

# DHHS FIELD TRIP BUDGET WORKSHEET

Name of Trip: Costa Rica : A Touch of the Tropics

Submitted By: Elisa Brako

Date of Trip: April Break 2027

<b>COST OF EVENT PER STUDENT</b>	\$4,289.00	Approximate
Multiply by # STUDENTS ATTENDING	<u>\$20</u>	
<b>SUBTOTAL EVENT COST</b>	\$85,780	

<b>COST PER BUS</b>	\$	2,500.00	Approximate
Multiply by # BUSES	\$	<u>1.00</u>	
<b>SUBTOTAL BUS COST</b>	\$	2,500.00	

## **OTHER EXPENSES, PLEASE LIST**

<u>OTHER EXPENSES: Insurance, trip expenses</u>	6000	Approximate
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<b>TOTAL COST OF TRIP (add all yellow lines)</b>	<b>\$94,280</b>
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<b>DIVIDED BY TOTAL # OF STUDENTS ATTENDING</b>	<u>20</u>
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<b>COST PER STUDENT (see below)</b>	<b>4714</b>
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If student fees total the following amounts, you must add an additional cost per student to cover associated IC charges.

Up to \$30 = \$2 per student OR \$30 - \$70 = \$1 per student

what is the charge for over \$70?

**\* List/deduct any costs will be covered by Board Account or Department:**

<b>TOTAL COST PER STUDENT</b>	<b>4714</b>	Approximate
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**CC: BUDGET SHEET to Sue Evans along with ROSTER so fees can be added to IC fee statements.**

Completed form must be submitted with Field Trip Proposal Packet.



# 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

Dear Parents / Guardians,

December 2025

In today's interconnected world, helping students become culturally aware and globally minded is more important than ever. When they step into the global classroom and witness their lessons come to life, it can be a life-changing experience that broadens their understanding of themselves and the world beyond.

I'm pleased to announce that I am planning to take students on an educational tour to Costa Rica during Spring Break in 2027. We hope your student can join us for an unforgettable adventure where we will wander through the magical mists of Monteverde's Cloud Forest, trek the volcanic trails of Arenal, and come face-to-face with toucans, scarlet macaws, sloths, monkeys, crocodiles, and countless other incredible creatures. **Feel free to check out our itinerary here.**

Your student is being personally invited to participate. There is limited space on the trip, so I do hope you and your child will be able to join us at the upcoming meeting to learn more about this opportunity!

I have chosen to travel with EF because of their reputation as the world leader in international education and student safety. They have been in business for more than 50 years and have local offices in over 50 countries throughout the world. EF guarantees the lowest prices for the highest quality and also offers a monthly payment plan to make the trip more affordable. Lower pricing now and lower monthly payments for planning this far in advance are the main reasons we're starting to plan now.

We will be hosting an enrollment meeting on **DATE at TIME at LOCATION**. I hope you will come and learn more! In order to attend, you must RSVP! You can do so by scanning the QR code and choosing 'attending' or 'interested', or visiting this link: <https://bit.ly/3tMK8bX>

**QR  
Code**

Respectfully yours,

Elisa Brako

*AP Biology, Biotechnology, and Honors Biology Teacher  
Faculty Advisor to GAINS Club and Eco Club*

## **Addendum to School Trip Proposal form**

**Elisa Brako**

**Costa Rica trip**

**April 2027**

The information below is provided by:

**Rachel Present**

EF Education First

eftours.com

Direct: 475-256-0843

Two Education Circle

Cambridge, MA 02141

### **Regarding parent financial responsibility should there be an emergency cancellation:**

All information outlining parent financial responsibilities is outlined in our Booking Conditions that every traveler signs when enrolling on tour. Those can be viewed at [eftours.com/bc](http://eftours.com/bc). Specifically, you can reference this section to see our standard cancellation policy:

#### **Cancellations and Modifications**

##### **STANDARD CANCELLATION POLICY**

*The cancellation policies outlined below take into consideration the costs EF incurs often years before groups ever depart. Notice of cancellation from an EF tour will only be accepted from the traveler, their legal guardian, or the Group Leader. The date of cancellation will be determined by the date on which EF receives notice. In order to qualify for refunds in accordance with EF's Standard Cancellation Policy, all payments must be received on time.*

##### **EF's Standard Cancellation Policy\***

- 360 days or more prior to departure: Full refund less the \$95 non-refundable enrollment fee, all Non-Refundable Fees, and a \$100 cancellation fee.
- 359 to 180 days prior to departure: Full refund less the \$95 non-refundable enrollment fee, all Non-Refundable Fees, and a \$300 cancellation fee.
- 179 to 110 days prior to departure: Full refund less the \$95 non-refundable enrollment fee, all Non-Refundable Fees, and a \$500 cancellation fee.
- 109 to 60 days prior to departure: Full refund less the \$95 non-refundable enrollment fee, all Non-Refundable Fees, and 50% of the program price.
- 59 days or less prior to departure: No refund will be issued.

*\*Travelers who purchase a Global Travel Protection plan receive two options to cancel the trip due to reasons not covered by the insurance underwritten by United States Fire Insurance Company: (i) travelers who cancel 360 days or more prior to departure and who purchased their Global Travel Protection plan within 10 days of enrollment will have the cost of the plan refunded and the \$100 cancellation fee waived; (ii) travelers who cancel 60 days or more prior to departure may rebook to another EF Educational Tour within 30 days of such cancellation. Travelers opting for the rebooking option are responsible for finding a new tour, and final placement is based on availability. Such tour needs to take place within 180 days from cancellation, and any difference in price will be covered by the traveler (non-refundable fees from the original tour will not be put*



toward the rebooked tour). The cancellation fee waiver and rebooking benefits are non-insurance benefits provided by EF Educational Tours.

*\* Travelers who purchase the Global Travel Protection Plus plan also have the option to cancel with a non-insurance Cancel for Any Reason waiver benefit provided by EF Educational Tours up to 24 hours before departure. The non-insurance Cancel for Any Reason waiver benefit provided by EF Educational Tours provides a cash refund for trip costs paid (less the cost of the plan, the non-refundable enrollment fee, and other Non-Refundable Fees) to EF Educational Tours for cancellation prior to departure. For plans issued in New York, customers can purchase the non-insurance Cancel for Any Reason waiver benefit separately from the rest of the travel protection plan – for further details, please contact Risk Strategies at 877-974-7462 ext. 321.*

#### **Cancellation with replacement\*\***

- 180 days or more prior to departure: Full refund less the \$95 non-refundable enrollment fee and all Non-Refundable Fees.
- 179 to 110 days prior to departure: Full refund less the \$95 non-refundable enrollment fee, all Non-Refundable Fees, and a \$100 substitution fee.
- 109 days or less prior to departure: Replacements can no longer be accepted and EF's Standard Cancellation Policy will apply.

*\*\* Cancellation with replacement refers to a traveler who cancels but finds a person to replace them for the same program. The replacement's Enrollment Form must be submitted at the same time as the notification of cancellation.*

#### **Emergency Plan:**

##### **Some general notes on safety:**

##### **EF's unmatched global presence**

With 600 schools and offices in 50 countries worldwide, including regional offices dedicated to on-tour support, our global presence is truly unmatched. Our 50,000+ staff and faculty members around the world provide a local presence and are able to react quickly and in person where necessary. Plus, the staff in each office and school are trained to respond to a wide range of emergency situations.

##### **Dedicated Emergency Service and Incident Response Teams**

EF's Emergency Service & Support Team is available 24/7 to resolve any issue, from a missed flight to a lost passport to more serious on-tour incidents. They also facilitate communication between travelers and families in the event of an emergency at home. The Emergency Service & Support Team is made up of highly trained, dedicated EF staff based in our Boston, Denver, and Austin offices who are equipped to solve problems and answer questions that may come up, even outside of regular business hours. This team also maintains direct communication with our Operations Safety & Incident Response Team to jointly solve issues as needed.

##### **Background checks on adult travelers**

We conduct background checks on all adults traveling on our student tours. This is meant to help provide a safer tour experience for all travelers, and is a similar process to what many school districts implement for adults who volunteer in schools or chaperone school activities. Background checks take place through a secure process that is meant to specifically identify individuals who could present a risk to student travelers while on tour.

##### **Specifics to Emergency plan:**

- Your Tour Director is your group's constant companion and first point of contact in an emergency. Additionally, our fully trained support teams are on hand 24/7 to walk teachers through any issues and

provide the resources necessary to get things back on track (this could be a doctor visit, a delayed flight, or a missing passport). Our Safety and Incident Response Team—comprised of industry experts, healthcare experts, and even former FBI personnel—is ready to spring into action 24 hours a day, 365 days a year. Our #1 goal is to support our groups & not have a "one size fits all" response to on the ground concerns (for example, even with minor flight situations, our response to a group of 6 would be to find another existing flight while we have had airlines charter flights for groups that could fill a plane).

- Each traveler has an EF account they access through a secure site where they will upload passport information and emergency contact information should a member of our Emergency Services or the group leader need to contact the family. Students should always be in small groups, and it is best practice for one student in that group to have a working cell phone. Wifi is usually easily available in hotels, restaurants, and public places.



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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: April 9/10 → April 17/18 (2027) Trip Organizer(s): E. Brako  
Destination of Trip: Costa Rica  
Cost of Trip: TBD (under \$5,000)  
Educational Objectives:

To expose students to the rich flora and fauna,  
and culture that Costa Rica has to offer

Supervision:

☒ Students will be directly supervised by adults at all times  
☐ Students will be directly supervised by adults with the following exceptions: \_\_\_\_\_

☐ 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

### 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.

September 2023



**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:** \_\_\_\_\_



# Daniel Hand High School

286 Green Hill Road  
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(203) 245-6350

Anthony R. Salutari, Jr., Principal  
Brian M. Bodner, Assistant Principal  
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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 Frequency, AM/PM, etc.	Comments Optional	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: \_\_\_\_\_