

DERBY PUBLIC SCHOOLS

School Trip Proposal / Request Form

Travel / Study Approval for Out of State and or Overnight Trips

School: Derby Middle School Principal: Mrs. Rachael Caggiano

Date(s) of Trip: May 27, 28, 29 2020 Trip Organizer(s): Kelly Annman

Destination of Trip: Washington D.C

Grade level of student participants: 8 No. of Students: approximately 50

Educational Objectives including related classroom activities prior to / following the trip: _____

Tour the nation's capital, visiting museums + monuments that have been covered in the student's curriculum. Students will tour various war memorials, Presidential monuments, Arlington Cemetery, etc

Funding Source(s): Parent contribution and fundraising

Complete if students are paying for all or part of the trip. -total cost is \$589

Total fees required from each student: Transportation Cost: inc. Event Fee: inc. Meals inc.
Lodging: inc.

Source(s) of funds for students who qualify for fee waiver: _____

Cost of Nurse (if applicable): — Funding source: — No students are identified with health concerns

Name of travel agent (if applicable): Emily Michelin

Name of transportation service vendor: Hemisphere Travel

No. of buses required: 1 Cost per bus: Included

Date / Time of trip: Departing Derby: wed. May 27, 2020 5:00 AM Returning to Derby: Friday, May 29, 2020

Number of chaperones on trip: 1:10 ratio 10:00 PM

Completed forms should be submitted to the principal who, if the trip is approved, will forward this to the Superintendent of Schools and Board of Education for final approval.

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 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

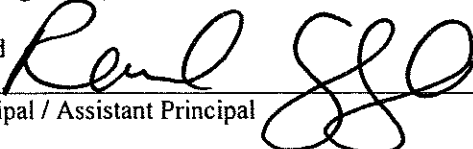
Be sure the school administrator has a list of those students participating in the activity and a copy of the emergency contact numbers.

I / We certify that this trip proposal is in accordance with Derby Public Schools policies and corresponding regulations:



Signature, Trip Organizer(s)

Trip approved



Signature, Principal / Assistant Principal

9/4/19

Date

Signature, Superintendent or Designee

Date

Trip Denied

Reason: _____

Signature, Superintendent or Designee

Date

Out-of State / Overnight Trips Checklist

- Obtained approval at least three (3) weeks prior to the trip.
- Submitted list of participating students submitted to Principal and Health Office at least two (2) weeks prior to the trip.
- Submitted an updated list of participating students to Principal and Health Office on day of trip (No students should be added to the original list on the day of the trip.)
- Arranged substitute teacher with the Principal / designee if needed
- Arranged instructional and supervisory assignments for students not participating
- Arranged appropriate number of chaperones and provided orientation
- Clearly explained expectations of students
- Received parent permission forms and emergency medical forms
- No students are identified with health concerns

Teacher Directions: After your *School Trip Proposal / Request Form* has been approved, you are required to complete this form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) complete the school portion (top half) of form; 3) duplicate one form per student; and 4) send a copy home for parent and student signatures.

Revised: March 2018

**PARENT/GUARDIAN PERMISSION AND
ACKNOWLEDGEMENT OF RISK FOR STUDENT TRAVEL**

Teacher Directions: After your *School Trip Proposal / Request Form* has been approved, you are required to complete this form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) complete the school portion (top half) of form; 3) duplicate one form per student; and 4) send a copy home for parent and student signatures.

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.

Date(s) of Trip: May 27-29, 2020 Trip Organizer(s): Kelly Anroman
Destination of Trip: Washington D.C.
Educational Objectives: Tour the Nations Capital, visiting museums and monuments and various war memorials

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 Personal Vehicle Leased Vehicle

Related Risks: Swimming Pool Amusement / Theme Park Beach or Ocean Other None

Student Agreement:

Student Name: _____ Grade: _____

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

Student Signature: _____ Date: _____

Parent / Guardian Permission:

I have read and understand the attached description of the school trip. I also understand that participation in the school trip will involve activities of school property; therefore, neither the Board of Education nor its employees and volunteers will have any responsibility for the condition or use of any nonschool property.

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

Parent / Guardian Signature: _____ Date: _____

Parent Contact Number: _____



1375 E Woodfield Road #530
 Schaumburg, IL 60173
 (800) 323-6439 Fax (847) 619-0240
 www.hemispheretravel.com

HEMISPHERE EDUCATIONAL TRAVEL PARTICIPANT TOUR PACKET:

Dear Derby Middle School Tour Participant:

We are thrilled that you have decided to attend a tour with Hemisphere Educational Travel. We know that many fun and exciting adventures await you. Please be assured that we are experts in the field and have been sending students on educational tours since 1970. If you have any concerns leading up to your tour, please contact your Tour Leader or your Account Executive at Hemisphere Educational Travel.

We hope you have a wonderful tour!

Jack Golen- President

DOCUMENT IN PACKET	KEEP
Tour Summary/Parent Letter	X
Sample Itinerary	X
Group Tour Participation Agreement Form	X
Tour Terms and Conditions/ Release Form	Complete during online registration or return to Hemisphere with check payment
Medical Form	Complete during online registration or return to Hemisphere with check payment





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Washington, DC Tour Parent Letter
Derby Middle School
May 27-29, 2020
(3 day/ 2 night tour via Motorcoach)

Transportation Included:

- Deluxe motorcoach equipped with air conditioning, reclining seats, lavatory, TVs for DVD player
 - Group will have exclusive use of Motorcoach for duration of tour
 - Driver's Hotel Accommodations, Meals, and Gratuities are included

Lodging & Meals Included:

- 2 night hotel accommodations similar to a Courtyard Marriott in the Springfield, VA area.
(Occupancy Types: Quad= 4 people per room sharing 2 beds, Triple= 3 people per room sharing 2 beds, Double= 2 people per room with 2 beds, Single= 1 person per room)
- 8 total meals included
 - 2 breakfasts (Continental Breakfast at the hotel)
 - 3 lunches (2 Meal Vouchers, 1 Boxed Lunch)
 - 3 dinners (1 Student Friendly Casual Restaurant, 1 Moonlight Spirit Dinner Cruise, 1 Meal Money Allowance)

Washington, DC Sites (*sites requiring appointments are based on availability):

- White House- Photo Stop
- United States Holocaust Memorial Museum*
- National Archives*
- Memorials including Lincoln, Vietnam, Korean, FDR, World War II, Iwo Jima, Martin Luther King Jr, Pentagon, Einstein Statue
- Capitol Building*, Library of Congress and Supreme Court
- Arlington National Cemetery (Wreath* for ceremony, if confirmed)
- Capitol Building*, Library of Congress and Supreme Court
- Moonlight Spirit Cruise with Dinner and DJ
- Ford's Theatre and Petersen House*
- Smithsonian Museums on the Mall
- National Air and Space Museum's Udvar-Hazy Center*

Other Components Included:

- Night security guard at the hotel hired specifically for your group (10pm to 5am)
- Licensed Professional Washington, DC Guide based on Itinerary
- All taxes and gratuities included
- All tour planning and coordinating.
- Access to online payment services for individual participants
- Comprehensive Accident/Illness Medical Coverage, Professional Tour Operator's Liability Insurance and consumer protection policies for the duration of the tour
- Each participant will receive a memory keepsake videotape or DVD from the tour. Visit www.hemispheretravel.com and click on the sample video button
- Each participant will receive a luggage tag and a lanyard containing 24 hour emergency contact information
- Each participant will receive a Hemisphere drawstring backpack
- Hemisphere has active memberships in SYTA (Student and Youth Travel Association), ABA (American Bus Association) and NTA (National Tour Association), requiring a standard for financial stability and industry ethics.



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Derby Middle School Washington, DC Tour

SAMPLE ITINERARY

DAY 1 Wednesday, May 27, 2020

5:00 AM Deluxe Motorcoach

*Deluxe motorcoach equipped with air conditioning, reclining seats, lavatory, and TVs and DVD player. Group will have exclusive use of the motorcoach for the duration of the tour. *Please note your motorcoach may or may not be equipped with Wi-Fi, and power outlets. If you require these features, please inform your Account Executive as we will attempt to accommodate your request. There may be an additional charge.*

11:30 AM Approximate Arrival in Washington, DC

11:30 AM White House- Photo Stop Only

The White House is the official residence and principal workplace of the President of the United States. Group to stop for photos in front of the most famous house in America. Make sure to look for secret service agents on the roof!

12:30 PM Lunch- Food Coupons Included

Reagan International Trade Center

1:30 PM National Archives

The Rotunda of the National Archives Building in downtown Washington, DC, contains the permanent exhibit of the Constitution, Bill of Rights, and the Declaration of Independence. The Public Vaults display over 1,000 fascinating records (originals or reproductions) from the National Archives holdings.

3:15 PM Holocaust Museum Permanent Exhibit

The Museum's Permanent Exhibition presents a narrative history using more than 900 artifacts, 70 video monitors, and four theaters that include historic film footage and eyewitness testimonies of the Holocaust, the world's greatest genocide.

Pending Availability

5:45 PM Dinner- Student Friendly Restaurant

Buca Di Beppo

7:00 PM Lincoln Memorial

"In this temple, as in the hearts of the people for whom he saved the Union, the memory of Abraham Lincoln is enshrined forever." Beneath these words, the 16th President of the United States—the Great Emancipator and preserver of the nation during the Civil War—sits immortalized in marble. As an enduring symbol of freedom, the Lincoln Memorial attracts anyone who seeks inspiration and hope.

Korean Memorial

Here, one finds the expression of American gratitude to those who restored freedom to South Korea. Nineteen stainless steel sculptures stand silently under the watchful eye of a sea of faces upon a granite wall—reminders of the human cost of defending freedom. These elements all bear witness to the patriotism, devotion to duty, and courage of Korean War veterans.

Vietnam Memorial

The Vietnam Wall honors members of the U.S. armed forces who fought in the Vietnam War and who died in service or are still unaccounted for. The Memorial Wall, designed by Maya Ying Lin, is made up of two black granite walls. The memorial also includes the Three Soldiers Memorial and the Vietnam Women's Memorial.

Derby Middle School Washington, DC Tour Continued

SAMPLE ITINERARY

Einstein Statue

Located in a grove of trees near the southwest corner on the grounds of the National Academy of Sciences, the Albert Einstein Memorial honors one of the greatest minds in history. Students may climb on the statue making it an ideal group photo opportunity.

9:00 PM Depart for the Hotel

Washington, DC Area Hotel

Accommodations at a hotel similar to a Courtyard Marriot located in the Springfield, VA area. Please note that we do not hold hotel space for a group without a tour commitment; therefore, tour pricing is subject to change in the event that availability changes at the hotel.

10:00 PM Private Overnight Hotel Security for 7 Hours

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.

DAY 2 Thursday, May 28, 2020

7:00 AM Breakfast- Continental Breakfast at the Hotel

Deluxe Continental Breakfast may include the following: breakfast breads (bagels, english muffins, toast), breakfast pastries, cold cereal, oatmeal, yogurt, muffins, etc. Milk, juice, coffee and tea also available. Continental spreads may vary depending on location.

10:00 AM National Air and Space Museum's Udvar-Hazy Center

The massive Steven F. Udvar-Hazy Center displays more than 150 aircraft and 148 large space artifacts that are too big to be displayed at the National Mall location. The center includes the ten-story Boeing Aviation Hangar, the 80 foot high James S. McDonnell Space Hangar and immersive flight simulators.

11:30 AM Lunch- Boxed Lunch

12:30 PM Arlington National Cemetery

Walk among the headstones that chronicle American History and honor our nation's war heroes. View or participate in a Wreath Ceremony at the Tomb of the Unknown Soldier and witness the Changing of the Guards. Make sure to also visit the Kennedy Grave Sites and the Challenger Memorial. Wreath laying ceremonies are first come first served and book 365 days out from tour date.

1:15 PM Wreath provided by Conklyn's Florist

2:45 PM Iwo Jima Memorial

One of the first objectives of the Battle of Iwo Jima in the attack was capturing Mount Suribachi, the highest point on the island. On February 23, 1945, a flag was raised by five Marines and a Navy corpsman. The raising was witnessed by news photographer Joe Rosenthal whose Pulitzer prize winning picture of the flag raising would become a symbol of the war in the Pacific. This event is immortalized through the Iwo Jima Memorial.

3:00 PM Pentagon Memorial

The Pentagon Memorial park consists of 184 memorial units, each of which are dedicated to an individual victim by its unique placement within the collective field. The field is organized as a timeline of the victims' ages, spanning from the



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Derby Middle School Washington, DC Tour Continued

SAMPLE ITINERARY

youngest to the oldest. This memorial provides a place for future generations to remember and reflect on September 11, and its significance for us and our nation.

4:00 PM FDR Memorial

Located along the famous Cherry Tree Walk on the Western edge of the Tidal Basin, this is a memorial not only to FDR, but also to the era he represents!

Martin Luther King Jr. National Memorial

The Martin Luther King Jr. Memorial is conceived of as an engaging landscape experience. The composition of the memorial utilizes landscape elements to powerfully convey three fundamental and recurring themes of Dr. King's life: justice, democracy and hope. The circular geometry of the memorial, juxtaposed within the triangular configuration of the site, engages the Tidal Basin and framed views to the water.

World War II Memorial

The World War II Memorial honors the 16 million who served in the armed forces of the U.S., the more than 400,000 who died, and all who supported the war effort from home.

7:30 PM Moonlight Spirit Cruise with Dinner and DJ

Step aboard the Spirit Cruise for delicious dining, dancing, entertainment, and fun! Nothing on land beats an event out on the water making this an unforgettable evening.

10:00 PM Return to the Hotel

10:00 PM Private Overnight Hotel Security for 7 Hours

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.

DAY 3 Friday, May 29, 2020

7:00 AM Breakfast- Continental Breakfast at the Hotel

Deluxe Continental Breakfast may include the following: breakfast breads (bagels, english muffins, toast), breakfast pastries, cold cereal, oatmeal, yogurt, muffins, etc. Milk, juice, coffee and tea also available. Continental spreads may vary depending on location.

9:20 AM Capitol Hill Tour

The Capitol Hill Tour includes a Capitol Building Tour (pending availability), the outside of the US Capitol Building, Capitol Visitor Center, Supreme Court, and the Library of Congress. Groups can view the outside of the buildings on Capitol Hill. If time permits, they may enter the Supreme Court, where they will have access to the Great Hall that features marble busts of the Chief Justices. Groups may also have time to explore the Library of Congress, the largest library in the world, with millions of books, recordings, photographs, maps and manuscripts in its collections.

11:00 AM Ford Theatre and Petersen House

A visit to Ford's Theatre includes entry to the theatre, the recently renovated Ford's Theatre Museum and the Center for Education and Leadership. Your visit may also include a presentation by a National Park Service ranger. Please note that Ford's Theatre is a working theatre, and as such the theatre may close last minute for performances or rehearsals.

12:30 PM Lunch- Food Coupons Included

L'Enfant Plaza



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Derby Middle School Washington, DC Tour Continued

SAMPLE ITINERARY

1:30 PM Smithsonian Museums on the Mall

Visit the Smithsonian Institute Museums on the National Mall, home of over 140 million objects collected from around the world. Highlights include the Wright Brothers' biplane at the National Air and Space Museum, the Hope diamond at the Museum of Natural History, the original Star Spangled Banner at the American History Museum and the segregated rail car at the new National Museum of African American History and Culture.

3:00 PM Motorcoach Departs for School

Dinner- \$10 of Meal Money Included

Rest Stop En Route

10:00 PM Approximate Arrival at School



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GROUP TOUR PARTICIPATION AGREEMENT

The undersigned Participant agrees to participate in the following tour subject to the following "Tour Terms and Conditions/ Release Form" on page 5 & 6, and subject to the Tour Contract executed with the Tour Leader:

WEB CODE / ACCOUNT #: 20TA14107

GROUP NAME: Derby Middle School Washington, DC Tour

TOUR DATE(S): Wednesday, May 27, 2020 until Friday, May 29, 2020, 3 Days and 2 Nights

TOUR Leader: Kelly Anroman

PER PERSON PRICING* (Quad = 4 Students Sharing 2 Beds, Triple = 3 Students Sharing 2 Beds, etc)

40-50 Paid Participants Per Coach: Quad: \$589.00

35-39 Paid Participants Per Coach: Quad: \$629.00

30-34 Paid Participants Per Coach: Quad: \$689.00

*Registration is on a first come first served basis. A wait list will be formed if your tour reaches the maximum capacity listed above.

*Prices are based on current taxes and fuel prices. In the event of a tax increase or fuel surcharge, participant will be responsible for the increase in cost.

*Cost per participant is based upon the number of paid participants listed above at the final payment deadline date. If the minimum is not met, the price per person will increase on a pro-rata basis as provided in the Tour Contract executed with the Tour Leader.

*Adults are responsible for single occupancy if they do not have a roommate.

PAYMENT SCHEDULE (payment and forms must be received to be registered):

DEPOSIT #1 DUE: 9/19/2019 AMOUNT: \$150.00 PER PERSON

DEPOSIT #2 DUE: 11/21/2019 AMOUNT: \$150.00 PER PERSON

DEPOSIT #3 DUE: 1/23/2020 AMOUNT: \$150.00 PER PERSON

FINAL PAYMENT: 3/26/2020 AMOUNT: BALANCE DUE. Please refer to Statement for payment amount.

TO REGISTER ONLINE AND PAY BY CREDIT CARD - VISIT www.hemispheretravel.com;

1. Click on the Account Login button at the top of our home page.
2. Click here to register or make a payment for a tour.
3. First time users click on the 'First time users click here' link OR enter your login information if you have previously set up an online account.
4. Enter your Web Code - YOUR HEMISPHERE WEB CODE IS 20TA14107. Proceed to enter in the requested information.
5. Once information is completed, you will receive a confirmation email.
6. Your confirmation email will provide a link for you to fill out the Permission for Medical Treatment form online.
7. You may log into your account by using your email and password to make future payments.

IF PAYING BY CHECK: All checks/money orders must indicate the participant's name, school name and Your Tour Web Code, 20TA14107 on the lower left portion. Please make checks or money orders payable to "HEMISPHERE" and SEND TO: 1375 E. Woodfield Road, Suite 530, Schaumburg, IL 60173. Hemisphere processes all checks immediately. No post-dated checks accepted. The Tour Terms and Conditions Form and Medical Form must be mailed in with your payment.

FOR GROUPS TRAVELING BY AIRPLANE:

- Checked baggage fees are not included in the above price. Details will be distributed at the final parent meeting before your tour.
- Passengers under the age of 18 are not required to have any photo ID with domestic travel. Passengers under the age of 18 must provide full legal name, including middle name, and date of birth.
- Passengers 18 years and older must register with the name that appears on your driver's license or government issued photo identification.
- Flight deviations from the group's flight schedule will be assessed a \$200 service fee plus any difference in the fare (per ticket). There will be a \$150 name change fee per ticket and any other changes will be subject to additional fees.



GROUP TOUR PARTICIPATION AGREEMENT (CON'T)

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Schaumburg, IL 60173
Toll Free: 800-323-6439 Fax: 847-619-0240
www.hemispheretravel.com

HEMISPHERE OFFERS OPTIONAL TRAVEL PROTECTION:

The Student Deluxe Plan with Cancel For Any Reason is available for an additional cost. Refer to your Plan Document for complete plan details and benefits. Plans offer benefits for Trip Cancellation/Interruption and more!

CFAR coverage is 75% of the nonrefundable trip cost. Trip cancellation must be 48 hours or more prior to schedule departure. CFAR must be purchased at the time of plan purchase and with, or before your final payment. This benefit is not available to residents of New York State.

The price of the travel protection plan is as follows below, and is based upon the nonrefundable total tour cost which includes hotel/adult supplements. If the tour cost increases, you will be responsible for any additional costs resulting from an increase in premium. Plans offer a 14-day Free-look period.

40-50 Paid Participants Per Coach: Quad: \$31.50
35-39 Paid Participants Per Coach: Quad: \$37.50
30-34 Paid Participants Per Coach: Quad: \$37.50

This product is administered by Travel Insured International Inc.

**If you need to file a claim or have any questions about this coverage, please contact
Travel Insured at 1-844-440-8113 - REFER TO GROUP # 111687**

WHETHER YOU ACCEPT OR DECLINE THIS PROTECTION PLAN, HEMISPHERE'S CANCELLATION POLICIES WILL APPLY AS OUTLINED BELOW AND ON THE TOUR TERMS AND CONDITIONS FORM, PARAGRAPH 5.

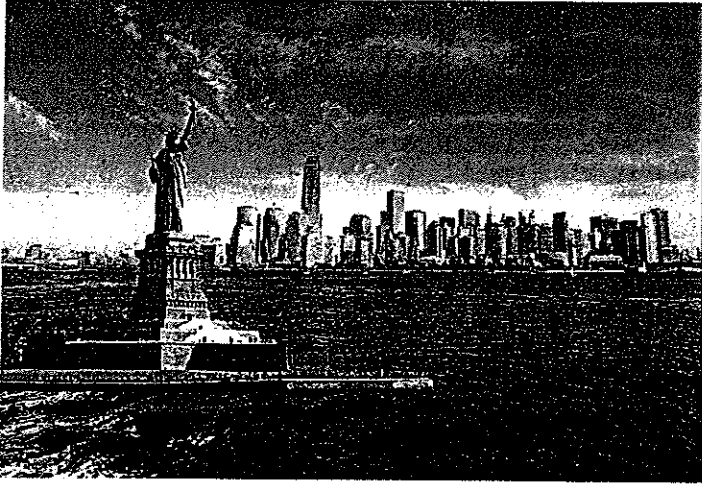
PARTICIPANT CANCELLATION- Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued in the participant's name. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.

F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.

G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

H All cancellations must be submitted to Hemisphere in writing before any refund will be considered.



Note to Parent: Don't Forget to Pack Travel Protection!

Being a parent can be extremely stressful. Letting your child travel without you is probably even further out of your comfort zone. Although you probably can't chaperone, you can consider travel protection for your child's trip.

Travel Protection Checklist Which situations might apply to your student?

Not all plans offer Cancel for Any Reason (CFAR), and CFAR is not available to residents of New York State.

- The weather caused an overnight **flight delay** on the way to the final destination. Student Travel Protection may reimburse expenses paid to purchase meals and a hotel room near the airport for the night.
- A **family member is sick** with a long-term illness and the future is unknown. Student Travel Protection has Trip Cancellation or Interruption coverage that can reimburse your student's insured trip costs.
- The **airline lost your student's baggage**. Student Travel Protection can cover necessities like clothing and toiletries until he or she is reunited with their bags.
- Your child's **instrument gets damaged** on the plane. We can help cover the cost to replace their instrument.
- Your child just got the schedule for **sports tryouts**, and if they don't attend, they'll miss the season. Student Travel Protection can provide Cancel for Any Reason trip cost reimbursement in case the trip interferes with important dates.
- There is a family **medical emergency at home** and you need to get your child back home as soon as possible. Trip interruption may reimburse unused non-refundable travel arrangements and added transportation costs.
- Your child gets into an **argument with their friends** and doesn't want to go on the trip anymore. Student Travel Protection can include Cancel for Any Reason to reimburse their insured trip cost.
- Your child received their **report card**, and you're not too happy about it. Student Travel Protection can include Cancel for Any Reason for trip cost reimbursement in case you make the decision that the trip is off.

Non-Insurance Assistance Services (provided by OnCall International)

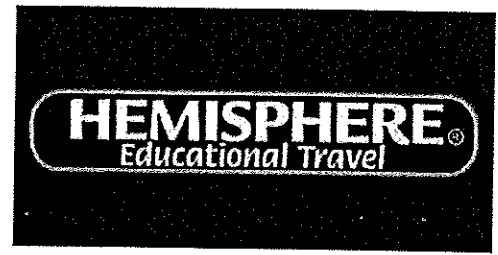
- Your child is shopping with friends when their **wallet with credit cards is stolen**. The assistance services help them report the theft and to cancel and replace the credit cards.
- Your child **misplaced their eyeglasses**. The assistance services can cover eyeglass replacement.
- The panic sets in when your child lost their **important prescription drug**. These services provide assistance to replace the medication.



Worldwide Trip Protection and 24/7 Non-Insurance Assistance Services

STUDENT DELUXE

GROUP TRAVEL PROTECTION



SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

Trip Cancellation**	Trip Cost*
Trip Interruption**	150% of Trip Cost
Travel Delay - 6 hours	\$750 (\$150/day)
Missed Connection - 3 hours	\$500
Baggage/Personal Effects	\$1,500
Baggage Delay - 24 hours	\$300
Non-Medical Emergency Evacuation	\$150,000
Accident & Sickness Medical Expense	\$25,000
Emergency Medical Evacuation, Medical Repatriation & Return of Remains	\$100,000
Cancel for Any Reason (CFAR)***	

Non-Insurance Worldwide Emergency Assistance Services (Provided by OnCall International)	Included
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Coverages may vary and not all coverage is available in all jurisdictions.

* Subject to the maximum benefit amount of \$10,000.

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only.

*** CFAR coverage is up to 75% of the nonrefundable trip cost (subject to \$10,000 maximum). CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR is available if purchased at the time of original plan purchase and with, or before your final payment for your trip, and you paid your Travel Supplier for the full cost for all non-refundable trip costs for your trip prior to your cancellation of your trip. For \$0 Trip Cost there is no CFAR. This benefit is not available to residents of New York State.

Hemisphere Educational Travel
 1375 E. Woodfield Rd. #530
 Schaumburg, IL 60173
 (847)541-7575

FOR QUESTIONS ON BENEFITS AND COVERAGE PLEASE CONTACT TRAVEL INSURED INTERNATIONALS GROUP DEPARTMENT AT 1-844-440-8113

PER PERSON RATES

Cost of Trip	Rates	With CFAR*	Cost of Trip	Rates	With CFAR*
\$0		N/A	\$4,001 - \$4,500		\$181.50
\$1 - \$200	\$18.00		\$4,501 - \$5,000		\$202.50
\$201 - \$400	\$25.50		\$5,001 - \$5,500		\$223.50
\$401 - \$600	\$31.50		\$5,501 - \$6,000		\$244.50
\$601 - \$800	\$37.50		\$6,001 - \$6,500		\$265.50
\$801 - \$1,000	\$45.00		\$6,501 - \$7,000		\$285.00
\$1,001 - \$1,500	\$61.50		\$7,001 - \$7,500		\$306.00
\$1,501 - \$2,000	\$81.00		\$7,501 - \$8,000		\$327.00
\$2,001 - \$2,500	\$102.00		\$8,001 - \$8,500		\$349.50
\$2,501 - \$3,000	\$121.50		\$8,501 - \$9,000		\$370.50
\$3,001 - \$3,500	\$141.00		\$9,001 - \$10,000		\$391.50
\$3,501 - \$4,000	\$162.00				

The above rates are for trips up to 30 days - for each day over 30 add \$3.00 per person per day.

* Cancel For Any Reason (CFAR) benefit not available to residents of New York State

All of the above rates are for the plan which includes insurance and non-insurance services.

Travel Insured International
 844-440-8113
 groups@travelinsured.com
 www.travelinsured.com



GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating in skydiving or parachuting, hang gliding or bungee cord jumping; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft; 8. being intoxicated as defined in the Plan, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 9. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 10. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 11. dental treatment (except as coverage is otherwise specifically provided in the Plan); 12. amounts which exceed the Maximum Benefit Amount for each Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 14. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 15. a mental or nervous condition, unless hospitalized for that condition while the Plan is in effect for You; 16. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase Up to Final Trip Payment Due Date for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased at or before final payment due date for the trip, for the full non-refundable cost of the trip and you are not disabled from travel at the time you pay the plan cost.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

Hemisphere Educational Travel is not an insurer and does not have any liability for any coverage amounts. As a travel retailer, Hemisphere Educational Travel is not qualified or authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance coverages in the plan or to evaluate the adequacy of your existing insurance coverage. Hemisphere Educational Travel and its employees may offer and disseminate travel insurance under the direction of Travel Insured International (TII). You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this plan with your existing life, health, home, and automobile insurance policies. If you have any questions about this coverage, contact TII at 844-440-8113. Purchasing a travel protection plan is not required in order to purchase any other products or services offered by Hemisphere Educational Travel.

This document contains highlights of the plans. The plans contain insurance benefits underwritten by the United States Fire Insurance Company under form series T210 et. al. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. The plans also contain non-insurance Travel Assistance Services that are provided by an independent organization, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured.

TOUR TERMS AND CONDITIONS / RELEASE FORM – MULTI-DAY TOURS

This form must be approved during your online registration or returned to Hemisphere by Sep 19, 2019

1. **NO RESPONSIBILITY FOR LOSSES OR DELAYS.** Hemisphere Travel, Inc. d/b/a Hemisphere Educational Travel ("Hemisphere") acts only in the capacity as agent for the Participant. Hemisphere does not own or operate any ships, airplanes, busses, trains, autos and shall not be liable for any delay, loss or accident occasioned by fault or negligence of any carrier or other person or company obligated to perform transportation services, furnish accommodations, or otherwise in connection with the Tour. Specifically, but not by way of limitation, Hemisphere shall not be responsible for any loss, expense or inconvenience caused by late arrivals and departures or ships, airplanes, busses, trains, autos, or any change of schedule, acts or inaction of carriers, hotels other third parties or other events or occurrences beyond the reasonable control of Hemisphere. Hemisphere shall also not be liable for loss or damage to baggage or any other article of personal property of Participant. The airline tickets issued by the airline shall constitute the sole contract between the airline and the Participant in the Tour relating to transportation. Hemisphere and the transportation company shall have no liability to Participants who are late for departure or who otherwise miss scheduled departures. In most cases, airline tickets are non-refundable, and Hemisphere shall not be held liable if a group or individual loses their tickets. In the event the Tour Group of which Participant is a member shall breach the Tour Contract, all payments made by Participant shall be retained by Hemisphere to be applied to damages incurred by Hemisphere; provided further; that such retention of payment shall not prevent Hemisphere from seeking recovery of additional damages from the Tour Group caused to it by reason of any such breach.
2. **RATE CHANGES, CHANGES TO ITINERARY.** Rates quoted are based on current taxes, tariffs and fuel costs in effect at the present time & are subject to change without notice. In the event of a tax increase or fuel surcharge, participant agrees to pay the additional cost. If participant chooses to cancel due to the increase in cost, all cancellation penalties will apply as listed below in #5. Although no revisions to the itinerary are anticipated, Hemisphere reserves the right to make any changes, with or without notice, that may become necessary, and Participant agrees to pay any additional expenses or costs attributable to such changes in the itinerary.
3. **RULES APPLICABLE TO TOUR PARTICIPANTS.** Tour leaders, chaperones or school administration have the right to remove a tour participant anytime prior to the tour if the tour participant does not meet school's or group's eligibility or code of conduct requirements and all cancellation penalties will apply. Authorization is hereby given to the tour leaders/chaperones to act on behalf of any participant who shall require hospital, surgical or medical treatment in any situation deemed an emergency by such chaperone. Tour leaders/chaperones are hereby authorized to give non-prescription pain killing remedies to Participants upon request if, in the tour leaders'/chaperones' opinion, such is deemed reasonably necessary. Any medications or medicines a Participant will be taking on Tour, must be submitted to the tour leaders/chaperones prior to commencement of the Tour. The tour leaders/chaperones are to be notified by the Participant of any known allergies to medication. Participant agrees to fully and completely comply with all rules and regulations of various governmental and commercial agencies and that any violation of such rules and regulations, as well as any behavior deemed by the tour leaders/chaperones to be detrimental to the Tour Group, will, at the sole discretion of the tour leaders/chaperones, subject the Participant to immediate suspension and/or dismissal from the Tour. No refunds shall be made in any such event and the Participant, or the parent/guardian of the Participant, will be financially responsible for any costs (including transportation costs) to return the participant and a chaperone home. If the Tour Leader permits the use of cell phones or electronics on the Tour, they shall be used with headphones only. Use of drugs, alcohol, possession of explosives, firearms, or any other articles of an illegal nature shall subject the Participant to immediate dismissal from the Group. The Participant is to notify the tour leaders/chaperones of any specific items of food or beverages brought on the Tour to determine whether such items are acceptable. Participant agrees to be responsible for all damages caused by the Participant to the applicable hotel, any hotel room, any motor coach, or any other property. Hemisphere is not responsible or liable for any items lost or stolen while on the tour. The signature below indicates that the participant is permitted to go swimming only with School board approval (if applicable) and only in the presence of their assigned tour leaders or chaperones. Hemisphere, the School, or the tour leaders/chaperones, shall not be liable for any injury/death as a result of swimming (at hotel pool or other water activity on the tour).
4. **DEPOSITS AND PAYMENTS**
 - A. The 1st deposit requested by Hemisphere, must be received by Hemisphere according to the date indicated on the Payment Schedule.
 - B. All deposits shall be sent to Hemisphere (unless otherwise indicated in your tour paperwork.)
 - C. Fund Raising monies must be submitted no later than 2 weeks prior to the "Final Deposit Due" Date. Any fundraising received after this date will not be accepted. The Tour Leader will provide a check with the total Fund raising amount and a list of the students' names indicating how much to credit each. If participant cancels from tour, all fundraising amounts earned by that participant will be returned to the issuer of the fundraising check less any applicable penalties.
 - D. All Tours must be paid in full by the deadline date listed on the Tour Leader Contract/Group Tour Participation Agreement. A payment made after the final payment deadline date must be in the form of a credit card, money order, cashier's check or cash. No personal checks will be accepted after the final payment deadline date.
 - E. Transfer of money from Participant to Participant in any circumstance is not permitted.
 - F. Deposit dates Indicated on Payment Schedule must be adhered to. NO EXCEPTIONS.
 - G. If the final deposit is not made by the due date, the Participant will be canceled from the Tour and all charges below will apply.
 - H. NSF checks and Credit Card Chargebacks will be charged \$35.00 and replacement must be by Cashier's Check or Money Order.
5. **REFUND POLICY, NON-REFUNDABLE PAYMENTS, & CHARGES.** Participant agrees to the following refund policy and non-refundable payments.

GROUP CANCELLATION - all cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be issued and mailed to the issuer(s) within thirty (30) days after the scheduled Tour Date. Cancellations received after business hours will be posted on the next business day.

 - A. If Tour Group cancels due to lack of participation, the group has until 2 weeks after the first scheduled deposit date to cancel without penalty. Lack of participation is defined as a number of paid participants that is less than the lowest tiered pricing indicated on the Group Tour Participation Agreement.
 - B. If Tour Group cancels the Tour at least seventy-one (71) days prior to the Tour Date, due to lack of participation or unforeseen circumstances, Hemisphere will refund an amount equal to the deposits made, less all non-refundable deposits and expenses made on behalf of the group, and less a fifty dollar (\$50.00) per person administrative service charge, as provided in the Tour Contract governing the Tour.
 - C. If Tour Group cancels the Tour seventy (70) days to forty-six (46) days prior to the Tour Date, Tour Group shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on behalf of the group, as provided pursuant to the Tour Contract governing the Tour.
 - D. If a Tour Group cancels the Tour forty-five (45) days or less prior to the scheduled Tour Date, the Tour Group shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

Emergency Cancellation by Hemisphere. Hemisphere may cancel a Tour by reason of any event or occurrence which it deems to create a concern for travel safety, or if any major component of a Tour (i.e., transportation or accommodations) shall be canceled as a result of any such event. In such event, Hemisphere's sole liability to Participant shall be to refund to Participant such amount as Hemisphere receives as a refund from its vendors applicable to Participant's participation in the Tour, less such administrative fee as it deems necessary to cover Hemisphere's costs to the date of such cancellation in connection with such Tour.

PARTICIPANT CANCELLATION - Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued to the person who initially registered the participants. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

 - E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.
 - H. All cancellations must be submitted to Hemisphere in writing before any refund will be considered.

Tour Participant Replacement Policy (must be approved by Hemisphere Travel and Tour Leader). If a tour participant cancels with a same day replacement less than 45 days prior to the scheduled tour date, the canceling participant shall be entitled to a refund of the deposits made, less a \$100 administrative service charge plus applicable airline ticket name change fees and any additional hotel room charges if an extra hotel room is needed due to the replacement. The refund for the cancelled tour participant will not be issued until the new tour participant is paid in full. The replacement participant will not be charged a \$50 late add fee.
6. **TOUR COSTS- TOUR PRICING IS LOCKED AT FINAL PAYMENT DATE** specified on Tour Leader Contract or Group Participation Agreement (with the exception of any fuel surcharges). Any late cancellations or additions will not affect the final established price at the final payment date. Any new tour participants that sign up for the tour after the final payment deadline date will be charged an additional \$50 fee (2 day tours) or \$100 fee (3+ day tours), plus any additional airfare cost if applicable. All late additions are subject to availability and will not be accepted within 2 weeks prior to departure. The cost of the Tour is based on a certain minimum number of Participants per sightseeing coach, based on the preferred occupancy selected, and is subject to change if less than the stated numbers of Participants agree to participate. In such event, Participant agrees to pay any applicable additional charge as Hemisphere reasonably determines, or in the alternative, Participant may cancel its participation in the Tour and may receive a refund of the deposit, less any applicable charges as above provided. The costs stated herein are for student Participants only. Costs for adult Participants will be greater and will be quoted on request. For Air tours, once the airline reduction date has passed, a new participant will be responsible for any additional airfare to obtain an additional seat, if available.

Authorized FREE tour leaders/chaperones cannot be divided between more than one participant and cannot be redeemable for cash or the reduction in other tour participant's tour costs. The tour leader is considered the First Authorized FREE chaperone. It is the Tour Leader's Responsibility to provide the Chaperone needs indicated on the Tour Leader Contract (Or a minimum of 1 adult for every 15 students).

7. **INSURANCE COVERAGE.** Hemisphere agrees to provide the following insurance coverage for the duration of the Tour: American Income Life Insurance Company-Illness and Accident Policy, covers all Tour Participants for the duration of the Tour for \$5,000.00 for loss of life, \$1,000.00 for illness, \$500.00 Dental caused by accidents, and \$5,000.00 for Medical Expense caused by accidents. Optional Travel Protection may be available to Participant for an additional charge. It is important to note that if a medical emergency prevents the student and chaperone to travel back with the group, it will be up to the parents to pay any additional transportation expense for the student and chaperone to return home. By signing this release, I give permission for my child to travel home with the chaperone (without the group). The insurance included as part of the tour package only covers medical expenses and transportation expenses only for an ambulance to the hospital; it does not cover any other form of transportation or lodging expense related to an accident. The Optional Travel Protection offers benefits for accident and sickness medical expense and more.
8. **PROMOTIONAL MATERIAL RELEASE.** The undersigned hereby irrevocably consents to the unrestricted use by Hemisphere, its successors and assigns, of Participant's name and likeness in any and all photographs or video footage of Participant taken on the tour for all advertising purposes, promotional purposes, or purposes of trade in any and all mediums, including social media, and the undersigned waives any right to compensation therefore and any right to inspect or approve such pictures, video footage, advertising, material or promotional material used in connection therewith.
9. **Acceptance, release and indemnification.** In consideration of Hemisphere's acceptance of the below-named participant for participation in the tour, the undersigned hereby agrees to the foregoing tour terms and conditions and waives and releases on behalf of himself or herself and his or her heirs and successors, and agrees to indemnify, Hemisphere Travel, inc., the tour sponsor and the tour leader participating in the tour, their successors and assigns and their shareholders, directors, officers, employees and agents, as applicable, from, any and all manners of action, suit, debts, damages, claims and demands whatsoever, in law, in admiralty or in equity, which said participants may have or may hereafter acquire by reason of death or injury as a participant of said tour, loss or damage to property, or otherwise arising out of or in connection with participation in said tour, including, but not limited to, any and all damages claimed for delays and other causes beyond hemisphere's reasonable control. Specifically, but not by way of limitation, neither Hemisphere, the tour sponsor, or any tour leader shall be liable for any death or injury resulting from any participant who goes swimming (at hotel pool or other water activity on the tour) while on the tour. In addition, Hemisphere assumes no responsibility and shall not be liable for any videos shown on any motor coach which have not been supplied by Hemisphere. The deposit of the participant's initial payment by Hemisphere shall constitute acceptance of the above named participant for participation in the tour.
10. This Agreement shall be governed by the laws of the State of Illinois. The parties agree that any claims or other actions arising out of this Agreement may be litigated in the federal or state courts in Cook County, Illinois, and each party hereby submits to the jurisdiction of such courts. Any claims asserted against Hemisphere shall be litigated exclusively in such courts.

**This form must be approved during your online registration or returned to Hemisphere by Sep 19, 2019.
Derby Middle School Washington, DC Tour (ACCOUNT# 20TA14107)**

PRINT PARTICIPANT'S First Name _____ Middle Name(Required) _____ Last Name _____
Provide name as it appears on your driver's license or passport (if minor, provide legal name)

TOUR PARTICIPANT'S DATE OF BIRTH (REQUIRED): ___/___/___ TOUR PARTICIPANT'S GENDER: MALE OR FEMALE (CIRCLE ONE)

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell / Secondary Phone: _____

Emergency Contact _____ Phone # _____

E-MAIL address (Used for payment reminders & tour updates only) _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE - PRINT PARENT OR GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE or ADULT PARTICIPANT SIGNATURE _____

By signing above you agree to all terms and conditions of the two page document entitled 'Tour Terms and Conditions / Release Form-Multi Day Tours'

EACH PARTICIPANT MUST FILL OUT THIS SECTION AND MAKE 1ST DEPOSIT TO BE REGISTERED

1. SELECT YOUR ROOM PREFERENCE (subject to change based on final room assignments made by your tour leader):

___ QUAD (4 People Sharing 2 Beds) ___ TRIPLE (3 People Sharing 2 Beds) ___ DOUBLE (2 People with 2 beds) ___ SINGLE (1 Person 1 bed)

2. YOUR FIRST DEPOSIT OF **\$150.00** IS DUE BY Sep 19, 2019 (payment must be made with this form to be registered)

3. ARE YOU PURCHASING THE OPTIONAL, NON-REFUNDABLE TRAVEL PROTECTION WITH THE "CANCEL FOR ANY REASON" BENEFIT? PLEASE VISIT WWW.HEMISPHERETRAVEL.COM TO VIEW THE TERMS/BENEFITS OF THE PLAN. THE "CANCEL FOR ANY REASON" BENEFIT IS NOT AVAILABLE FOR NY RESIDENTS. PREMIUMS ARE LISTED BELOW AND ARE BASED UPON THE TOUR COST WHICH IS SUBJECT TO CHANGE ONCE THE FINAL TOUR COST IS DETERMINED BY THE FINAL PAYMENT DUE DATE.

40-50 Paid Participants Per Coach: Quad: \$31.50

35-39 Paid Participants Per Coach: Quad: \$37.50

30-34 Paid Participants Per Coach: Quad: \$37.50

All of the above prices are for the entire plan which includes insurance benefits as well as non-insurance assistance services.

___ YES Must be purchased with initial deposit.

___ NO No additional cost

4. ADD NUMBERS 2 & 3 FOR YOUR FIRST PAYMENT AMOUNT:

TOTAL OF FIRST DEPOSIT \$ _____



1375 E. Woodfield Road; Suite 530
Schaumburg, IL 60173
Toll Free: 800-323-6439 Fax: 847-619-0240
www.hemispheretravel.com

PERMISSION FOR MEDICAL TREATMENT - Fill Out Online in Your Online Account

If no online account, sign & return to Hemisphere by Sep 19, 2019, via info@hemispheretravel.com, fax or mail

SCHOOL / GROUP NAME: Derby Middle School

DESTINATION and DATES: Washington, DC Wednesday, May 27, 2020 until Friday, May 29, 2020, 3 Days and 2 Nights

PARTICIPANT'S FULL LEGAL NAME: _____

DATE OF BIRTH: ___ / ___ / ___ PARENT / GUARDIAN NAME: _____

HOME PHONE NUMBER: _____ CELL/SECONDARY PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN _____ PHONE# _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

Since the group's tour leader will not receive these forms until just prior to the tour departure, please also personally inform the group's tour leader of such conditions and/or limitations, as it may require special arrangements which may alter tour components.

LIST FULLY ANY MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS PARTICIPANT MAY HAVE (i.e. wheelchair accessible motorcoach, food allergies, etc. Please note that this trip involves considerable walking): _____

LIST ANY ALLERGIES PARTICIPANT HAS, IF NONE, PLEASE INDICATE SO : _____

LIST ANY MEDICATIONS PARTICIPANT MUST TAKE, INCLUDING TIME SCHEDULE: _____

(We recommend placing students' medications in a plastic bag, marked with name and given to the tour leader)

The accident insurance included as part of the tour package covers medical expenses and transportation expenses only for an ambulance to the hospital. IF MEDICAL TREATMENT SHOULD BE REQUIRED FOR A NON-TOUR RELATED INCIDENT, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE POLICY. (A copy of the insurance card is not necessary)

INSURANCE COMPANY NAME: _____ PHONE #: _____

POLICY HOLDER NAME: _____ POLICY #: _____

It is understood and agreed that the tour sponsors and chaperones will exercise reasonable care with respect to the health and physical well-being of each participant. This permission also authorizes chaperones to observe students who must take any such medications as Tylenol, Anti-diarrhea medication or medications designed for relief of minor problems as they become necessary. I have read the foregoing and agree to the stipulations there in: I hereby authorize any medical treatment necessary & the transfer of the student or participant to any reasonably accessible hospital, pursuant to the foregoing conditions:

Parent/Guardian or Adult Participant Signature

Should a medical emergency prevent the tour participant (and a chaperone if the participant is under 18 years old) from traveling back with the group, I hereby give my permission for the tour participant to travel with that designated chaperone (without the group) once the participant has been released from the place where medical attention was given. For minors; the mode of return travel for a student will be determined by the both the Chaperone in charge and the Parent/Guardian of the participant. I also understand that I will be responsible for the travel expense for both the tour participant and the Chaperone (if the participant is under 18 years old) to return home. If you purchase Optional Travel Protection Insurance, part of this expense may be covered. If the Optional Travel Protection Insurance was not offered to your group, please contact Hemisphere to see what insurance coverage would be available for the type of tour you are taking.

Parent/Guardian or Adult Participant Signature

SWIMMING AND OTHER PHYSICAL ACTIVITIES: AS A PARENT/GUARDIAN OR TOUR PARTICIPANT, I ACKNOWLEDGE THAT IN CONNECTION WITH SWIMMING AND OTHER PHYSICAL ACTIVITY I HAVE FULLY ADVISED THE TOUR LEADER OF ALL LIMITATIONS THAT MY CHILD OR MYSELF MAY HAVE IN PARTICIPATING IN THE TOUR ACTIVITIES. I UNDERSTAND THAT SWIMMING, WITH OR WITHOUT A LIFEGUARD PRESENT, ARE AT ONE'S OWN RISK. I HEREBY RELEASE HEMISPHERE EDUCATIONAL TRAVEL, THE GROUP, THE TOUR LEADERS AND CHAPERONES FROM ANY RESPONSIBILITY FOR PERSONAL INJURY OR OTHER LOSS WHICH MIGHT OCCUR WHILE ENGAGING IN SWIMMING OR OTHER TOUR ACTIVITY UNLESS SUCH INJURY OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OF HEMISPHERE EDUCATIONAL TRAVEL OR THE CHAPERONES. PLEASE CHECK WITH YOUR TOUR LEADER TO SEE IF SWIMMING IS PART OF YOUR GROUP'S ITINERARY.

I HEREBY AGREE TO ALL OF THE TERMS ASSOCIATED WITH THIS RELEASE FORM.

Parent/Guardian OR Adult Participant Name (please print) _____

Parent/Guardian OR Adult Participant Signature _____ DATE _____

EVERY TOUR PARTICIPANT (STUDENTS AND ADULTS) MUST SIGN AND RETURN A SEPARATE FORM TO HEMISPHERE. THE TOUR LEADER WILL HAVE THIS FORM IN THEIR POSSESSION WHILE ON TOUR FOR EMERGENCY PURPOSES.

Dear Parents/Guardians,

With the upcoming 8th grade Washington D.C. trip, we want to ensure that we have all lines of communication open with your child in case of emergencies. This is optional; however, if you choose, we are asking for your child's cell phone number that they will have while on the trip. Please complete the bottom part of the form and return if you choose to have the chaperones have your child's cell phone number.

I give permission for the chaperones on the DMS 8th grade Washington D.C. trip to have my child's _____ cell phone.

The cell phone number is _____

Parent Name

Parent Signature

Thank you,

Kelly Anroman

Derby Middle School

Emergency Medical Form and Over The Counter Medication Authorization

Student Name Male/Female Homeroom/Advisory Teacher Grade

Address Date of Birth

Parent Guardian Information: Name Home Telephone Work Telephone Cell Phone

Parent Guardian Information: Name Home Telephone Work Telephone Cell Phone

In case of illness or accident during school hours when no one can be reached at home, please indicate below a person who may be contacted and/or transport your child.

Emergency Contact Name Relationship Telephone Number

Emergency Contact Name Relationship Telephone Number

Health Information *You may use the back side of this form for any additional information you wish to alert school personnel to*

- 1. Is your child currently receiving treatment from a doctor for asthma? If Yes please describe any triggers, frequency, symptoms and medications
2. Allergies (medications, food, environmental/seasonal Does the allergy require the use of an EpiPen?
3. Medical/mental health conditions
4. Surgeries/Hospitalizations
5. Medications at home or school
6. Any Physical limitations or restrictions for activity?

Physician Telephone

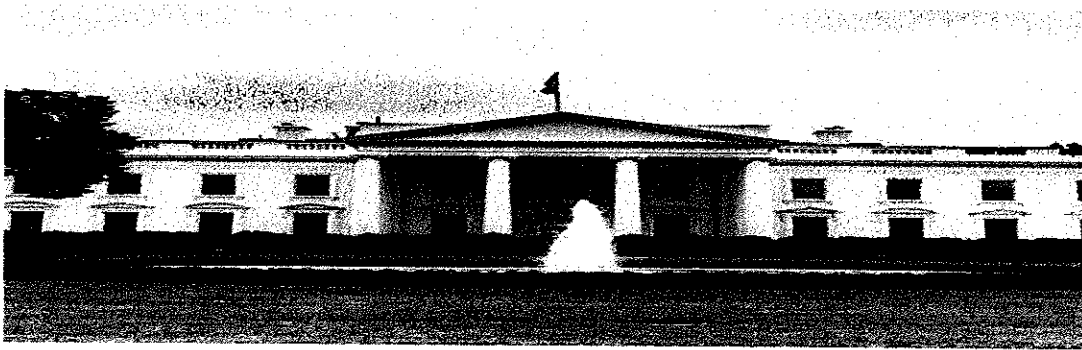
Does your child have health insurance? Yes No Insurance Company Policy #

I authorize the school nurse/school personnel to administer the following over the counter medications on an as needed basis, after an assessment has been made. These medications will be given per package instructions based on the child's weight and age. These medication orders have been approved by the Derby Public Schools Medical Advisor (CT Public Act No. 212A revised #88-360)

Please check (✓) next to medications you authorize the school to administer and indicate reason for administration

- Tylenol/Acetaminophen Reason
Advil/Motrin/ Ibuprofen Reason
Tums/Antacids Reason
Midol/Pamprin Reason
Aleve/Naproxen Reason
Benadryl/Antihistamine Reason
Bacitracin/Antibiotic ointment Reason
Dramamine Reason

Signature of Parent/Legal Guardian Date



It is about that time!!!

We need to begin to think about and finalize our rooming for Washington D.C.

It is 4 students to a room. What I am asking you to do is to write your name and the name of the 3 people you would like to room with.

I will do my best to accommodate all requests - but if there is not a consensus, then we will have to sit and work it out.

Please have this submitted by _____

If there are any questions, please don't hesitate to e-mail me.

Ms. Anroman

Your name _____

The three people I would like to room with:

1. _____
2. _____
3. _____

What to pack for D.C.

- Toiletry items - shampoo, conditioner, toothbrush, toothpaste, deodorant, etc.
 - Comfortable walking shoes (flip-flops and heels are not recommended)
 - Rain coat/poncho and/or umbrella in case of inclement weather. These may be left on the bus for the duration of the trip
 - Layers of clothing (sweatshirt, jacket) if the weather is cool.
 - Spending money - this is up to each individual. Everything is paid for so any spending money would be for extra food and/or souvenirs. Students tend to bring between \$50-100
 - Water bottle that can be refilled
 - phone/camera
 - Portable charger for phone
 - Sunscreen
-
- One suitcase and one carry on bag allowed
 - **Only water bottles allowed on the bus. NO PEANUT PRODUCTS**

Chaperones for Washington D.C. May 27-29, 2020

Kelly Anroman	203-231-3813 DMS Teacher
Tom Fulton	203-906-4640 DMS Teacher
Mike Gozzo	203-974-3828 DMS Teacher
Rachael Caggiano	203-535-5579 DMS Administrator
Alicia Proscino	203-767-7338 DMS Para-Educator

Emergency Phone Tree

