



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

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APR 07 2025

SUPERINTENDENT

School: Daniel Hand High School Principal: Anthony R. Salutari, Jr.

Date(s) of Trip: April 9-16, 2026 Trip Organizer(s): Mary Merkle & Rosana Casais

Destination of Trip: Lisbon, Cascais, Coimbra, Sintra, Fatima Portugal

Grade level of student participants: 9-12 No. of Students: 20-24

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

Students will experience the sights, sounds, tastes and cultures of central and northern Portugal. They will learn valuable life skills: using public transportation and communicating with others in a language they do not speak. Students will learn to cook traditional dishes and engage with others on the trip in reflecting about what they are seeing and experiencing.

Funding Source(s): Students and their families

Complete if students are paying for all or part of the trip.

Total fees required from each student: Tour Fee = \$3580-3780 depending upon # of students participating

Transportation Fee = \_\_\_\_\_

Name of Tour Company: Prométour Educational Tours - 339 Rue Saint-Paul E, Montréal, QC H2Y 1H3, Canada

Name of transportation service vendor: Commercial airline (TAP); local charter bus company

No. of buses required: 1 Cost per bus: inc in trip fee

Date / Time of trip: Departing Madison: April 9, 2026 Returning to Madison: April 16, 2026

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

☐ N/A Telephone Tree in the event of an emergency (email + SMS)

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

**Chaperones:**

Mary Merkle - 203.980.8175

Rosana Casais - 203.915.1931



## 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:

Signature, Trip Organizer(s)

Signature, Principal / Assistant Principal

☒ Trip approved  
  
Signature, Superintendent or Designee

4/3/25  
Date

4/7/25  
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



# 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

April 3, 2025

Dear Parents,

Olá! We are pleased to present the April break 2026 trip to Portugal. This trip offers an incredible opportunity for students to explore historic cities such as Lisbon, Coimbra and Porto, practice some simple phrases in Portuguese, immerse themselves in Portuguese culture, enjoy excellent Portuguese cuisine and discover an incredible country.

Some of the trip highlights include:

- Mosteiro dos Jeronimos in Lisbon - a masterpiece of Portuguese architecture and a UNESCO World Heritage Site
- Palacio da Pena in Sintra (a resort for Portugal's royal family in the late XIX century) another UNESCO World Heritage Site
- Participation in a cooking class to prepare traditional Portuguese dishes such as codfish fritters and pasteis de nata
- Experiencing Portugal's traditional fado music
- Fatima
- Coimbra & its maze of narrow streets and one of the oldest universities in the world
- Porto

The trip fee includes:

- Basic travel insurance
- All transportation & transfers (excludes R/T bus from DHHS-airport)
- Lodging at 3-star (minimum) hotels including a full breakfast
- Dinner every evening in a local restaurant

The trip deposit participants are asked to make at time of registration is 100% refundable until the moment we go ahead and confirm the group to travel.

Madame has been working with the tour operator, Prometour, since 2012 to create itineraries that expose students to the best experiences possible. To join the trip, students and parents will set up an account and login directly through the Prometour website. Payment is online and a variety of payment options are available.

We are hopeful you will consider sending your child to experience the joy and wonders of Portugal. Please contact us with any questions or concerns: [merkle.mary@madisonps.org](mailto:merkle.mary@madisonps.org) and [casais.rosana@madisonps.org](mailto:casais.rosana@madisonps.org).

Sincerely,

Mme Merkle  
French & ML Teacher  
French Club Advisor

Sra. Casais  
Spanish Teacher



## Parent / Guardian Permission & Acknowledgment of Risk for Student International Travel

**Trip Organizer Directions:** After the *International Travel Proposal / Request Form* has been approved, you are required to complete this form, attach a description of the trip to it, and send it home to parents. Only those students whose parents have signed and returned this form to you will be permitted to go on the international 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/Guardian Directions:** Please read this form, and, if you give your child permission to attend the international trip, sign and return it to your child's trip organizer.

School: Daniel Hand High School Principal: Anthony R. Salutari, Jr.  
Date(s) of Trip: April 9-16, 2026 Trip Organizer(s): Mary Merkle & Rosana Casais  
Destination of Trip: Central & Northern Portugal - Lisbon, Sintra, Cascais, Fatima, Coimbra, Porto  
Tour Company: Prometour

**Educational Objectives:**

Students will experience the sights, sounds, tastes and cultures of central and northern Portugal. They will learn valuable life skills with regard to using public transportation and communicating with others in a language they do not speak. Students will learn to cook traditional dishes and will engage with others on the trip in reflecting about what they are seeing and experiencing.

**Supervision:**

- ☐ Students will be directly supervised by adults at all times.  
☒ Students will be directly supervised by adults with the following exceptions: \_\_\_\_\_  
Students will have a little free time each day to explore with a buddy or a small of friends. No student is ever alone.

**Transportation Provided:** ☒ Charter Bus

☒ Air

**Related Risks:** ☐ Swimming Pool ☐ Amusement / Theme Park ☒ Beach/Ocean ☐ Other \_\_\_\_\_ ☐ None

**Student Agreement:**

While participating on 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. 5-12): \_\_\_\_\_ 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), indicated above, which 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 the Board of Education nor its employees and volunteers will have any responsibility for the condition or use of any non-school property as a part of participation in this school trip.

**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. It is strongly recommended that you personally review any tour contract with a company or commercial carrier, including its stated refund policies, before your child signs up or pays for the trip.



## Student International Travel Medical Form

### Program Information:

Title / Name of Trip, Activity or Program: Spring break trip to Portugal April 9-16, 2026  
Date(s) of Trip: April 9-16, 2026 Trip Organizer(s): Mary Merkle & Rosana Casais  
Destination of Trip: Central & Northern Portugal  
Student Name: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent / Guardian Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_  
Health Insurance Provider: \_\_\_\_\_  
Health Insurance Policy #: \_\_\_\_\_  
Primary Subscriber of Medical / Health Policy: \_\_\_\_\_  
Student's Primary Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_

### Health History

Allergies/Dietary Restrictions (food, medicine, and environment): \_\_\_\_\_  
\_\_\_\_\_  
Health Conditions and Significant Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_\_

### Alternate Contact in Case of Emergency (Parent/Guardian(s) will be contacted first):

Alternate Contact Name: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_  
Will your child require medication during this trip? ☐ Yes ☐ No

### Medications

- All medications must be in original pharmacy labeled container with student's name, dosage, route, and frequency of administration (include asthma inhalers, Epi Pens, and all regularly or occasionally taken medication)
- Provide only the amount of medication needed for the duration of the trip
- Ensure that your child is capable of self-administering his / her medication
- All medications to be self-administered must have the medical provider's signature of written authorization completed on this form, except for short term prescription medication in pharmacy labeled container (for example: antibiotics)



Office of the Superintendent  
Madison Public Schools  
Madison, CT 06443

## 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 9-16, 2026

Trip Organizer(s): Mme Merkle & Sra. Casais

Destination of Trip: Lisbon, Coimbra, Sintra, and Porto Portugal

Cost of Trip: \$3580-\$3780 depending upon # of participants

Educational Objectives: Students will experience the sights, sounds, tastes and cultures of central and northern

Portugal. They will learn valuable life skills with regard to using public transportation and

communicating with others in a language they do not speak. Students will learn to cook

some of the traditional dishes and will engage with others on the trip in reflecting about what

they are seeing and experiencing.

Supervision:

☐ Students will be directly supervised by adults at all times

☒ Students will be directly supervised by adults with the following exceptions:

Students will move as a group unless they have free time to explore or shop in a particular town. Buddy system.

☐ 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.



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Melanie A. Witcher, Assistant Principal

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