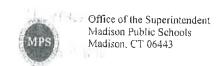
### School Trip Proposal / Request Form Student International Travel

# RECEIVED APR 0 7 2025 SUPERINTENDENT

School: Daniel Hand High School Pr	incipal Anthony R. Salutari, Jr.
Date(s) of Trip: April 9-16, 2026	rip Organizer(s): Mary Merkle & Rosana Casais
Destination of Trip: Lisbon, Cascais, Coimbra, Sintra, Fatim	a Portugal
Grade level of student participants: 9-12 No. of Student	ents; 20-24
Educational Objectives including related classroom activities price	or 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 ot	hers in a language they do not speak. Students will learn to
cook traditional dishes and engage with others on the trip in refle	cting 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 Sa	aint-Paul E, Montréal, QC H2Y 1H3, Canada
Name of transportation service vendor: Commercial airline (	「AP); local charter bus company
No. of buses required: 1 Cost per bus: inc in trip fe	e
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 for	m. (Place a check mark by each item indicating its
inclusion in the approval packet.)	
XInformation outlining parental financial responsibility sh	nould there be an emergency cancellation
XParent / Guardian letter explaining the trip and travel itin	nerary
XParent / Guardian Permission and Acknowledgment of F	Risk for Student International Travel Form
XEmergency Plan (Includes arrangements for medical needs	eds, parent / guardian contact information, access to
communication devices, and procedures for general pote	ential emergency situations)
X List of Chaperone Names and Phone Numbers with MPS	S employees noted
N/A Telephone Tree in the event of an emergency (email + SM	S)
Be sure the school administrator has a list of those students participant contact numbers.	cipating in the activity and a copy of the emergency

#### 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) Date Signature, Superintendent or Designee Trip Denied Reason: Signature, Superintendent or Designee Date International Travel Checklist Dobtained 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 <u>Prometour</u> 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: <a href="markle.mary@madisonps.org">merkle.mary@madisonps.org</a> and <a href="markle.mary@madisonps.org">casais.rosana@madisonps.org</a>.

Sincerely,

Mme Merkle

French & ML Teacher

French Club Advisor

Sra. Casais

Spanish Teacher

rosana Cen



#### 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 yes sign and return it to your child's trip organizer.	ou give your child permission to attend the international trip,
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 - Lisbo	n, Sintra, Cascais, Fatima, Coimbra, Porto
Tour Company: Prometour	
Educational Objectives: Students will experience the sights, sounds, tastes and cultur	res of central and northern Portugal. They will learn valuable life
skills with regard to using public transportation and communic	cating with others in a language they do not speak. Students will
learn to cook traditional dishes and will engage with others on Supervision:	the trip in reflecting about what they are seeing and experiencing
Students will be directly supervised by adults at all time	·s.
X Students will be directly supervised by adults with the fo	ollowing 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: X Charter Bus	
Related Risks: Swimming Pool Amusement / Theme	e Park X Beach/Ocean Other None
Student Agreement:	
While participating on this school trip, I will accept responsibility for Public Schools Code of Conduct and I will follow directions of the	
Student Signature (Gr. 5-12)!	Date;
Parent / Guardian Acknowledgment of Risks:	
I understand that participation on this school trip is voluntary and the will expose my child to some risk of injury or even death. I have real also understand the Board of Education nor its employees and voluntary non-school property as a part of participation in this school trip.	ad and understand the attached description of the school trip. I mteers will have any responsibility for the condition or use of
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 reimburscements 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 earrier, including its stated refund policies, before your child signs up or pays for the trip.

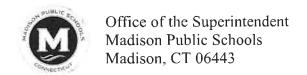


#### Student International Travel Medical Form

1 Togram Turor mation	1.		
Title / Name of Trip, A	ctivity or Program:	Spring break trip to Portugal Ap	ril 9-16, 2026
Date(s) of Trip:	April 9-16, 2026	Trip Organizer(s):	Mary Merkle & Rosana Casais
Destination of Trip:	Central & Northern Portug	gal	
Student Name:			
Home Address:			
			Cell Phone 2:
Health Insurance Police	y #;		
Primary Subscriber of I	Medical / Health Policy:		
	tudent's Primary Health Care Provider: Phone:		
Student's Date of Birth			
Ilealth History  Allergies/Dietary Restr		ad environment):	
Health Conditions and	Significant Medical Conce		
Date of Last Tetanus Sh	iot		
Alternate Contact in C	ase of Emergency (Pare	nt/Guardian(s) will be contacte	ed 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)



# 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, a	nd Porto Portugal
Cost of Trip: \$3580-\$3780 depending upon # of	participants
Educational Objectives: Students will experience th	ne sights, sounds, tastes and cultures of central and northern
Portugal. They will learn va	luable life skills with regard to using public transportation and
communicating with others	s in a language they do not speak. Students will learn to cook
some of the traditional dish	nes and will engage with others on the trip in reflecting about what
Supervision: they are seeing and experie	encing.
☐ Students will be directly supervised by adults a	t all times
	rith the following exceptions:
	free time to explore or shop in a particular town. Buddy system.
☐ A School Nurse will be present on this school to	rip.
Transportation Provided: ☐ School Bus ☐ Char	ter Bus
Drivers of Personal or Leased Vehicles (Gr. 4-12): [	☐ Parent ☐ Teacher / Staff Member ☐ Other Adult
Related Risks: □Swimming Pool □ Amusemen	t / Theme Park
Student Agreement: While participating in this school trip, I will accept Madison Public Schools Code of Conduct and I will times.	responsibility for maintaining conduct in accordance with the I follow directions of the school trip organizers/chaperones at all
Student Signature (Gr. 4 -12):	Date:
understand that the trip may include amusement/t park activities will expose my child to some risk description of the school trip. I also understand that	is voluntary and that it exposes my child to some risk(s). I also heme park activities and that participation in amusement/theme of injury or even death. I have read and understand the attached at participation in the school trip will involve activities on school nor its employees and volunteers will have any responsibility for
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.



# **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

#### **Student Travel Medical Form**

Student Name:		Grade;	Date:
Will your child require medica	tion during this trip?	YES	NO
If NO please proceed to t	he BACK of this form. If	YES please complete	BOTH sides of this form.
	red in the Health Office for your cannot the amount of medication needs		l trips. If additional medication is <i>trip</i> .
	deliver the medication directly to es must be counted with the nurse		
	original pharmacy labeled containing inhalers, Epi Pens, and all regu		name, dosage, route, and frequence n medications).
Students may only self-can diabetic medications)	ry life threatening medical provid	ler authorized medication	s (examples, Epi pens, inhalers,
Staff A	dministered Medication(s) -	List each medication in	dividually
	<b>Dosage Information</b> Frequency; AM/PM, etc.	Comments Optional	FOR STAFF USE ONLY Given By & Date / Time
Authorized	Self-Administered Medication	on(s) - List each medica	tion individually
	Medication Name	Comm	ents (Optional)
		Pho	
Parent/Guardian Signature:			ne:

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.):	
randigles, pictury restrictions (rood, 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 hemployees and agents from and against any claim either I/We or my child may may arise out of this authorization.	narmless the Madison Public Schools and their y have as a result of any act or omission which
I/We further consent to urgent medical treatment by a health care provider in their participation in the trip/activity/program. I/We accept full responsibility	the event of illness or injury of our child during for all costs for any medical treatment.
I/We consent for the release of confidential medical information to be released trip/activity/program organizers and chaperones as needed to maintain my chi	d to and from medical providers and the school ld's health and safety.
Parent/Guardian Signature	Data