

2.16 APPROVAL OF OVERNIGHT FIELD TRIP REQUEST FOR WNHS STUDENT COUNCIL TO TRAVEL TO GREAT WOLF LODGE IN GURNEE, IL DEC 4-5, 2025

A. SUBJECT

The Board is asked to approve an overnight field trip for Woodstock North High School students to attend the Student Council Winter Retreat NCD Leadership event at Great Wolf Lodge in Gurnee, IL on December 4-5, 2025.

B. SUGGESTED MOTION

This item will be included as part of the Consent Agenda Motion.

WOODSTOCK COMMUNITY UNIT SCHOOL DISTRICT NO. 200

FIELD TRIP SUMMARY SHEET

Athletic/Club Name: Woodstock North Student Council

Name of Event and Description: North Central District of IL Winter Retreat

Coach/Chaperone Name(s): Jen Rooney & Bill Weber

Number of Chaperones: Male: 4 Female: 14 Total: 2 total- 1M and 1F

Date(s) of Activity: Thursday December 4th- Friday December 5th.

Location of Activity: Great Wolf Lodge in Gurnee IL

Number of Students: Male: 4 Female: 14 Total: 18

Applicable Costs:									
Gas/Mileage:									
Entry/Reg Fee:									
=									
Lodging: <u>230</u> per night # of nights <u>1</u> # of Rooms <u>6</u>									
= 1380									
Meals: <u>90</u> per day # of days <u>1</u> # of Students <u>20</u>									
= 1800									
Tolls:									
=									
Transportation: (explain) <u>School Bus</u>									
=									
TOTAL 3180.00									

Attach Daily Trip Itinerary

Above Costs to be Paid By (Including % paid by fundraising): \$50 each from student/ Remainder paid from STUCO funds

Account # (if applicable): _____

Submitted By:	Jennifer Rooney	10/21/25
Approved By:	<div></div>	Date
	Principal's Signature	Date
	<div></div>	Date
	Superintendent's Signature	Date
	Board Meeting Approval Date (if applicable)	Date

Appendix A: Tour Proposal and Detailed Itinerary

Trip Leader: Jen Rooney

Trip Location: Great Wolf Lodge

Trip Name: NCD Winter Retreat

Trip Dates: December 3-5th, 2025

Students: Woodstock North High School Student Council Members

Trip Plan: This is an opportunity for students to work with students from around the region that are also active in their schools student councils and who are interested in roles in leadership in the future. We find out students benefit from meeting other students from around the state to get their diverse perspectives & to make connections.

Trip Objectives: (What do you plan for your students to accomplish, and what learning standards do it relate to)

- **Develop Leadership and Collaboration Skills**
Participate in round table discussions to share ideas, strengthen teamwork, and learn effective strategies for leading initiatives within our school community.
- **Engage in Networking and Peer Learning**
Connect with student leaders from other schools to exchange experiences, gain new perspectives, and build relationships that inspire future collaboration.
- **Promote Creativity and School Spirit**
Take part in the talent show and activities such as the Ugly Sweater Contest to encourage self-expression, creativity, and unity among council members.
- **Demonstrate Service and Citizenship**
Contribute to the group service project to practice civic responsibility and understand the value of giving back to the community as part of leadership development.

What is the per-student cost? \$150 per student (we will pay \$100 from our funds)

- **What is Included?** Food, activities, and lodging
- **What is Not Included?** Extra fun money

Describe your Travel Protections Plan (Insurance): N/A

Detailed Itinerary:

NCD WINTER RETREAT 2025 SCHEDULE OF EVENTS

THURSDAY, DECEMBER 4TH

1pm - 2pm	Check-in
2pm - 2:30pm	1st General Session
2:30pm - 4pm	Session 1 Round Table Discussions
4pm - 5pm	Dinner
5pm - 8pm	Water Park Free Time

Appendix A: Tour Proposal and Detailed Itinerary

8pm - 8:30pm	Get ready for the evening
8:30pm - 9pm	Talent Show Prep
9pm - 10:30pm	Talent Show / Ugly Sweater Voting
11:30pm	Lights Out

FRIDAY, DECEMBER 5TH

8:30am - 10am	Session 2 Round Table Discussions
10:00am - 10:30am	Scavenger Hunt
10:30am - 11am	Pack up and bring luggage to the room
11am - 12pm	Lunch
12pm - 1pm	By-Laws & Honor Book Workshops
1pm - 2:30pm	Service Project
2:30pm - 3pm	Final General Session
3pm	Check-out & go home

Appendix B: Frequently Asked Questions

TRIP DETAILS

When will I receive our final itinerary?

The week before we should have the final itinerary.

Can I change my reservation (room occupancy, etc.)?

No, we need to commit to numbers by Nov. 4th

How many adults or chaperones will travel with my child? *2 adults with them on the bus. MANY more teacher chaperones will be there (2 for each school in attendance, so approximately 12)*

Are parents allowed to attend a tour? *No*

What if the weather is inclement? *It is indoors*

EMERGENCIES

What happens if my child has a medical emergency while on tour? *We will have the students medical information and call 911 if necessary.*

What if I have an emergency and need to reach my child? *They can have their cell phones.*

HOTEL/ACCOMMODATIONS

On overnight tours, how many students will be in each hotel room? *2-3 students depending on the final number of students coming.*

Who determines the hotel rooming arrangements? *We will decide who rooms together.*

INSURANCE

What is the Optional Travel Protection Plan? *n/a*

PAYMENT AND REGISTRATION

How do I make payment for my child's trip? *Check for \$50 to WNHS.*

Is it ok if my payment is late? *We will need the check by the day we leave, December 3rd*

Do you send out payment reminders? *To students via Remind App*

How do I register for a tour? *Students sign-up with advisors*

How do I complete the Permission for Medical Treatment form online? *We have paper copies*

What happens if not enough participants sign up for the tour by the initial deposit date? *We will go if more than 5 students sign-up.*

If my school is fundraising, how will I know how much my child has earned? n/a

Can I make subsequent payments online if I have mailed in the first deposit? n/a

Can I pay with a credit card over the phone? n/a

CANCELLATIONS

How do I cancel my child from a tour? *Once signed up, they are responsible for the \$50 fee.*

MEDICATIONS AND SPECIAL NEEDS

What if my child has medications or allergies or is on a special diet? *We will take those things into consideration and provide proper care.*

What if my child has special needs? *We will take those things into consideration and provide proper care.*

PACKING

Is my child allowed to bring a cell phone or other electronic devices? Yes

How much money will my child need to bring on the tour? *None required, but snacks and souvenirs & arcade will be available for purchase.*

Appendix F: Woodstock District 200 Field Trip Chaperone

Expectations

CHAPERONE DUTIES AND EXPECTATIONS WILL INCLUDE BUT ARE NOT LIMITED TO:

1. Responsible for an assigned group of students throughout the planning and execution of the trip.
2. Attendance at any pre-trip chaperone meetings and meetings during the trip will be expected.
3. Compile an emergency contact list and communication plan for the assigned group.
4. Required to attend all planned functions during the trip.
5. Responsible for getting assigned groups to specified locations on time.
6. Responsible for assuring students have all the required items needed for the day's events.
7. Work in shifts with other chaperones including supervision during all daytime activities as well as potential night time hotel hallway/room monitoring.
8. Assist with bus loading and attendance.
9. Assist with equipment loading, unloading, and handling as needed.
10. Assist with any snack and meal preparation, serving and clean-up as necessary.
11. **NO CHAPERONE WILL ISSUE DISCIPLINE TO A STUDENT.**
12. Report all problems to the Lead Staff Chaperone.
13. **NO SMOKING, CONSUMPTION OF ALCOHOL OR USE OF ILLEGAL SUBSTANCES WILL BE ALLOWED BY ANY CHAPERONE DURING THE TRIP.**

Appendix G: D200 Field Trip Medication Form

Woodstock Community Unit School District 200

Dear Parent/Guardian,

If your student will need to take prescription or over-the-counter medication during the international/overnight field trip, please complete the **D200 Field Trip Medication Form** with your student's physician. A physician's order is required for all prescription or over-the-counter medication that your student may need during the trip (ie. if your student has a headache, the **D200 Field Trip Medication Form** is required before medication can be administered). The **D200 Field Trip Medication Form** needs to be turned in to the trip sponsor four weeks before departure for the trip. It will be held by the trip sponsor during the trip for safety purposes. Students may carry and self-administer a prescribed asthma inhaler or epinephrine auto-injector device if the permission to self-carry is indicated by your physician. The **D200 Field Trip Medication Form** is below for your reference. If you have any questions, please call the trip sponsor or your School Nurse.

Sincerely,

District 200 Health Services

D200 Field Trip Medication Form

Health Services

Guidelines for the administration of prescription or non-prescription medication to students attending a school-sponsored activity or field trip (including overnight trips) will follow District 200 Board Policy 7:270, *Administering Medicines to Students*. As the school nurse does not usually accompany students on trips, the student's teacher or other designated school employee will be responsible for medication storage and administration. Illinois School Code (105 ILCS 5/22-30) and District 200 Board Policy permits students to carry and self-administer specific medication deemed necessary for life-threatening conditions provided the student's parent has completed and submitted the appropriate Request for Self-Administration of Medication** form in addition to this form. (Medications that can be carried and self-administered include asthma inhalers and epinephrine). Students may **NOT** carry or self-administer medications other than asthma inhalers and/or epinephrine.

The parent must complete and submit this form to the school health office prior to departure of the trip. Medication must be provided in the original container clearly labeled with the child's name, name of medication, dosage, and possible side effects. Medication supply should coincide with the number of doses needed for the duration of the trip and **must** be dropped off to the school health office by a parent or other responsible adult.

Student's Name (Please Print) Birthdate Grade Teacher or Activity Sponsor's Name (Please Print)

MEDICATION(S) AND INSTRUCTIONS: The following medication(s) will be stored and administered by the student's teacher or other designated school employee. *For emergency medications (inhalers, EpiPens), please clearly write out specific instructions on when to administer, how to administer, and what to do after administration.

☐ Prescription Medication ☒ Non-Prescription Medication ☐ Student to Carry / Self-Administer**

Name of Medication: _____

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

☐ Prescription Medication ☐ Non-Prescription Medication ☐ Student to Carry /Self-Administer

Name of Medication: _____

Dosage: _____ Time(s) to Be Given: _____

*Emergency Medication Instructions: _____

Name of Physician (Please print): _____ Phone Number: _____

Address: _____

Physician's Signature

Date

I authorize Woodstock Community Unit School District 200 and its employees and agents, to administer the above medication(s) or to permit my child to carry and self administer** as directed by the physician. I agree to indemnify and hold harmless Woodstock Community Unit School District 200 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication to my child **and/or** my child's self administration of medication. I also give my permission to Woodstock Community Unit School District 200 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name (Please Print): _____ Relationship: _____

Parent's Signature

Work / Cell Phone: _____

Date _____

Appendix H: WCUSD200 Student Field Trip Permission Form

Woodstock Community Unit School District 200 - Woodstock, IL 60098

Student Name: _____

DOB: _____

Address: _____

Phone: _____

Father: _____

Phone: _____

Mother: _____

Phone: _____

Family Doctor: _____

Phone: _____

Date of last tetanus booster: _____

Student Health Insurance coverage for accident and/or medical is provided by:

Company: _____

Policy Number: _____

Allergies/Health Concerns: _____

Current Medication (indicate medication, dosage, and times to be taken): _____

Release and Waiver, Affidavit of Insurance Coverage, and Agreement regarding Student Conduct on Educational Tour/Field Trip

I/We _____, the parents or legal guardians of _____, a minor in Woodstock Community Unit School District No. 200 (hereafter "School District"), McHenry County, Illinois (hereafter "student"), in consideration of the agreement by the School District to permit the student to participate in the educational tour/field trip (hereafter "trip") to take place from _____ to _____, 20____, do hereby swear and affirm that there is accident and health insurance coverage for our student that will cover him/her while participating in the said trip, and that we agree to maintain such coverage in full force and effect for the duration of the trip.

I/We do further agree to release, indemnify, protect, and hold harmless said School District, its Board members, officers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone students while on the trip from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees, and interest, whosoever caused, as a result of the student participating in the above-described trip.

I/We do further agree that the Board of Education, its officers, agents, and/or employees reserve the right to terminate the participation of the student for failure to behave and act in accordance with the School District Regulations on Conduct, for failure to follow the instructions and directions of the tour supervisor(s) and/or chaperones, or for failure of the student to act or conduct him/herself in a manner that is compatible with the interest, harmony, comfort or welfare of the trip as a whole as determined by said Board, its officers, agents and/or employees. If the student's participation is terminated, I/we understand that the cost of the trip may not be refunded, and the student will be sent home at our expense.

I/We do further agree that in the event of an accident or illness to our son/daughter/ward occurring from the commencement to the end of the trip. If we cannot be immediately contacted, we hereby authorize the School District personnel to arrange for the transportation of our son/daughter/ward, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered including, but not limited to the emergency room of a hospital, doctor's office, or medical clinic. We further authorized such personnel to sign releases as may be required to obtain immediate medical or surgical treatment as is required in the judgment of medical authorities at said facilities.

Appendix H: WCUSD200 Student Field Trip Permission Form

Student medication during an international/overnight field trip is kept under the supervision of the District 200 lead staff chaperone. Student medication will be administered by the District 200 lead staff chaperone according to the physician's order(s) that is documented on the District 200 overnight trip medication authorization form that is submitted by the parent/guardian. All medications to be taken during the educational tour/field trip must be brought to the School Nurse at least two weeks before the trip's departure, along with the overnight trip medication authorization form completed by the parent/guardian and physician.

I hereby request and grant permission for District #200 school personnel to dispense medication to my student, according to Doctor (name) _____ instructions during the field trip. I further waive any claims against the School District, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the School District, its employees, and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses including attorney's fees, resulting from or arising out of the administration of medication.

SUBSCRIBED and SWORN to before me this _____ day of _____, 20_____.

Parent or Legal Guardian

Notary

Notary Seal

Appendix I: Parent Letter



**Student Council WINTER RETREAT
NCD LEADERSHIP EVENT
Thursday, Dec 4th – Friday, Dec 5th, 2025
Great Wolf Lodge, Gurnee, IL**



Hosted by the NCD Executive Board

Come to the 2025 NCD Winter Retreat
where you can learn about a position on the executive board,
meet other student council members from
Other Illinois highschoools
Participate in fun leadership activities, and have
A blast at the water park.

\$ 50.00 - COMMITMENT TO ATTEND IS DUE BY WEDNESDAY NOVEMBER 5th, 2025

- This cost covers all workshops, lunch & dinner Thursday & breakfast & lunch on Friday, overnight stay in the hotel, and waterpark passes.

Permission slip due – BY MONDAY DECEMBER 1st, 2025

- **NOTARIZED overnight permission slip-** This needs to be signed by parents in front of a notary

REMINDERS: WHAT YOU NEED TO BRING!!!

- THURSDAY:
 - **WEAR WNHS SPIRIT WEAR!!!!!!**
- FRIDAY:
 - **COMFY / CASUAL** jeans/legging fine-- NO PAJAMA PANTS AS CLOTHES!
- ALSO PACK: Toiletries & Pajamas /lounge clothes for free time
 - **SWIMSUIT FOR WATERPARK!**
 - Extra snacks and drinks for your room if you want some!

What Else to Know

- We will be leaving at the end of 3rd hour- 11:15am.
- We will arrive back at school on Friday December 5th at approximately 3:30pm.