



Office of the Superintendent  
 Madison Public Schools  
 Madison, CT 06443

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

School: Daniel Hand High School Principal: Anthony Salutari  
 Date(s) of Trip: \_\_\_\_\_ Trip Organizer(s): Ella Sayin  
 Destination of Trip: London - Paris  
 Grade level of student participants: 9-12 No. of Students: 30  
 Educational Objectives including related classroom activities prior to / following the trip: \_\_\_\_\_

Our students will have the opportunity to engage with interactive exhibits and explore real-world applications of mathematical concepts. Additionally, the planned treasure hunts in pairs will not only foster teamwork and problem-solving skills but also encourage students to apply their mathematical knowledge in a practical and dynamic setting. This hands-on approach to learning aims to inspire a deeper appreciation for mathematics and its relevance in the world, ultimately enhancing students' enthusiasm for the subject. London: Science Museum visit: Mathematics: The Winton Gallery, Challenge of Materials, Exploring Space, Antenna Science News, Math treasure hunt

Funding Source(s): \_\_\_\_\_

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

Total fees required from each student: Tour Fee = \$3902  
 Transportation Fee = \_\_\_\_\_

Name of Tour Company: Explorica

Name of transportation service vendor: \_\_\_\_\_

No. of buses required: \_\_\_\_\_ Cost per bus: \_\_\_\_\_

Date / Time of trip: Departing Madison: 4/12/25 Returning to Madison 4/19/25

Number of chaperones on trip: 5

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

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

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



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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]*  
 Signature, Trip Organizer(s)

Trip approved

*[Signature]* 3-28-24  
 Signature, Principal / Assistant Principal Date

*[Signature]* 3/28/24  
 Signature, Superintendent or Designee 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



### 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 Salutari

Date(s) of Trip: 4/12/25 - 4/19/25 Trip Organizer(s): Ella Sayin

Destination of Trip: London, Paris

Tour Company : Explorica

**Educational Objectives:** Our students will have the opportunity to engage with interactive exhibits and explore real-world applications of mathematical concepts. Additionally, the planned treasure hunts in pairs will not only foster teamwork and problem-solving skills but also encourage students to apply their mathematical knowledge in a practical and dynamic setting. This hands-on approach to learning aims to inspire a deeper appreciation for mathematics and its relevance in the world, ultimately enhancing students' enthusiasm for the subject.

**Supervision:**

- Students will be directly supervised by adults at all times.
- Students will be directly supervised by adults with the following exceptions: while in their hotel room

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

Date(s) of Trip: \_\_\_\_\_ Trip Organizer(s): \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

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)



### Student International Travel Medical Form

Please complete the following chart with information of all medications (prescription and non-prescription that the student will need to administer during the trip:

Medication	Dosage and Route to Administer	Frequency or time to take medication	Reason to take medication	Potential side effects

**Medical Provider's authorization:**

I authorize \_\_\_\_\_ to self-administer the above listed medications.

\_\_\_\_\_  
Signature of Medical Provider / Date

**Parent / Guardian Consent and Release:**

I / We, the undersigned parent / guardian, give permission for my / our child to self-administer the above listed medications. I / We 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 his / her participation I 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: \_\_\_\_\_  
(only one signature required)

Date: \_\_\_\_\_