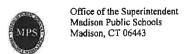


## School Trip Proposal / Request Form Student International Travel

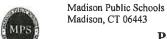
School: Daniel Hand High School	Principal: Anthony Salutari
Date(s) of Trip:	Trip Organizer(s): Ella Sayin
Destination of Trip: London - Paris	
Grade level of student participants: 9-12 No. of S	tudents:30
Educational Objectives including related classroom activities	
Additionally, the planned treasure hunts in pairs will not only fost apply their mathematical knowledge in a practical and dynamic s appreciation for mathematics and its relevance in the world, ultin Museum visit: Mathematics: The Winton Gallery, Challenge of M	exhibits and explore real-world applications of mathematical concepts. For teamwork and problem-solving skills but also encourage students to setting. This hands-on approach to learning aims to inspire a deeper nately enhancing students' enthusiasm for the subject. London: Science laterials, Exploring Space, Antenna Science News, Math treasure hunt
Funding Source(s):	
Complete if students are paying for all or part of the	\$3902
	on 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 inclusion in the approval packet.)	form. (Place a check mark by each item indicating its
<ul> <li>Information outlining parental financial responsibility</li> </ul>	y should there he an emergency cancellation
Parent / Guardian letter explaining the trip and travel	
	•
Parent / Guardian Permission and Acknowledgment (  X Emergency Plan (Includes arrangements for medical	
Emergency I ian (metades arrangements for medicar	needs, parent / guardian contact information, access to
communication devices, and procedures for general p	
List of Chaperone Names and Phone Numbers with N	MPS employees noted
XTelephone 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.



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

I / We certify that this trip proposal is in accordance with Madi and corresponding regulations:	son Public Schools policies #5100.8 and #6100.16.1
L'Un Cari	
Signature, Trip Organizer(s)	
<b>™</b> Trip approved	
multous	3-28-24
Signature, Principal / Assistant Principal	Pate
	3/24/24
Signature, Superintendent or Designee	Date
☐ Trip Denied	
Reason:	
Signature, Superintendent or Designee	Date
International Trave	el Checklist
Obtained approval at least six (6) months prior to the trip.  Submitted list of participating students to Principal and He Submitted an updated list of participating students to Principal Submitted flight, hotel, charter bus, and airport information Arranged appropriate number of chaperones and provided Clearly explained expectations of students  Received parent permission forms and emergency medical	cipal and Health Office one (1) month prior to trip.  n one (1) month prior to trip.  orientation

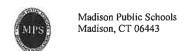


# Parent / Guardian Permission & Acknowledgment of Risk for Student International Travel

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.

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 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 opporture applications of mathematical concepts. Additionally, the planned problem-solving skills but also encourage students to apply their This hands-on approach to learning aims to inspire a deeper appultimately enhancing students' enthusiasm for the subject.  Students will be directly supervised by adults at all times.  Students will be directly supervised by adults with the form	mathematical knowledge in a practical and dynamic setting. oreciation for mathematics and its relevance in the world,
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 Public Schools Code of Conduct and I will follow directions of the state of the schools Code of Conduct and I will follow directions of the schools Code of Conduct and I will follow directions of the schools Code of Conduct and I will follow directions of the schools Code of Conduct and I will follow directions of the school trip, I will accept responsibility for Public Schools Code of Conduct and I will follow directions of the school trip, I will accept responsibility for Public Schools Code of Conduct and I will follow directions of the school trip, I will accept responsibility for Public Schools Code of Conduct and I will follow directions of the school trip, I will accept responsibility for Public Schools Code of Conduct and I will follow directions of the schools Code of Conduct and I will follow directions of the school trip, I will accept responsibility for the school trip, I will accept responsibility for the school trip, I will accept responsibility for the school trip, I will accept the school trip, I will accept the school trip will be accepted to the school t	
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 volution non-school property as a part of participation in this school trip.	and understand the attached description of the school trip. I nteers 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 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 Pho	one 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:	E.
Date of Last Tetanus Shot	
Alternate Contact Name:Alternate Contact Ph	IOHE.
Will your child require medication during this trip?	

#### 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 Provide	r's authorization:			
I authorize		to self	-administer the above	e listed medications.
Signature of Med	ical Provider / Date			
Parent / Guardia	n Consent and Release:			
medications. I / W	rsigned parent / guardian, g Ve agree to release, indemniand and against any claim either his authorization.	fy and hold harmless the	e Madison Public Scl	hools and their employees
	nsent to urgent medical treat her participation I the trip / a			
	the release of confidential attivity / program organizers a			
Parent / Guardian (only one signatur			Date:	