



FLORIDA TRIP 2018

CODE OF CONDUCT

MEDICAL FORM & INSTRUCTIONS

FLORIDA TRIP CODE OF CONDUCT

As a student member of the Eisenhower HS Instrumental Music Department, it is understood that:

General Rules

- Students will NOT be allowed to pack any liquids in their carry on or suitcase. There will be opportunities for students to purchase beverages throughout their trip (i.e. – when we get through security in the terminal).
- Laptop computers, games systems (Wii, PlayStation, etc.), TVs, and portable DVD players are not permitted.
- Students are to use appropriate language and demonstrate good behavior.
- We represent our school and community as we travel. Students are to be considerate of everyone with whom we come in contact.
- Each student is to stay with his/her designated group and never travel anywhere alone. Students must not leave any facility except in an approved, chaperoned group.
- Students may wear comfortable clothing appropriate for touring during most of the trip.
- Each student is to participate fully in all activities of the trip.
- The use or possession of tobacco, alcohol, or illegal drugs is absolutely prohibited.
- Students assume full responsibility for all valuables taken on the trip.
- All school rules are in effect!

Bus/Plane Rules

- Students are to remain seated while the vehicle is in motion (unless okayed by operator).
- Providing the student follows bus rules, each student may select his/her seat. Airline seats are assigned.
- Students may take food on the bus/plane. However, NO LIQUIDS (see above). Please keep the bus clean and dispose of all trash properly.
- Students are expected to bring only what luggage they can carry (one suitcase and a carry-on piece). Luggage should be tagged with your name. Luggage will be inspected. Checked luggage weight: 50 lbs. or less; dimensions (L+W+H): 62 in. or smaller. Southwest limits carry-on bag dimensions to 24" long x 16" wide x 10" tall or smaller.
- Portable music players may be played with headphones on the bus and airplane.
- An on-bus DVD player may be available for the bus rides, but we won't be on a bus very long (the trip to and from the airport is the longest). Only G, PG, and PG13 movies will be allowed and must be approved by the director and/or head chaperone for that bus.

Hotel Rules

- Students will stay in their own rooms from curfew until breakfast time. Lights out and quiet time will begin thirty minutes after curfew. Room checks will occur nightly.
- One radio or TV per room may be played at a moderate level. They are not to distract others.
- Everyone is to help keep his/her room neat. Rooms will be checked.
- No student is to enter the room of hotel guests not from our group. No one from outside our group is to enter our group's rooms.
- No student is to leave the hotel premises.
- Students should use cell phones to call home.
- At **no time** may boys visit girls' rooms and vice versa.
- Students are responsible and required to pay for any damage and/or theft.
- No swimming is allowed unless an adult from our group is present to supervise.

MEDICATION INSTRUCTIONS

All medications, including prescription and over-the-counter medications must be listed on the student's medical history form. It is imperative to know every medication your student may have ingested prior to the emergency, including OTC. All medication needs to be in a Ziploc bag and stored in the student's carry-on luggage.

Over-The-Counter (OTC) Medications:

Authorized over the counter medications may be kept in the student's belongings if they are in the original container. Please note: the parent/guardian accepts full responsibility for their child's ability to safely self-administer the OTC medication at Band Camp and/or on Band Trips. Any over the counter medications not listed below must be approved by the designated chaperone.

Approved over-the-counter medications:

Tylenol	Sports rubs (Icy Hot, Ben Gay, etc.)
Ibuprofen (Motrin)	Period relief (Midol)
Naproxen Sodium (Aleve)	Acne cream (Clearasil, etc.)
Allergy medications (Claritin, Zyrtec, etc.)	Vitamins, Iron tablets, etc.

Prescription Medications:

Authorized prescription medications may be kept in the student's belongings if they are in the original pharmacy labeled container with child's name, dosage, route, and frequency of administration (include asthma inhalers, Epi Pens, and all regularly or occasionally taken medication) and placed in a Ziploc bag. **Provide only the amount of medication needed for the duration of the trip.** Please note: the parent/guardian accepts full responsibility for their child's ability to safely self-administer the prescription medication on Band Trips. If there are medicines that they cannot administer themselves, please contact **Sue Swartz** at the band booster meeting on **Monday, April 16th** and follow the direction for these medications.

Chaperone administered medication

Please include a picture of your child and their cell phone number in the Ziploc bag so the chaperone dispensing medications will know who your child is. For the health and safety of your student, all medications must be separated into plastic zip lock bags and labeled according to the instructions below. It may help to use a large address label or masking tape on the front of the bag, to make writing easier and more legible.

When you, the parent/guardian, remove medication from a prescription container and place it into the zip lock bag, you are taking responsibility to insure your student is receiving the proper drug, in the correct dose, at the proper time. The chaperone dispensing medication may or may not have a medical background and cannot be responsible to check medications for errors. They will simply give your child the bag that you have checked, labeled, and deemed safe for administration.

Step # 1:

Break down the daily doses into separate snack sized zip lock bags and label as instructed below (medication taken 3 times per day = 3 snack size bags per day). If student has multiple medications that need to be taken at the same time of day, then consolidate medications into the same snack sized bag, making sure to list each medication's information. On each bag, write:

1. Student's name
2. Day of week (Mon, Tues, etc.)
3. Time of day for administration (ex: AM, NOON, PM, BEDTIME)
4. Medication name and dosage (ex: Amoxicillin 250mg)
5. Special instructions (i.e. - on an empty stomach, etc.)

Step #2:

Place all snack sized bags for each day into a quart sized bag. If medication is to be taken all week, then there should be a quart sized bag for each day of the week. Label with:

1. Student's name
2. Day of week (Mon, Tues, etc.)

Step #3:

Place all daily quart sized bags (Mon, Tues, etc.) into a gallon sized zip lock bag. Label the bag with:

1. Student's name
2. Band Camp or Band Trip dates (ex: July 31st - Aug 4th, 2016)
3. Student's picture and cell phone number.

Step #4:

Parent must deliver properly bagged/labeled medications to the designated medical chaperone on the morning of departure. *Please convey any special instruction in writing and give to head chaperone.*

"As Needed" Medications (Inhalers, Epi-Pens, Benadryl, etc.):

Due to the fact that a chaperone will not be with your child all day, your child needs to carry their "As Needed" medications with them. They must be in the original pharmacy labeled container with child's name, dosage, route, and frequency of administration and include circumstances for use (ex: Susie has exercised induced Asthma as stated on the medical history form. She can use the inhaler up to four times per day.) **The parent/guardian accepts full responsibility for their child's ability to safely self-administer the "As Needed" medication on Band Trips**



EHS INSTRUMENTAL MUSIC

FLORIDA TRIP MEDICAL FORM

MEDICAL INFORMATION

Return by Tuesday, April 24th

Student's Name _____ Birthdate _____

Address _____

Student's Cell Phone # _____ Home Phone # _____

Phone numbers where parents/guardians can be reached:

Call 1st: Name: _____ Cell # _____ Work # _____

Call 2nd: Name: _____ Cell # _____ Work # _____

List the name and phone number of two parties that can be called if the parents cannot be reached:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Please include a copy of your insurance card(s) front and back.

Insurance Co. _____ Policy # _____

Insurance Co. Address _____

Doctor's Name _____ Office # _____

Please complete the following information. It is important in case of a medical emergency or illness. This information will remain confidential and handled by the head chaperone.

Health History: Allergies (food, medicine, and environment)

Chronic Health Conditions and Significant Medical History:

Date of Last Tetanus Shot _____ Student's Blood Type (if known): _____

**PLEASE RETURN THIS PAGE WITH THE
"FLORIDA TRIP MEDICAL FORM"**

Student's Last Name: _____ First Name: _____

Parent/Guardian's Full Name: _____

Home Phone #: (_____) _____ Parent's Cell # (optional): (_____) _____

MEDICAL INSTRUCTIONS CONSENT

I, _____, the legal parent/guardian of _____, have listed the approved medications and confirm my child is able to safely self-administer these medications packed in his/her luggage. Additionally:

- I have checked the contents of the OTC medications and prescription medications to ensure the bottle/package contains only the medications stated on the bottle/package label and only the amount needed for the trip. I, the parent/guardian, have bagged, labeled, and checked the medications to be handled by the chaperone for accuracy. I understand the bagged medications will be passed to my child without being checked for accuracy, even if the parent chaperone is a licensed medical professional.
- I agree to release, indemnify and hold harmless the Utica Community School District, Eisenhower Band Boosters, and their employees/chaperones from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization for my child to self-administer the medication.
- I, the undersigned parent/guardian, give permission to the chaperone in charge of my child to administer the above listed medications. I agree to release, indemnify and hold harmless the Utica Community School District, Eisenhower Band Boosters and their employees and chaperones from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.
- In the event of a medical emergency, I authorize the school sponsor to make the necessary decisions for the safety of my child's health and accept full responsibility for all costs for any medical treatment. I consent for the release of confidential medical information between medical providers and the head chaperones, as needed to maintain my child's health and safety.

Parent/Guardian's Signature

Date

CODE OF CONDUCT

I understand that my conduct will be subject to the jurisdiction of the Directors, the Chaperone Staff, and any adults of authority. Failure to comply with any of the above Code of Conduct will be considered grounds for disciplinary action and could result in being asked to leave camp early and return home at my parent's/guardian's expense. As part of my discipline for abusing school policies I could be suspended and dropped from the instrumental music program.

Student Signature

Date

We understand that the above student will be expected to maintain the above Student Code of Conduct and we have reviewed it with him/her. We feel that he/she has the maturity to handle this responsibility and understand that failure to comply with any of the above Code of Conduct will be considered grounds for disciplinary action and could result in my child being asked to leave the trip early and return home at the parent's/guardian's expense. As part of their discipline for abusing school policies it is understood that my child could be suspended and dropped from the instrumental music program.

Parent/Guardian's Signature

Date