



**\*KEEP THIS FOR YOUR RECORDS\***

Dear MS Band Parents:

The MS Band will be traveling to Walt Disney World in Orlando, Florida on March 27<sup>th</sup> through March 30<sup>th</sup>. While there, we will be participating in a Performing Arts Workshop, put on by Disney's professional Audio Engineers. Our band students will get to experience what it's like to be a working movie musician. They'll perform musical arrangements for an actual movie scene, including sound effects. This workshop is designed to reinforce the National Standards for Music Education.

Students will travel by motor coach with a professional driver. Your child's safety is our number one consideration at all times. A MANDATORY parent meeting will take place on February 6<sup>th</sup> at 6:30pm in the MS Vocal Room to explain the rules and safety procedures for the trip and to answer any questions that you may have about our procedures.

Total Cost of trip: \$650.00

- Private Charter Bus transportation to/from
- Three nights at Disney All-Star Music Resort (2 breakfast meals included)
- Three day/park hopper tickets to Disney
- Sound Design Workshop

We would recommend approximately \$100-125 to cover the cost of the following meals (which are not included in the price of the trip)

- Lunch and Dinner in Disney on Friday, Saturday & Sunday (\$15 per meal)
- Breakfast & Lunch on way back to Charleston (\$15 per meal)

**Please be advised that band dues must be PAID IN FULL prior to February 6<sup>th</sup>, which is the final installment date for this trip.**

**Please fill out all of the attached paperwork for this trip and return it NO LATER THAN FEBRUARY 6<sup>th</sup>. Even if your child is *not* taking medication on this trip, the medication form MUST be checked "No" and completed.**

Suzanne Reed, Director

**\*\*SEE REVERSE SIDE FOR TENTATIVE ITINERARY\*\***



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## **Disney Trip Itinerary: Subject to change**

### **Friday, March 27 26, 2020**

5am Load Bus and Depart SOA for Orlando  
Carry on only luggage at this point (Will be checked)  
1pm Arrive at Disney  
1:15pm Meet with Chaperone and Group  
2-9pm In parks  
9pm Meeting place TBD to leave park by shuttle.  
10pm Room check, Rooms Taped  
11pm Lights out

### **Saturday, March 28, 2020**

7:30am Meet with Chaperone and Group  
8-9:00am Breakfast at hotel (voucher provided)  
TBD Participate in Disney Workshop  
Remainder of day in parks with chaperone & group  
9pm Meeting place TBD to leave park by shuttle.  
10pm Room check, Rooms Taped  
11pm Lights out

### **Sunday, March 29, 2020**

7:30am Meet with Chaperone and Group  
8-9:00am Breakfast at hotel (voucher provided)  
9:30am Meet in Lobby, shuttle to Disney  
Remainder of day in parks with chaperone & group  
9pm Meeting place TBD to leave park by shuttle.  
10pm Room check, Rooms Taped  
11pm Lights out

### **Monday, March 30, 2020**

7am Load Bus  
Breakfast & Lunch on road back to Charleston  
\*3-4pm Return to SOA (parent must be present when bus arrives)

**\*\*Students WILL NOT be released until buses are completely unloaded and CLEAN**

Students may bring ONE suitcase and ONE carry on item. All items will be checked/searched prior to departure  
Bring: Bathing suit, suntan lotion, **band t-shirts**, \$100-\$125 for meals, plus extra \$\$ for souvenirs, Instrument and music, toiletries (including deodorant!), comfortable shoes for lots of walking, secure place for money and ID, and a great attitude!!

# Charleston County School District

FILE: IJOA-E(4)

## Charleston County School District Field Trip Permission Signature Form

I grant permission for my child, \_\_\_\_\_, to go on the field trip to **Orlando, Florida on March 27<sup>th</sup> through March 30<sup>th</sup>, 2020** (or as described on the attached schedule). I have discussed with my child the expectations for his/her behavior while on this trip.

\_\_\_\_\_  
Parent/Legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_ My child has the following medical condition(s): \_\_\_\_\_  
*Please check with the school office to secure directions/medications/information.*

## Parental Consent to CCSD Health Care Chaperone

Medications on this field trip will be administered by **STACEY PHILLIPS, RN.**

This person is a \_\_\_\_\_ CCSD Employee OR **XXX** licensed medical professional.

To be eligible to serve as a CCSD health care chaperone, an individual must:

- Be a CCSD employee or a licensed medical professional
- Be willing to provide medications and emergency treatments, and willing to sign a confidentiality agreement.
- Acknowledge that their primary responsibility is to meet the health care needs of one or more specific participating students.
- Participate in a training provided by the school nurse.
- Follow the CCSD Medication policy JLCD and the accompanying regulations.
- Pass a criminal background check

### Parental Consent Given To CCSD Health Care Chaperone

I (parent/legal guardian) \_\_\_\_\_ give my consent for the Health Care Chaperone named above

to provide my child \_\_\_\_\_ with all medications and emergency treatments.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**THERE IS AN ADDITIONAL FORM ON THE REVERSE SIDE OF THIS DOCUMENT THAT MUST ALSO BE COMPLETED ENTIRELY AND RETURNED. EVEN IF YOUR CHILD IS NOT TAKING MEDICATION...THE FORM MUST STILL BE COMPLETED. BE SURE TO CHECK "YES" OR "NO" IN THE BOX AND SIGN. THANKS!**

## Parent Information Medication: After Hours/Overnight Field Trips

The Charleston County School District follows Policy JLCD "Assisting with Medications" and correlating administrative regulations for school related field trips. CCSD will safeguard your student's physical welfare while participating on a field trip. With this in mind please limit Over The Counter (OTC) medications to those that are absolutely necessary due to the number of students participating in field trips and the volume of medications being monitored by school staff. OTC medications must be provided in sealed travel size bottles. All medications require a written doctor's order.

Student Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

(This form must be submitted for all students regardless of whether or not they need medications)

My child will  will not  require medications on this field trip.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

### GENERAL INFORMATION

- All medication must be accompanied by a completed Medication/Procedure form which may be found at:  
<https://www.ccsdschools.com/cms/lib/SC50000504/Centricity/domain/117/nursingservices/2019-20/ParentInformationMedicationsMedicalProcedures.pdf>
- No student shall carry medicine on a school related field trip except for students given permission to do so by the Individualized Healthcare Plan to guard against a life threatening condition such as:
  - Severe allergies (Epinephrine)
  - Asthma (Inhalers)
  - Diabetes (Insulin/pump supplies)
- Students are **NOT** allowed to carry over the counter or prescription medications other than emergency medications noted above.

### PRESCRIPTION MEDICATION *My child will be taking a prescription medication*

- Must be delivered to the school clinic by a responsible adult at least five (5) days before the scheduled trip. Controlled substances (e.g. ADHD, mood stabilizers, and anxiety medications) must be counted with the responsible adult delivering the medication and a school district employee. The count must be recorded and signed in with the nurse.
- Must be in the original, labeled container. Parents should only send in the amount of medication required for the field trip.

### OVER THE COUNTER MEDICATION (OTC) *My child will have orders for OTC medication*

- Requires a doctor's order and a completed Medication/Procedure form to accompany the medication in the original labeled container and delivered to the school clinic by a responsible adult at least five (5) days before the scheduled trip.
- If your child has over the counter medications and a completed Medication/Procedure form in the school clinic already, you must specifically request that the OTC medication be sent on the field trip. The clinic does not automatically send OTC medications on field trips.

### REMEMBER:

- **If your child requires a medication while on a field trip you will need to provide a completed Medication/Procedure form and deliver the medication in the properly labeled container to the school nurse at least five (5) days before the field trip.**
- **No medications will be accepted the day of the field trip to ensure the safety of the student.**

I have read the above directions about medications on field trips and agree to comply with them. I also agree for information about my child's medical, physical or mental health needs to be disclosed to the sponsoring teacher.

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE AND CALL THE CLINIC IF YOU HAVE ANY QUESTIONS OR CONCERNS.**

SCHOOL NURSE: Nancy O'Donoghue, RN PHONE: 843-746-6367  
FAX: 843-529-4991