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## BEHAVIOR RULES AND REGULATIONS

All students must understand that attending the Grade 8 trip to Washington, DC is a privilege, not a right. While it is our hope that every student will participate in this trip, students who are not able to maintain acceptable behavior in school during the academic year may not be allowed to attend.

The following infractions may result in expulsion from the trip.

- ✓ Excessive amount of probationary warnings
- ✓ Excessive amount of office referrals
- ✓ Excessive amount of classroom and/or office detentions
- ✓ School suspensions

All final decisions regarding participation in this trip will be made by Mr. Sulc.

While on the DC trip, we expect all students to obey the following rules of behavior:

- ✓ Students are to follow the directions and the rules and regulations established by the chaperones during the trip.
- ✓ Students shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else in the group including the chaperones or WorldStrides.
- ✓ Students shall comply with all rules and regulations of the various governmental and commercial agencies (such as hotels, bus companies, etc.)
- ✓ Students shall remain with the group.
- ✓ Students shall respect and follow the directions of the Program Leader, chaperones, and WorldStrides and hotel supervisors.
- ✓ No throwing of any object or tampering with hotel property is allowed.
- ✓ The use of hotel facilities carries with it the responsibility of leaving them in the same conditions in which they were found. The student is responsible for any damage.
- ✓ Quiet hours at the hotel will be observed from 10:00PM until 6:00AM. At 10:30PM students must be in their own rooms. Students must remain in rooms until awakened by chaperones.
- ✓ Students may never leave the hotel unless accompanied by a chaperone.
- ✓ Students must sleep in their assigned hotel room each night.
- ✓ Good common sense, respect and consideration for others and their property should be practiced daily.

If any student violates any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student sent home at the parent's expense.

**(For your reference, a copy of these rules and regulations can be found online at [www.quia.com/pages/norwelldctrip.html](http://www.quia.com/pages/norwelldctrip.html))**

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### Student Contract

I have read, and I understand the behavior rules and regulations below. I will comply with all of these rules and regulations.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent Contract

I have read, and I understand and support the behavior rules and regulations below. I consent that my child has read the rules and regulations and will comply with all of these rules and regulations.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO MS. MAZZOLA NO LATER THAN OCTOBER 30, 2009.**

**(Please See Reverse Side)**

# MEDICAL FORM

## EMERGENCY MEDICAL RELEASE

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City NORWELL State MA Zip 02061

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

*In an emergency when parent/guardian cannot be reached, please contact the following:*

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_ Last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Other medical conditions \_\_\_\_\_

Medication being used (include dosage/frequency) \_\_\_\_\_

Present state of health \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### **AUTHORIZATION FOR TREATMENT OF MINOR**

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the Program Leader or chaperone to dispense over-the-counter medication.

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

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO MS. MAZZOLA NO LATER THAN OCTOBER 30, 2009.**

**(Please See Reverse Side)**