

EIGHTH GRADE TRIP

WASHINGTON D.C.

September 11, 2023

Dear Parents,

We are getting closer to our trip to Washington D.C. The enclosed packet of information contains the following forms: **Parent's Approval/Emergency Treatment Form** and a **Medication Form**. Completion of these forms is required for any student accompanying us to our nation's capital.

If your child is attending the Eighth Grade Washington DC trip, you should attend the Parent Meeting being held on September 12, 2023 at 6:30p.m. in the R.B. Chamberlin auditorium.

All required paperwork must be completed and submitted no later than **September 22, 2023**. The paperwork can also be turned in at the parent meeting.

Sincerely,

A handwritten signature in cursive script that reads "James Ries". The signature is written in dark ink and is positioned above the printed name of the principal.

James Ries, Principal

R.B Chamberlin Washington DC
8th Grade Field Trip
October 4-6, 2023

PAYMENT DETAILS:

\$390.00 per person (quad occupancy)

First Payment by:

August 21, 2023 \$195.00

Second Payment by:

September 14, 2023 \$195.00

All payments should be made through the Twinsburg City Schools website on PaySchools

All school fees must be paid in order to attend the trip.

ITINERARY

Day one, Wednesday October 4, 2023

7:45am	Students dropped off at R.B. Chamberlin Middle School with their luggage
8:15am	Departure from R. B. Chamberlin Middle School
8:15am-2:00pm	Drive to Washington DC – BAG lunch in transit (on own)
3:00pm-7:30pm	Group touring Venue selection is based on chaperone choice Voucher provided for each traveler for dinner
7:30-9:30pm	Bowling Party / Pizza / Beverages/ Prizes / Snacks
10:00pm	Hotel Check-in
10:00pm	Hotel Security on each floor

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Day Two, Thursday, October 5, 2023

6:15am	Group wake-up calls
7:00am	Full American breakfast at hotel
7:45am	Depart Hotel
8:45am-8:30pm	Group touring Venue selection is based on chaperone choice LUNCH Student Responsibility \$10-\$12 Voucher provided for each traveler for dinner
9:00pm	Return to Hotel
10:00pm	Hotel Security on each floor

Day Three, Friday, October 6, 2023

6:00am	Group wake-up calls
6:45am	Full American breakfast at hotel
8:30am	Depart Hotel
10:30am	Flight 93 Memorial
2:30pm	Depart for Ohio Boxed lunches provided for each traveler
Approx. 6:00pm	Arrive at R. B. Chamberlin

Meals:

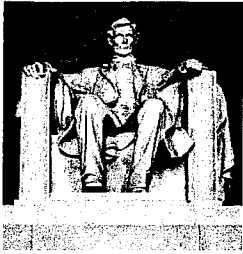
- Students **MUST** bring their own BAG lunch on Wednesday, October 4, 2023
- Breakfast provided Thursday and Friday at the hotel (Wednesday, students **MUST** eat breakfast at home)
- Lunch on Thursday will be a stop while touring. Students responsible to purchase their own lunch \$10-\$12
- Dinner Wednesday and Thursday Provided with Food Court Vouchers
- Pizza and Beverages at Bowling Party
- Boxed lunch Friday on the way home

Hotel Information:

Doubletree by Hilton

Washington DC North/Gaithersburg
620 Perry Parkway
Gaithersburg, Maryland 20877
301-977-8900

Please contact Mr. Lipnos at elipnos@twinsburgcsd.org with any questions.



Chamberlin Middle School
Washington, D.C. Instructions
2023 PARENT/STUDENT INFORMATION

The following information includes student expectations for the trip. Please share this with your child.

A. Rules for Fun and Safety

1. **Always be ON TIME!!!** Use the buddy system, and stay with your roommates and your bus chaperones at all times.
2. All school rules apply while on the trip.
3. Reasonable suspicions can justify a luggage inspection.
4. **ALWAYS** wear your **Chamberlin HAT**. No hat means no admittance into attractions and meals.
5. Many attractions will require you to be quiet and respectful of others during your tour.
6. At the hotel, boys and girls will be on separate floors. No room assignments will be changed.
7. Ipads, Ipods, SWITCH, phones may be used on buses and in rooms only. **You are responsible for your own personal items. Put your full name on your belongings** Many of them look alike. **NO GAMING SYSTEMS.**
8. **NO SWITCHING SEATS** on the bus outside of your group.

B. Penalties

1. Removal from group and assigned to tour with an Administrator.
2. **SENT HOME** at your parent's expense!

C. General Information

1. You are allowed **ONE** suitcase or large duffle bag and you may bring your backpack on the bus.
2. Clothing – warm, comfortable, and neat. **NO BLUE JEANS OR JEAN SKIRTS.** Comfortable walking shoes. No opened toed shoes or high heels. Use common sense and be prepared for the weather and a lot of walking.
3. Food and drink on bus is permitted. You may bring snacks and beverages of your choice.
4. Know your bus number. Always look for the number on the front window of the bus.
5. **DON'T BRING A LOT OF MONEY. 20-40 DOLLARS** will be plenty of money to buy souvenirs. Shopping will be done after dinner on Thursday and at touring attractions.
6. Each bus will play movies.
7. Use bathrooms at the rest stops. Bus toilets are for **EMERGENCY** use only!
8. You will be staying at The Hilton Washington DC North Gaithersburg 620 Perry Parkway Gaithersburg, Maryland 20877 Phone: (301) 977-8900.
9. Bring your **HAT**, jacket, sweatshirts, rain ponchos, and phones on the bus with you every morning. You will not be allowed to get things out of your luggage under the bus or back in your hotel room if you forget them.
10. Breakfast and Dinner will be in restaurants **THROUGH THE USE OF VOUCHERS, WHICH WILL BE PROVIDED** **Everyone MUST PACK a lunch on Wednesday and have \$10-\$12 for Lunch on Thursday**



Cell Phone Policy

If parents want students to have cell phones this is the procedure.

Cell phones may be used for photos when touring and communication when not touring. Communication needs to take place at **appropriate** times. The chaperones will make this determination. Violations will follow protocols in the Student Handbook.

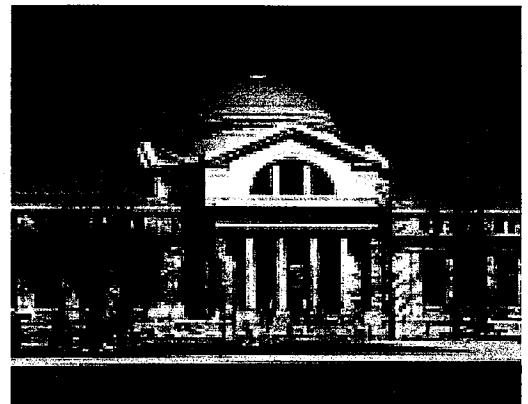
Note: Mrs. Moorer can be reached on her cell phone at (216) 282-7901 at all times.

Washington D.C. Dress Code



Tips to help you prepare packing for the trip.

1. Girls are encouraged to wear:
 - a. Capri's, dress shorts (knee length), skirts or pants. Skirt length must adhere to school guidelines.
 - b. Comfortable shoes or tennis shoes are recommended.
2. Boys are encouraged to wear:
 - a. Polo shirts and/or dress shirts and dress shorts or pants (example; cotton, khaki or twill)
 - b. Comfortable shoes or tennis shoes are recommended.
3. Waterproof rain poncho, and a jacket are strongly recommended.
4. As a convenient checklist for packing, we suggest the following additional items:
 - ✓ Pajamas
 - ✓ Sweatshirt or Sweater
 - ✓ Jacket and Rain Poncho
 - ✓ Toothbrush and Toothpaste
 - ✓ Comb/Brush and Deodorant
 - ✓ Feminine Products for young ladies
5. **NO MIDRIFF TEES OR SHORT MINI SKIRTS**
6. **NO HIGH HEELS, OPEN TOED SHOES OR FLIP FLOPS – birkenstocks are allowed**
7. **DENIM – NO HOLES**
8. **NO ATHLETIC PANTS OR ATHLETIC SHORTS.**
9. **NO SHIRTS WITH WRITING OR ADVERTISEMENTS**



Washington DC Medications

Parents of Eighth Grade Students
R. B. Chamberlin School Nurse / Health Clinic

8th Grade Washington, D.C. Trip – Wed. - Fri., October 4-6, 2023

Dear Parents,

Those students who will be taking medication while on the trip must complete a medication authorization form.

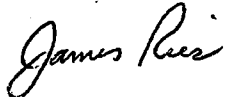
Both the parent and the child's doctor must sign this form. If we do not get the completed medication authorization form, the student will not be permitted to take the medicine on the trip. If your child already has medication at school with the proper forms on file, you do not need to have new ones filled out. Copies of the current forms will be sent along with the medications that are delivered for the trip. (These medications must be separate from the medications stored in the RBC Clinic).

If your child needs medicine for allergies, motion sickness, or any other reason, you must supply it along with the completed medication authorization form. All medication must be given to the school nurse at least two (2) weeks before the trip (Wednesday, September 20, 2023). in the original bottle/package. Students will not be permitted to keep medicine with them during the trip (except for students requiring inhalers for asthma or EpiPens for allergies).

All students must take their Wednesday morning medications prior to arrival for the trip.

If you have any questions, please contact the RBC school nurse at 330-486-2290.

Thank you.



James Ries, Principal



<input type="checkbox"/> Twinsburg High School	330.486.2400	<input type="checkbox"/> Samuel Bissell Elementary School	330.486.2100
<input type="checkbox"/> RB Chamberlin Middle School	330.486.2281	<input type="checkbox"/> Wilcox Primary School	330.486.2030
<input type="checkbox"/> George G. Dodge Intermediate School	330.486.2200		

Please attach a picture of the student

EXTENDED FIELD TRIP MEDICATION ADMINISTRATION FORM

Student Name: _____	Date of Birth: _____
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I request and give consent to a volunteer chaperone/teacher/nurse that has been authorized by the Twinsburg City School District, to administer the medication(s) listed below to my child. **I will provide medication in accordance with the Twinsburg City School District's Field Trip Medication Policy #5330.** I further agree to hold harmless the Board of Education, all school employees, and volunteers from any and all liability for damages or injury caused by the administration; of medication to my child.

I have **provided** the following **prescribed Daily medication(s)** listed below and my student should receive them on the extended field trip only. This authorization will be revoked upon completion of the trip. **(Please note that a medical practitioner's signature IS required if prescriptive medication will be administered to your child during the trip.)**

Medication	Dose	Time to Administer	Purpose of Medication

Medical Practitioner's Signature _____ Date: _____
 Medical Practitioner's Name (Printed) _____ Phone: _____

I have **provided** the following **over-the-counter medications**, and my signature authorizes administration to my child in the event she/he experiences symptoms listed.

This authorization will be revoked upon completion of the trip. I further agree to hold harmless the Board of Education, all school employees and volunteers from any and all liability for damages or injury caused by the administration of medication to my child. **(Please note that a medical practitioner's signature is NOT required for the administration of NON-prescriptive medications.)**

Medication Brand	Dosage	Administer	Purpose of Medication

Parent/Guardian Signature _____ Date: _____
 Parent/Guardian Name (Printed) _____ Phone: _____

Check this box if your child currently has medication in the school clinic and are requesting that we utilize that medication for the field trip. (i.e. EpiPen). Please note that this form must be completed in its entirety according to the Field Trip Medication Policy.

Does your child have any medical conditions of which the school personnel should be aware? (Example: heart condition, diabetes, seizures, recent injuries, asthma, allergies or illnesses). Yes No

If yes, please describe specifically:

In the event medication is to be administered by school personnel, the parent must personally deliver an adequate supply of the medicine directly to the school two weeks prior to departure. Also in accordance with the Twinsburg District Procedure, Code JHCD, Section R, STUDENTS, YOU MUST SUPPLY WRITTEN PERMISSION AND DIRECTIONS FOR ADMINISTERING SAID MEDICINE BY HAVING THE PHYSICIAN AND THE PARENT COMPLETE THE STUDENT MEDICATION AUTHORIZATION FORM.

Is your child currently taking any medication, prescription or over-the-counter, (including Tylenol, Benadryl, cold medication, etc.) which he/she will be taking during the trip? Yes No

If yes, please list these?

Do you have medical insurance that covers your child? Yes No

If yes, state the name of the insurance company: _____

Policy or Contract
Number: _____

Any other information regarding your child's health that you feel the staff should be aware?

Mother's or Guardian's Name: _____

Home address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Place of Employment: _____

Business Address: _____

Father's or Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Place of employment: _____

Business Address: _____

***Emergency Contact Person:** _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Place of Work: _____

Business Address: _____

Doctor's Name: _____

Business Phone: _____

Dentist's Name: _____

Business Phone: _____

EMERGENCY TREATMENT

In the event that my child should become ill or injured during the course of this educational trip, I request that you make reasonable attempts to contact me at:

Home Phone: _____ Work : _____ Cell: _____

Other Parent Home: _____ Work: _____ Cell: _____

If unsuccessful, I hereby give my consent for : (1) The administration of any treatment deemed necessary by a licensed physician, and (2) The transfer of the child to a hospital or any emergency facility as deemed necessary by school personnel and/or physician.

Parent/Guardian

Date

Conditions and limitations in connection with this educational trip.

a.

It is understood and agreed that portions of this trip may be rescheduled, postponed, or canceled due to strikes, sickness, quarantine, government restrictions or regulations, acts of God, or acts of omissions of, or damaged or malfunctioning property owned by any service or transportation company, firm, individual or agency, and that neither the Board of Education of the Twinsburg City School District, its members, officers, employees, group leaders, nor chaperones shall be held responsible therefore.

b.

It is expressly understood and agreed that the child and parents assume the risk of harm, injury, or loss which the child may incur during the course of this trip. This waiver and release including but not limited to, risks arising while the student is on "Free Time" and while the student is absent from the group for other reasons authorized by the parent in writing in advance.

c.

It is further understood and agreed that the child shall comply with all rules and regulations of the Board of Education, including suggestions, recommendations, rules and regulations of chaperones and staff members, in all matters pertaining to the program or personal contact. Failure to do so shall be grounds for immediate termination of the child from the trip and his/her being returned home at the parents' expense, without refund of any other trip fees.

I have read, understand, and accept all of the above-stated conditions.

Parent/Guardian

Date

Student

Date