



EIGHTH GRADE TRIP

WASHINGTON D.C.

September 5, 2024

Dear Parents,

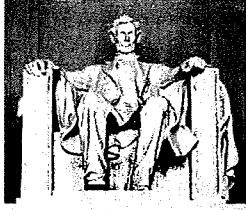
We are getting closer to our trip to Washington D.C. The enclosed packet of information contains the following forms: **Parent's Approval/Emergency Treatment Form** and a **Medication Form**. Completion of these forms is required for any student accompanying us to our nation's capital. Keep pages 1-3 for your information and records.

All required paperwork must be completed and submitted no later than **September 13, 2024**. 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 fluid and legible, written in black ink.

James Ries
Principal



Chamberlin Middle School
Washington, D.C. Instructions
2024 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 the 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 the 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 Wednesday 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 DoubleTree by 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 Tuesday and have \$10-\$12 for Lunch on Wednesday.**



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: Mr. Ries can be reached on his cell phone at (234) 281-2141 at all times. Texting is the best way to reach Mr. Ries during the day.

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.

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.
2. Waterproof rain poncho, and a jacket are strongly recommended.

3. 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

4. **NO MIDRIFF TEES OR SHORT MINI SKIRTS**
5. **NO HIGH HEELS, OPEN TOED SHOES OR FLIP FLOPS – birkenstocks are allowed**
6. **DENIM – NO HOLES**
7. **NO ATHLETIC PANTS OR ATHLETIC SHORTS.**
8. **NO SHIRTS WITH WRITING OR ADVERTISEMENTS**



RBC General Itinerary + Information - Washington DC 2024

Tuesday- 10/8

7:30 AM - Students Arrive at RBC and Board the Busses
8 AM sharp - Buses Depart RBC
Students should Pack a Bag Lunch to eat on the bus
2PM - Arrive Washington DC
7PM - Tour DC
Dinner Voucher Provided - Pentagon City Mall Food Court
All Buses Bowling Party 7:30-9:30
Arrive at Hotel 9:45 PM
Lights Out 11 PM

Wednesday - 10/9

6:30 Wake-Up
Breakfast Provided at hotel 7 AM-7:45
8 AM - Depart for DC
9 AM - Tour DC -
Lunch - Students responsible for \$10-\$12 for lunch while touring
(Food Court/Fast food)
Dinner Voucher Provided - Pentagon City Mall Food Court
9PM - Return To Hotel

Thursday - 10/10

6:15 Wake-Up
6:45 Checkout of Room
7 AM Breakfast Provided at hotel
8 AM - Depart for Flight 93 -
Boxed Lunch Provided At Flight 93 Memorial
6 PM - Arrive at Twinsburg/RBC -

Hotel :

DoubleTree by Hilton Washington DC North/Gaithersburg
620 Perry Parkway
Gaithersburg, Maryland, 20877, USA
+1 301-977-8900

Bowling Party :

Bowl America Gaithersburg
1101 Clopper Rd.
Gaithersburg, MD 20878

Buses:

Anderson Coach & Travel

Food Court: (dinner 10/8 + 10/9)

Fashion Center at Pentagon City

<https://www.simon.com/mall/fashion-centre-at-pentagon-city/dining>

**TWINSBURG CITY SCHOOL DISTRICT
TWINSBURG, OHIO
R. B. CHAMBERLIN MIDDLE SCHOOL**

PARENT'S APPROVAL FORM

EDUCATIONAL TRIPS OUTSIDE OHIO BUT WITHIN THE UNITED STATES

Dear Parents,

Your child is eligible for participation in an educational trip described below. The following form is divided into four sections which: (1) identify your child and the trip for which he/she is eligible; (2) provide pertinent medical data; (3) establish a procedure for emergency treatment; (4) set forth the conditions and limitations upon Board liability in connection with your child's participation. Please read the form carefully and provide the necessary data. No child will be permitted to participate in the trip unless he/she has first submitted a completed form signed by **their parent/guardian.**

Student's Name: _____
Last Initial First

Student's Address: _____
Street City
Zip Code

EIGHTH GRADE WASHINGTON D.C. TRIP

Students will be traveling by chartered bus to Washington D.C. and leave R. B. Chamberlin Middle School at 8:00 a.m. on Tuesday, October 8, 2024.

Students will be returning to R. B. Chamberlin Middle School at approximately 6:00 p.m. on Thursday, October 10, 2024.

Is this your child's first trip away from home without parents? Yes No
Is your child a sleepwalker? Yes No
Is your child allergic to any drugs or foods? Yes No

If yes, which ones? _____

Is your child allergic to bee stings? Yes No

If yes, what do you usually do if stung? _____

Is your child susceptible to motion sickness? Yes No

If yes, please state what treatment if any, you request to be administered to your child

Date of student's last Tetanus shot? _____

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. Portions of the \$100.00 deposit may be held to pay for non-recoverable costs
- 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

PARENT

Student

Date

Medical Information for Overnight Field Trip

Dear Parent/Guardian,

Please follow the instructions below to help us keep your child safe and healthy during our school trip.

Medication administration:

School Health Services staff or school district personnel cannot administer medication to your child without completed and signed medication administration forms. Please contact your school clinic if you need extra Medication Administration Forms.

- Students are not permitted to carry any medication on them. The only exceptions are emergency medications such as inhalers and epi-pens with a signed physician/health care provider Medication Administration Form.
- We will have Acetaminophen (Tylenol), Ibuprofen, Benadryl and Dramamine on hand for the students. If you would like to give permission for us to administer those medications to your student, please indicate on the attached "Overnight Field Trip Student Health Form". If we don't have a signed form on file the student cannot receive these medications.
- If your child requires a prescription medication, complete a Prescription Medication Administration Form. Each prescription medication to be administered requires a separate form. A physician/health care provider signature is required.
- If your child may require an over the counter (Non-Prescription) medication, fill out the Non-Prescription Medication form. A parent/guardian signature is required.
- If we have emergency and prescription medication and Forms on file in the clinic, an additional form is not needed. If we do not have an epi-pen or inhaler in the clinic for your child, you will need to send in the appropriate medication and completed Prescription Medication Form prior to the field trip.

Medication Drop Off:

- All medications must be in the original prescription container or original over the counter container. No other containers or packaging will be accepted.
- All medication containers must be clearly marked with the child's name.
- We will not administer expired medication, so please check the expiration date prior to dropping off medication.
- All prescription and non-prescription medication needs to be turned in with the appropriate forms **no later than Friday September 27, 2024**.

Health Concerns:

- Please complete the attached "Overnight Field Trip Student Health Form" completely. Be sure to list any health concerns that your child may have. If an emergency is to occur we want to make sure we have accurate information to give to emergency personnel.

If you have any questions, please call the school clinic/nurse at Kati Foster, District Nurse for Twinsburg City Schools at 330-486-2361 or email at kfoster@twinsburgcsd.org.

Thank you!



Overnight Field Trip Student Health Form

Date of Field Trip: October 8-10, 2024 Location of Field Trip: Washington DC

Student Name: _____ Date of Birth: _____

Student Address: _____

Class/Grade: _____

Emergency Contacts:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Please list any health concerns your student has including food, medication and environmental allergies:

Current Twinsburg City School District policy does not support the school providing stock medications. However, should that change by September 27, 2024 the below medications will be provided by the school district. If you would like to give permission for us to administer these medications to your student as needed, please indicate below:

Dosage (circle dosage):

- 1 tablet (325mg) every 4-6 hours
- 2 tablets (650mg) every 4-6 hours

Parent/Guardian Initial

- 1 tablet (200mg) every 4-6 hours
- 2 tablets (400mg) every 4-6 hours

- 1 tablet (25mg) every 4-6 hours
- 2 tablets (50mg) every 4-6 hours

- 1 tablet (50mg) every 6 hours prior to exposure to motion
- ½ tablet (25mg) every 8 hours prior to exposure to motion

According to the Ohio Department of Health, sunscreen is considered an over the counter medication. Please label your child's sunscreen with their name and remind them that they are **not** permitted to share the sunscreen with other students.

_____ (check) I give permission for my child to carry sunscreen with them on this trip.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



**Akron
Children's
Hospital**

Washington DC Overnight Field Trip

**School Health Services
Prescription Medication Administered at School**

Attach
Student
Picture
If available

School: _____

****Use one form per medication**

School Year: _____

Class/Grade: _____

Student Name: _____ D.O.B.: _____

Student Address: _____

To Be Completed by Physician/Healthcare Provider:

Name of medication: _____ Dose: _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: Tablet Liquid Inhaler Nebulizer Other

Start Date: 10/8/2024 Stop Date: 10/10/2024

Special Instructions: _____

Potential adverse reactions to be reported: _____

Physician/Healthcare Signature: _____ **Date:** _____

Physician/Healthcare Provider Name: _____
Print Name

Phone: _____ Fax: _____

Parent/Guardian: I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Medication to be delivered to school by parent/guardian, not expired, in its original container and labeled by a pharmacist or healthcare provider
- Tell the school as soon as possible if there is a change in the use of my child's medicine
- Tell the school if my child gets a new healthcare provider
- Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.

I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Phone: _____ **Emergency Alternate Phone:** _____

Clinic Use Only: Date form received _____ Date medication received: _____ Form Complete (Y or N) _____
Notes: _____ Date Form complete: _____



Akron Children's Hospital

Washington DC Overnight Field Trip

School Health Services
Non-Prescription Medication Administered at School

Attach Student Picture If available

School: _____

School Year: _____

Class/Grade: _____

**Use one form per medication

Student Name: _____ D.O.B.: _____

Student Address: _____

To Be Completed by Physician/Healthcare Provider:

Name of medication: _____ Dose: _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: ___ Tablet ___ Liquid ___ Inhaler ___ Nebulizer ___ Other

Start Date: _10/8/2024_ Stop Date: _10/10/2024_

Special Instructions: _____

Potential adverse reactions to be reported: _____

Physician/Healthcare Signature: _____ Date: _____

Physician/Healthcare Provider Name: _____
Print Name

Phone: _____ Fax: _____

Parent/Guardian: I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Medication to be delivered to school by parent/guardian, not expired, in its original container and labeled by a pharmacist or healthcare provider
Tell the school as soon as possible if there is a change in the use of my child's medicine
Tell the school if my child gets a new healthcare provider
Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.

I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Emergency Alternate Phone: _____

Clinic Use Only: Date form received _____ Date medication received: _____ Form Complete (Y or N) _____
Notes: _____ Date Form complete: _____