



Princeton High School

151 Moore Street, Princeton, NJ 08540-0711 609.806.4200

TO: Students and Parents/Guardians:

As a participant in the trip to _____, please read carefully the important information below. Indicate your understanding and acceptance of this information with your signature.

RULES FOR OVERNIGHT TRIPS STUDENT AND PARENT/GUARDIAN – AGREEMENT CONTRACT

1. Students may not consume or use any alcoholic beverage or drugs, paraphernalia or possess them under any circumstances.
2. Students who violate the preceding rule will be sent home immediately at their parent/guardian's expense. The District Drug and Alcohol Policy will be in effect.
3. To facilitate compliance with the District Drug and Alcohol Policy, all luggage will be inspected, before departure, in a designated area by a chaperone, which may be assisted by a parent/guardian, if so desired.
4. Princeton Public Schools' policy regarding use of tobacco is clear: **NO SMOKING AND NO CHEWING TOBACCO.**
5. All participating students must reach the destination with the group only by means approved by Princeton Public Schools Board of Education.
6. Once the group has reached the destination, students will not leave the premises without permission by the chaperones. Students who violate this rule will be sent home at their parent/guardian's expense.
7. Students will be held financially responsible for any damage they may cause at any time during the trip.
8. Students are required to follow the itinerary of scheduled events.
9. Students will use appropriate language, common sense, and discretion at all times. Students must be respectful and courteous to the chaperones, airline personnel, bus drivers, hotel personnel, employees of the place of destination, and each other.
10. Appropriate behavior between sexes is expected at all times.
11. Rooms occupied by students may be periodically checked by chaperones.
12. Room assignments are final. Students may not change room assignments unless prior permission is obtained from the advisors before leaving **PRINCETON PUBLIC SCHOOLS.**
13. Students will contact a chaperone immediately should any emergency arise.
14. Students may not rent any motorized convenience which includes cars, boats, motor bikes, or non-motorized conveniences which may include skateboards, etc.
15. Should a student become ill while on the trip and require a hospital stay, a parent/guardian will come to the hospital to remain with the student and travel home with the student.

16. A student may be sent home at any time, at his/her parent/guardian's expense if deemed necessary. The student will be sent home by a regularly scheduled airline, accompanied by an adult chaperone if requested by the parent/guardian. The cost of the student and chaperone will be paid by the parent/guardian.
17. **PASSPORTS:** As a precaution, we will bring with us a copy of the front page of the student's passport along with two (2) passport pictures. This will expedite the process at the consulate if one needs to be replaced. If unable to obtain a passport, and in the event the student and chaperone need to stay longer, this incurred expense will be the responsibility of the parent/guardian.

ANY VIOLATION OF THE ABOVE RULES MAY RESULT IN DISCIPLINARY ACTION

STUDENT PRINTED NAME: _____

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

NURSE REQUIREMENTS FOR OVERNIGHT TRIPS

Please have Students and Parents complete the Medical/ Emergency information forms and return to the School Nurse at least two weeks prior to the trip date.

**According to NJ STATE LAW and district policy:
IF ANY STUDENT WILL REQUIRE OVER THE COUNTER OR PRESCRIPTION MEDICATION ADMINISTERED WHILE ON THE TRIP, A NURSE MUST ATTEND.**

If a student needs to take medication (prescribed or over-the-counter) on the trip, a physician's prescription is required. Please be sure that the appropriate forms are given to the school nurse along with the student's medication in the original labeled container. **(Medications MUST be delivered to the nurse by the student's PARENT/GUARDIAN.)**

Students are not permitted to keep medication in their possession unless they currently have permission to self-administer medication in the school for asthma and severe allergic conditions that cause anaphylaxis. (Board Policy 5141.21; N.J.A.C 6A:16-2.3)

If you have any questions, please contact the school nurse.
Margarida Cruz R.N., MSN, CSN
Lisa Goldsmith R.N., BSN, CSN
Cassandra Ortiz R.N.
(609) 806-4293

Medical/Emergency Information for School Trip - 2018-19

Student's Name _____ Date of Birth _____
Address _____ Home Phone _____

**All information provided will be confidential and shared on a as needed basis*

1. Is the student presently under the care of a physician/therapist for any medical/ psychiatric reason? Yes _____ No _____
If yes, please explain _____
2. Is there any medical/ psychiatric condition that would affect your child on this trip? Yes _____ No _____
If yes, please explain _____
3. Is there any medication, including over- the- counter medications that your child needs to take while on this trip?
Yes ___ No ___ Medication name/ time administered and reason:

4. List student allergies:
Food _____
Medication _____
Environment _____

Please initial to give permission for your child to receive:
Ibuprofen 400mg ___ Acetaminophen 650mg ___ as needed during this trip

Parent/ Guardian & Emergency contact numbers: home/cell/ work

Family Physician _____ Phone number _____

In the case of an accident or serious illness, I understand that the school will contact me. If the school is unable to reach me, the administrator in charge has my permission to obtain the services of a physician and/or hospital until I can be reached.

Insurance Company: _____ (Please provide copy of card)

Policy number: _____ Phone number _____

Parent/Guardian Signature: _____ Date _____

MEDICATION ADMINISTRATION PERMISSION

Dear Parent/Guardian:

All medication, prescription or OTC (over-the-counter) shall be administered only upon written order of the prescribing physician and a written request of the parent. This will give permission for the nurse to administer the medication as directed.

Medication must be given to the nurse **only** in a **currently** labeled prescription bottle or OTC labeled packaging.

TO BE COMPLETED BY PHYSICIAN

Student: _____ Date: _____ School Year: September ___ to June _____

Diagnosis/Purpose: _____

Name of Medication: _____

Dosage: (mg) _____

Specific time(s) to be given: _____ (Daily or PRN) (circle one) am pm

Special circumstances of administration (if PRN, specify frequency): _____

Dates of Administration: _____

Specify **reportable** side effects: _____

Name of Physician (**print**) _____ Signature of Physician _____

Address of Physician _____ Date _____

Telephone # of Physician (_____) _____

TO BE COMPLETED BY PARENT/GUARDIAN

Student: _____ Date: _____

I hereby give permission to the school nurse to administer medication to my child as directed by the physician.

I release school personnel of all liability for the administration of medication as specified above.

Signature of Parent/Guardian _____

Date _____