

Belmont High School

Mr. Isaac Taylor
Principal



"Home of the Marauders"
221 Concord Avenue
Belmont, Massachusetts 02478-3047
(617) 993-5900
FAX (617) 993-5909

Mr. Daniel O'Brien
Assistant Principal

Mr. Michael Bruno
Assistant Principal

Ms. Allison Ruane
Assistant Principal

Mr. Thomas Brow
Assistant Principal

TO: Belmont Public Schools' School Committee
FROM: Isaac Taylor
DATE: January 13, 2020
SUBJECT: Model UN Field Trip - January 2020

Handwritten signature
JPC

Dear School Committee:

Please approve the Model UN to participate in the CMUNCE Conference Program Educational Trip in New York City, NY on January 16-19, 2020.

Thank you for your consideration.

1/15/20

SUP'T 2020 JAN 14 PM 1:41

Belmont Public Schools

Field Trip Permission

Grade: _____

To the Parent(s) or Guardian(s) of: _____
Child's name

Please be advised that your child's class will be traveling to: New York, NY

On: Jan. 16, 2020 From: 7:00 AM To: Jan. 19, 2020 9:15 PM
Date Departure time Return time

The class will be traveling by: GO Bus and NYC subway system

Please discuss with your child that this trip is part of your child's educational program and that your child must be on his/her best behavior at all times. You should also advise your child that he/she must follow the directions and instructions of any adult who accompanies him/her on this trip.

If you do not give permission for your child to participate in this trip, an alternative program will be available for him/her at school on the day of the trip.

Please sign and return this form to your child's teacher by Jan. 9th.
Date

(detach here)-----

I _____, am the parent/guardian of _____.
(Please Print) Name Child's name

I grant this child permission to participate in the above described field trip. I understand that the school and the staff will take all reasonable measures to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of safety measures that may be taken by the district. In consideration of the district's agreement to allow my child to participate in this field trip, I agree to release, indemnify and hold harmless the Belmont Public Schools, its employees, officers, agents, board members volunteers and any other individuals assisting or participating in this trip for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by any agent or employee of the Belmont Public Schools.

Signature Date

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____,
child's name

and grant to the Town of Belmont, its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain medical services for my child, if necessary, at my expense.

Signature Date

Print name: Emergency Phone Number

Alternate Emergency Contact: _____
Name Telephone

The Superintendent reserves the right to cancel any field trip up until the time of departure.

FIELD TRIP NOTIFICATION FORM

This form must be return to the Field Trip Sponsor before the day of the trip.

STUDENT'S NAME: _____

TRIP SPONSORS: _Model UN, Mr. Zilkoski and Ms. Talamas_____

DATE AND TIME OF TRIP: ___Jan. 16-17__Thurs and Fri_____

BLOCK		TEACHER SIGNATURE
7:35 – 7:59	A	
7:59 – 8:24	B	
8:27 – 8:52	C	
8:55 – 9:20	D	
9:23 – 9:49	E	
9:52 – 10:17	F	
10:20 – 10:45	G	
10:48 – 11:13	H	
11:16 – 11:41	I	
11:44 – 12:09	J	
12:12 – 12:37	K	
12:40 – 1:05	L	
1:08 – 1:33	M	
1:36 – 1:59	N	
1:59 – 2:25	O	

Model UN 2020 room assignments are as follows:

Mr. Z:

Ms. T:

Room 1:

- Ilana Gut
- Maiah Newell
- Renuka Balakrishnan
- Julia Kelso

Room 2:

- Edward Lee
- Tor Metelmann
- Christian Kokoros
- Ian Svetkey

Room 3:

- Hans Wendland
- Alex Yang
- Andy Wei
- Daniel Zhang

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Contract for Participating in Overnight School-Sponsored Trips

I, _____, agree to follow all rules contained in the current Belmont High School Handbook and Handbook for School-Sponsored Trips as I will be travelling to New York, NY with the Model UN to participate in the CMUNCE Conference from Jan. 16 -19, 2020. I will abide by the decisions of the Trip Leaders at all times. In particular, I agree to follow rules prohibiting the consumption of alcohol and any other controlled substances, and I agree not to leave the hotel after the designated curfew time. I understand that the consequence for not following the rules will result in my being sent home at my parent or guardian's expense and definitely will result in consequences as described in the current Belmont High School Student Handbook. I accept these responsibilities and understand they are necessary to guarantee my own safety and that of all of the students participating in this trip.

Signed: _____

Date: _____

I, _____, as the parent of this student, have read the rules contained in the current Belmont High School Handbook and Handbook for School-Sponsored Trips, will thoroughly discuss the rules with my student and agree to support the School in application of consequences in the event that he/she does not follow these rules. I agree that if my student violates the rules included in the current Belmont High School Handbook and Handbook for School-Sponsored Trips, I will be responsible for the transportation expenses if he/she is sent home.

Students may participate in and transfer individually to and from their conference sessions on the Columbia University campus. Students are expected to travel in groups of 3 or more and with chaperone permission whenever away from the conference site.

Signed: _____

Date: _____

Please return completed forms to Ms. Talamas by Thurs. Jan 9, 2020.

Overnight Field Trip Medication Instructions

For students taking any medication on the field trip – including both over the counter and prescription medications:

- Please have the Medication Order Form for Overnight Field Trips completed by a Licensed Prescriber (health care provider) and Parent.
 - **A separate form needs to be completed for each individual medication**, whether it is a prescription medication or over the counter medication (for example – Tylenol, Ibuprofen, allergy medications, etc.)
- All students are responsible for carrying and self-administering their own medications. They should only bring the amount of medication they will need for the trip. If the trip involves checking luggage, be sure the medication is in your student's carry-on bag, not in the checked luggage.
- All medications need to be carried in the prescription bottle or original bottle (no baggies with pills).
- Students should never share their medications with other students.
- Chaperones have no oversight of student medications. There will not be a nurse attending the field trip.

This applies to all medications other than Epinephrine injectors. If your child has a life threatening allergy, the allergy action plan on file will be used in place of the medication form. Chaperones will be given the epi injector provided to the school nurse. We highly recommend that students self-carry during the field trip.

If you have any questions or concerns about your child's health and medication management during the field trip please reach out to the school nurse.

Corinne Jackman RN
cjackman@belmont.k12.ma.us
Phone 617-993-5929
Fax 617-993-5498

Brianna Burns RN
Bburns@belmont.k12.ma.us

**Belmont Public Schools
Overnight/International Trip
Parental Consent, Release from Liability and Indemnity Agreement**

Student Name: _____ Grade: _____
(Please Print) last first middle

Address: _____ Telephone: _____

I/We, _____ parent(s)/legal guardian(s) of
Print name(s)

_____ ("my child"), a minor, do hereby consent to my child's
Name of student

Participation in the **CMUNCE Conference** Program Educational Trip to New York, NY planned for Jan. 16 through Jan. 19, 2020, and sponsored by the Belmont Public Schools.

Release/Indemnification: I/we understand that my child's participation in the Program is voluntary and that my child and I/we are free to choose not to participate. By signing this Agreement, I/we affirm that I/we consent to my child's participation in the Program with full knowledge that the Town of Belmont, the Belmont Public Schools, their employees, officers and agents will not be liable to anyone for personal injuries and/or property damage as a result of my child's participation in the Program.

I/We agree to release, hold harmless and indemnify the Town of Belmont, the Belmont Public Schools, their employees, officers and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in the Belmont Public Schools voluntary Program.

_____	_____	_____
Signature of Parent or Guardian	Date	Relationship
_____	_____	_____
Signature of Parent or Guardian	Date	Relationship

Cancellation: I/We authorize Belmont, acting through the Superintendent of Schools or a designee, to cancel, reschedule or alter in any other manner the Program whenever s/he determines in his/her sole discretion that such cancellations, rescheduling or alteration is required in order to protect the safety and welfare of my child. I/We agree to release Belmont from any claim for damages or loss that I/we incur by reason of such cancellation, rescheduling or alteration.

Rules of Behavior: I/We authorize Belmont's employee(s) or agent(s) who is supervising my child while participating in the Program, to require my child to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish. I/We agree that such employee(s) or agent(s) shall have the right to enforce such rules, standards of behavior or instructions and shall have the further right to terminate my child's participation in the Program at any time when such employee(s) or agent(s) considers the conduct of my child incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with my child's own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or weapon(s) will constitute grounds for terminating my child's participation.

If my/our child's participation is terminated, I/we consent to have my child sent home in the most expeditious manner without refund at my/our expense. I/W accept in good faith the determination of such employee(s) or agent(s) in all matters relating to the supervision of my child while in the Program.

Emergency medical consent: In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____, and grand to the Town of Belmont,

Student's Name

Its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense. I/We release and discharge Belmont from any and all claims of any nature whatsoever which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

Signature of Parent or Guardian

Date

Print Name

Emergency Phone #

Alternate Emergency Contact: _____

Print Name

Telephone

The Superintendent reserves the right to cancel any field trip up until the time of departure.
This form may not be altered.

	BPS overnight International	Contract for participating	BPS Medication Order Form	Student Health and Emergency Release	Field trip Permission
Ilana Gut					
Hans Wendland					
Maiah Newell					
Renuka Balakrishnan					
Ian Svetkey					
Julia Kelso					
Alex Yang					
Edward Lee					
Tor Metelmann					
Christian Kokoros					
Andy Wei					
Daniel Zhang					

BELMONT PUBLIC SCHOOLS



**Medication Order Form for Overnight Field Trip
to be Completed by a Licensed Prescriber and Parent**
Complete one form for each over-the-counter and prescribed medication

Name of Student _____ Date of Birth _____
Address _____ Grade _____
Parent Telephone Number for Emergency _____
Name of Licensed Prescriber _____ Title _____
Prescriber Telephone Number _____

Medication _____
Route of Administration _____ Dosage _____
Frequency _____ Times(s) of Administration _____
Specific directions or information for administration: _____
Date of Order _____ Discontinuation Date _____
Diagnosis* _____

Optional Information
Side effects, contraindications, or possible adverse reactions: _____

Any other medical condition(s)* _____

Student may carry and self administer the above medication
Please contact the School Nurse at 617-993-5929 with any questions or concerns

Signature of Licensed Prescriber Date

Signature of Parent Date

* if not in violation of confidentiality

** For more detailed information regarding the Belmont Public Schools, Medication Administration Policy, please refer to the BPS Health and Nursing Services website.