



Cedar Point Performance Trip

March 4, 2019

Dear families,

We are looking forward to our Cedar Point performance in May! Please read the information below and return the signed Cedar Point Paperwork and completely filled out medical form.

Date: Saturday, May 11, 2019

Chaperone Meeting: 6:00 AM, *Saturday, May 11*

Arrive at CIS: 6:00 AM, *Saturday, May 11*
* load busses (make sure you have all instruments and music with you. Students should be wearing concert clothing for departure. SOLID white tops, SOLID black bottoms, SOLID black shoes.)

Departure Time from CIS: 6:15 AM, *Saturday, May 11*

Arrive at Performance: 7:45 AM

Performance Location: McCormick Junior High School
325 Ohio Street
Huron, OH 44839

Performance Times:	<u>Warm Up</u>	<u>Performance</u>
Intermediate Band:	8:00 AM	8:25 AM
Intermediate Orchestra:	8:25 AM	8:50 AM
Advanced Band:	8:50 AM	9:15 AM
Advanced Orchestra:	9:15 AM	9:40 AM
Jazz Band:	9:40 AM	10:05 AM
Chamber Orchestra:	10:05 AM	10:30 AM

- After each performance, (some students are in two ensembles), students should pack up their instruments and use the facilities at McCormick Junior High to change into their Cedar Point clothing and Cedar Point t-shirt.



Go to Cedar Point!

Lunch: 12:00 PM (Pizza buffet lunch provided: Cheese & Pepperoni Pizza, Chips, Cookies, Fountain Drinks)
Lakeside Dining Room (over by the Wind Seeker and Wicked Twister, on the lake)

Awards Ceremony at Cedar Point: 4:45 PM at Main Arcade Ballroom – Kiddie Kingdom Entrance

Dinner: (\$\$) Bring money for dinner purchase of dinner. Dinner time and food will be decided as a chaperone group.

Depart Cedar Point: 7:30 PM

Return Time to CIS: 9:15 PM

Method of Transportation: Lakefront Lines, Charter service

Please don't hesitate to contact us with any questions or concerns. We are looking forward to a great experience!

Musically yours,

Mrs. Lewis, Mr. Levy, Mrs. Pohl

Music Directors
Campus International School
216.838.8000

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STUDENT/ADULT PERMISSION & MEDICAL RELEASE FORM

These health forms must be filled out and returned by Friday, March 22

I, _____, give permission for
(parent or guardian)

_____,
(name of participant)

to travel with the **Campus International School Music ensembles** to **Sandusky, OH.**

The group will depart CIS on **Saturday, May 11, 2019 at 6:15 AM** and return to CIS on **Saturday, May 11, 2019 at 9:15 PM.**

EMERGENCY CONTACT INFORMATION

In the case of an emergency, please contact

(emergency contact and relation to participant)

at _____ or _____.
(phone number) (second phone number)

As parent or guardian of _____, I authorize
(name of student)

treatment of the above mentioned student by a qualified physician or nurse in the event the student would require medical treatment. I understand that should a serious or life threatening medical emergency arise, initial treatment of the student may be rendered by an individual, trained in first aid, if in the opinion of that individual, delay might endanger his/her life, cause disfigurement or undue comfort. On the Medical Information Form I have listed any allergies, ongoing medical treatment, or medical problems which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with the understanding that except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Signature

Date

Address

Home Phone



Cedar Point Trip

TRIP/MEDICAL RELEASE FORM
For Music Department Trip to Sandusky, OH
Saturday, May 11, 2019

To Whom It May Concern:

In the event that any emergency medical situation arises on the trip, this document will authorize any emergency medical or surgical care deemed necessary for my child, _____,
(Date of Birth _____) in the event that I cannot be reached. **Please use the exact name that's on your student's birth certificate or picture ID. This must be precise.**

Parent/Guardian Signature

Date

Note: Every effort will be made to contact you should a problem arise. However, to facilitate caring for your child, please answers to the following questions:

1. If emergency medical treatment is required, may the school authority use their judgment in securing the services of the most easily accessible doctor or hospital.
(providing that you cannot be reached)? ___ YES ___ NO
2. FAMILY MAIN TELEPHONE # (_____) _____ CELL or LANDLINE
FATHER'S PLACE OF EMPLOYMENT _____
FATHER'S WORK TELEPHONE # (_____) _____
MOTHER'S PLACE OF EMPLOYMENT _____
MOTHER'S WORK TELEPHONE #(_____) _____
3. FAMILY PHYSICIAN'S NAME _____
ADDRESS _____
TELEPHONE # (_____) _____
4. Date of Child's Last Tetanus immunization _____
5. Has your child been under the care of a physician in the past year? ___ YES ___ NO
If yes, for what _____
6. Is your child currently taking any medication(s)? ___ YES ___ NO
If yes, which medications _____



Please Note Medication Policy

- a. A student may self-administer medication only with written permission and instructions from the parent/guardian. Self-administered medication refers to medication such as over-the counter medications, inhalers, medicated lotions, etc. A list of medications for self-administration, along with written permission and instructions from the parent/guardian must accompany this form. All **medications** must be in the pharmacy labeled container or manufacturer's labeled container.
- b. Medications that **must be held and administered by the chaperones** include controlled substances such as Ritalin, Adderall, Concerta, etc., antidepressants, steroids, prescription pain medication, etc. All medication to be administered by the chaperone must be accompanied by written instructions from the student's physician, including dosage and time of medication administration with physician's signature. All medication must be in the pharmacy labeled or manufacturer's labeled container and brought to school on Saturday, May 11 during the check-in time (during school drop off hours). If there is a medication change, or dosage change of any kind, this must be accompanied by new written instructions from the student's physician.
- d. In accordance with district policy, students may receive Tylenol, Ibuprofen, Tums, sunblock, and/or throat lozenges as needed as per parent/guardian consent.
7. I _____ give permission for _____ to receive Tylenol, Ibuprofen, Tums, sunblock, and/or throat lozenges.
8. Is your child allergic to any drugs, insect bites, food, or other substances? ____YES ____NO
- If yes, please indicate allergy _____

9. Does your child have a medical condition that requires special attention? (Example: allergies, diabetes, asthma, cardiac conditions, epilepsy, fainting, etc.) ____YES ____NO
If yes, please explain _____
10. Does your child carry an epipen? ____YES ____NO
If yes, please describe the condition for which it is needed. _____



11. Does your child carry an inhaler? ____ YES ____ NO

If yes, please explain the condition for which it is needed and the dose to be administered to your child.

12. My child has food allergies or food preferences that are important for Mrs. Lewis to prepare for in the provided pizza buffet lunch. All needs/preferences are listed below.

13. Is there anything the chaperones should know about your child? _____

14. Parent/Guardian signature required:

I have read and understand the medication policy for the Music Department trip to Sandusky, OH for May 11, 2019.

Parent/Guardian Signature

Date

Does your musician have a SEASON PASS to Cedar Point? Yes No

If you are a chaperone, do you have a SEASON PASS to Cedar Point? Yes No



STUDENT'S MEDICAL INSURANCE INFORMATION

PLEASE PRINT ALL INFORMATION

Date _____

Student's Last Name

Student's First Name

M.I.

Date of Birth ____/____/____ Age _____

Address _____

Town/City _____

Home Telephone # _____

Mother's Name _____

Father's Name _____

PRIMARY INSURANCE INFORMATION:

Insurance Company _____

Name of Policyholder _____ Date of Birth ____/____/____

Group # _____

ID/Policy # _____

Medicaid # _____

Case # _____

SECONDARY INSURANCE INFORMATION:

Insurance Company _____

Name of Policyholder _____

Group # _____

ID/Policy # _____

Medicaid # _____

Case # _____

RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO TREAT THIS STUDENT, OR TO PROCESS INSURANCE CLAIMS.

Date

Parent/Guardian Signature

If there is a medication change or dosage change of any kind, this form must be accompanied by new written instructions from the student's physician.

THIS FORM MUST BE SIGNED AND RETURNED TO YOUR STUDENT'S MUSIC TEACHER ON OR BEFORE Friday, March 22.



STUDENT/PARENT AGREEMENT

Travel and Behavior Contract

IB Learner Profile

- Inquirer • Knowledgeable • Thinker • Principled • Caring • Courageous •
- Balanced • Reflective • Communicator • Open-Minded •

CIS Essential Agreements

Speak Kindly • Listen • Be inclusive • Stay with the Group • Respect Personal Space • Respect the Environment

Scholars at Campus International School are expected to follow the IB Learner Profile and CIS Essential agreements at all times. School trips are a privilege, and participating students are expected to behave in a manner that best represents the school, the district, and the student. A school administrator will be called immediately in cases of inappropriate behavior. Violations of the CIS essential agreements, or the CMSD Student Code of Conduct may result in a student being sent home at his or her parents' expense, ineligibility for future school trips, and possible suspension from extracurricular activities, and/or any other disciplinary action authorized by the Student Code of Conduct.

We, the musician and guardian, have read and understood all parts of this form. I, the musician, agree to maintain the highest standards of respect, good manners, common sense and self-control while attending the Campus International School music trip. Students who choose not to follow the CIS Essential Agreements will have consequences aligning with CMSD student code of conduct. Students who cannot safely go through the day following the wisdom of the chaperones with joy and respect will be asked to leave the park with no refund and sent home at the parent/guardian expense. If a parent/guardian is unable or unwilling to pick up a student in a timely manner after a discipline issue, we will leave the student in the safe care of the Cedar Point or local law enforcement to ensure their safety until they can be picked up. This ensures that all chaperone and director attention can focus on the safety and well-being of the other 126 students attending the music trip.

I have read and discussed this form with my son/daughter. I agree to the provisions including the financial responsibility for any property damage incurred or expenses should he/she need to be returned home during the trip.

Student Signature _____

Date _____

Student Cell Phone Number (To be used on trip) _____

Parent Signature _____ Date _____

Best Phone number to reach parent/guardian _____

Best Phone number to reach parent/guardian _____