

Band Fest at University of Victoria  
February 29, 2012

Dear Wind Ensemble Parents,

The Wind Ensemble will be participating in Band Fest at the University of Victoria on February 29, 2012. We will travel on the Victoria Clipper, leaving Seattle on the morning of Wednesday, Feb. 29 and return in the late evening. An exact itinerary will be sent home later. This letter is to let you know the requirements for the students to go to Canada and a timeline for payment.

The cost for each student will be \$80.00 for this trip. We can take up to 7 adult chaperones at the same rate of \$80.00 each. This is a fun trip and those chaperone spots are first come/first served! Please email me if you would like to be a chaperone and send in payment with your student. Payment for the trip is due to the office on or before February 10.

US/Canada border requirements have become quite strict. The Victoria Clipper web site has good information about required documents. <http://www.clippervacations.com/faq/crossingtheusborder>

All adults who are US citizens must have a passport or enhanced driver's license.

All students under the age of 16 who are US citizens are required to have proof of citizenship in the form of a passport or original certified birth certificate. While not officially required for kids, it is recommended that the students traveling with birth certificates carry their ASB cards with them as photo identification.

Students who are naturalized citizens are required to have their naturalization papers as proof of citizenship.

Students who are not US citizens are required to have their green card, resident card or passport and visitor's card depending on status and country of citizenship. Please contact the customs office in Victoria B.C. if you have any questions regarding individual situations. Their phone number is 250-363-3339.

I am required to carry a letter for each student signed by BOTH parents giving me permission to take your child out of the country. Please use the attached form letter. If one parent has sole custody, please note that on the form. Last year there were many questions about this letter. If you have individual questions, please ask. This letter is us "dotting our i's and crossing our t's" for the sake of a smooth border crossing.

On the trip, I will carry all the documentation. Please make sure that I have all the documentation your child needs by February 16 so that I may collect and sort the documents. They will be kept safe in my office. For most of the students, that documentation will be:

1. Birth Certificate or Passport
2. Extended Field Trip Emergency Health Form (double-sided)
3. Parent Authorization for Extended Field Trip (this form must be NOTARIZED)

Of course, if you need the passport for travel during mid-winter break, you can turn in that part of the documentation to me on the 27<sup>th</sup> when we are back in school. I am sorry about the added burden of notarizing the Parent Authorization Form, that comes from the school district and is required. If finding a notary is a problem, please contact me and I will do my best to recommend a resource for you.

Thank you,

Todd Mahaffey  
mahaffeyt@bsd405.org  
Band Director, Chinook Middle School

BELLEVUE SCHOOL DISTRICT  
Bellevue, Washington

**EXTENDED FIELD TRIP EMERGENCY HEALTH FORM**

To be filled out by the parent/guardian of the student attending the extended field trip or camp and returned to his/her teacher no later than 2/16/12.

Name of student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Disclosure of SS# is voluntary. It will be used for securing emergency medical care).

Name of parent/guardian: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work (mother) \_\_\_\_\_ Work (father) \_\_\_\_\_

Cell/pager \_\_\_\_\_ Cell/pager \_\_\_\_\_

Email address: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name, address, and phone number of **two** people who could be contacted in case of emergency if the parent/guardian cannot be reached (relatives, close friends). These people may provide information regarding where the parent/guardian might be reached, or they might be asked to give advice/permission for medial care. PLEASE NOTIFY THESE INDIVIDUALS THAT THEIR NAMES HAVE BEEN GIVEN FOR THIS PURPOSE.

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

(night): \_\_\_\_\_

(night): \_\_\_\_\_

Cell/pager: \_\_\_\_\_

Cell/pager: \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event that I/we cannot be contacted to authorize emergency medical treatment for \_\_\_\_\_ during his/her participation in the camp/field trip, the Bellevue School District staff member in charge of medical care has my permission to authorize emergency medical treatment. I also give permission for school staff to transport my child to a medical treatment center if needed.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Needed in case of emergency:

Name of insurance company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy # \_\_\_\_\_

**HEALTH INFORMATION:** The following health conditions can be of concern; please check any that have been a problem in the past or are currently a concern. If your student has a **life threatening condition** (severe asthma, severe allergic reaction, diabetes, seizures, etc.), a Health Care Plan **must** be attached.

CONDITION	PAST PROBLEM	CURRENT PROBLEM	PLEASE EXPLAIN
Abnormal Bleeding:	_____	_____	_____
Allergies Please circle type of allergy: foods, insects, medication, environmental, other _____ **Attach Emergency Health Care Plan	_____	_____	_____
Diabetes **Attach Emergency Health Care Plan	_____	_____	_____
Frequent infections	_____	_____	_____
Heart/circulatory problems	_____	_____	_____
Seizures **Attach Emergency Health Care Plan	_____	_____	_____
Intestinal problems (including frequent stomach aches, constipation, diarrhea, indigestion, etc.)	_____	_____	_____
Respiratory problems (including asthma, bronchitis) **Attach Emergency Health Care Plan	_____	_____	_____
Urinary problems (including bed wetting)	_____	_____	_____
Other, please indicate:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child physically able to take part in all trip activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what limitations are needed? \_\_\_\_\_

**DATE OF LAST TETANUS IMMUNIZATION** \_\_\_\_\_

Medication(s) student is currently taking: \_\_\_\_\_

**If medication(s) is to be taken during the trip**, written instructions from the prescribing physician and parental permission must be obtained for each medication. A medication authorization form is attached and must be completed by a physician and returned/faxed to the school nurse. If more than one medication is to be taken, additional copies can be obtained at school. All medications will be kept and dispensed (as ordered by the physician) by a designated school employee. Prescription and non-prescription medication must be sent in the original pharmacy container. Non-prescription (over-the-counter medication) must be clearly labeled with the child's name, dosage, and time to be given. **NO MEDICATION (prescription or non-prescription) CAN BE GIVEN WITHOUT A PHYSICIAN'S ORDER.** To accommodate medication needs, all physician medication orders and medication(s) must be to the school nurse by \_\_\_\_\_.

Policy and/or Procedure Reference No.

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Policy No. 3340

Effective Date:

Procedure No. 3340.1

April 29, 2011

**PARENT AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR INTERNATIONAL EXTENDED FIELD TRIP**

(This form and an attached field trip description are required for all field trips.)

**IMPORTANT DIRECTIONS:** (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Name of Student	
Date(s) of Trip: <u>2/29/12</u>	Destination: <u>Victoria, B.C.</u>
Purpose: <u>participate in Book Festival</u>	

**SUPERVISION (Check one.)**

- Students will be directly supervised by adults on this trip at all times.
- Students will be directly supervised by adults on this trip with the following exceptions:

I acknowledge that

Todd Mahaffey and Bellevue School  
(Name of Teacher)

District supervisors assigned to this trip are travelling out of the country with my child. They have my permission to do so.

An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your information.

**Pupil Agreement**

While participating in this field trip. I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION BEING PROVIDED (Check all that apply.)**

- Walking  School Bus  Commercial Carrier
- Leased Vehicle  None

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

If an emergency situation involving illness and/or injury should arise, the Bellevue district staff member in charge has my permission to seek the aid of a licensed medical doctor or to take the following action for emergency care:

In the event it becomes necessary for the Bellevue district staff in charge to obtain emergency care for your student, neither s/he nor the Bellevue School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip to the extent indicated by my signature below. I also understand that participation in the field trip will involve activities off school property; therefore,

TO BE COMPLETED AT SCHOOL

TO BE COMPLETED AT HOME

