

Maimonides School 8th Grade Washington Trip

May 11-14, 2015

Student Information Sheet

Students:

- Please complete the general information section of this form.
- Please sign the **Behavior Pledge**.

Parents:

- Please review the form with your child to make certain all information is complete and up to date.
- Please fill out and sign the **Medical Concerns and Medications** section on reverse side of this form.

PLEASE MAKE SURE ALL PHONE NUMBERS ARE LEGIBLE!

Please return both forms to the Middle School office by Monday, May 4.

Name _____

Your cell phone number (if you are bringing one): _____ Home phone: _____

Parents' cell phone numbers: _____

Parents' business phone numbers: _____

Emergency Contact Person and phone numbers:

Name: _____

Phone numbers: _____

Behavior Pledge:

Even though I will not be at school I understand that the same expectations for my behavior apply as if I was in school. These are expectations concerning the way I dress, the food I eat, the way I conduct myself, and following teachers' instructions. In particular:

- | | |
|--|--|
| • Following <i>Halacha</i> at all times. | • Using appropriate language and appropriate content on ipod/DVD/etc. |
| • Staying with the group at all times (with at least one person). Call chaperone immediately if separated from the group! | • Staying in our group seats at the ballgame. |
| • Keeping cell phone (if applicable) on at all times. | • Only buying food that has an OU, OK, Chaf-K, StarK, unless I have permission from a chaperone. |
| • Staying in my hotel room (unless it is an emergency) after curfew. | • Listening to bus driver and keeping bus clean |

If I make good decisions I'll have a great time and learn a lot. If I make bad choices I understand that there will be consequences. In the extreme case that someone's actions threaten the safety or well-being of him/herself or others, I understand that he or she may be sent home on a plane at his/her family's own expense.

Student Signature: _____

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THIS SECTION TO BE FILLED OUT BY PARENT

Medical Concerns and Medications:

1. Please list food and other allergies:

2. Please list any additional general health concerns (asthma, etc.) If the child's health concern is no longer a problem, please include a note from his/her doctor to that effect:

3. Prescription medications:

If your child requires prescription medication, we ask that parents provide individual labeled dosages for **each day** and **each time** that it is to be taken.

- **Separate** sealed envelopes for **each dose**, labeled with child's **name** and **date and time the medication is to be taken** must be prepared. These envelopes should be placed together in a labeled ziplock bag.
- Medications will be carried by one of the trip leaders and given out at appropriate times.
- Your child's medications, packed as indicated above, must be submitted to a school nurse by **Monday, May 4** (one week prior to departure).
- If you have any questions, even very minor ones, please contact **Ellie Weintraub** at eweintraub@maimonides.org or **Robin Shuman** at rshuman@maimonides.org.

4. **Epipens, Inhalers and Benadryl:**

Your child may carry his or her own epipen, inhaler or supply of Benadryl with your permission.

- You must also provide a backup epipen or inhaler for the trip leader to add to the medical kit.
- Please be certain that the epipens and/or inhalers that you are sending have not passed their expiration date.

☐ I give permission for my child to carry his/her ☐Epipen ☐Inhaler ☐Benadryl

5. If your child may require acetaminophen or ibuprofen you may want to send a small supply along for their personal use. Please note that students are not allowed to share medications.

Parent signature: _____