

Chorus Disney Trip 2023
Parent/Student Meeting
Tuesday, December 9, 2022
Trip Dates: February 1-4, 2023

Introduction of the Chaperones

Rupa Bhaumik

Jennifer Burke

Pamela Carman

Jamie Case

Radmaker DaSilva

Mike Denton

Nina Gibson

LeAnna Iddings

Ashley Kern

Jennifer Koester

*Jennifer Morge

Ty Robertson

*Dana Stannard

*Chris Whittington

** Previous Disney Chaperone-CHORUS*

Review Itinerary-On Back

Mark Drury Super Holiday Tours

Itinerary is subject to slight adjustments and changes

Safety/Behavior

Bus -*His Majesty Coaches*

Hotel -*Fairfield Inn & Suites at Flamingo Bay*

Theme Park

All Dodgen and Cobb County policies will be enforced during this trip. Failure to comply with any of these expectations will NOT be tolerated and will result in removal of this trip or disciplinary action upon returning to Dodgen.

What to bring and not bring

Packing suggestions

You will have 3 shirts given to you

Pay attention to the weather

Meals

Meal cards and vouchers are provided to all in attendance

Spending Money

Medical Needs and Forms

If there are any changes to your medical form (ie new medication or new insurance policy) please send in a copy of your insurance card or complete another medical form from the website.

Please send any questions to Christopher.whittington@cobbk12.org or leanna.iddings@cobbk12.org

Dodgen Chorus Disney Trip Itinerary

Feb 1-4, 2023

Wednesday, Feb 1

- 12pm – Depart Dodgen MS for travel to Orlando**
Dinner stop at Gainesville Mall -student expense
- 9pm – Arrive at hotel**

Thursday, Feb 2

- 7:30am – Included breakfast at the hotel**
- 8:30am – Depart for EPCOT**
\$40 card for lunch and dinner
- 1pm – Depart for Program at Saratoga Springs Resort**
- 11pm – Return to hotel**

Friday, Feb 3

- 7:30am- Breakfast at the hotel**
- 8:30am – Transport to Magic Kingdom**
\$40 meal card for lunch and dinner
- 11pm – return to hotel**

Saturday – Feb 4

- 7:30am- Breakfast and check out of hotel**
- 8:30am – Hollywood Studios**
\$20 meal card provided for lunch
- 2:00pm – Depart for home**
- 6pm – Fast food dinner stop**
Dinner stop in Valdosta-Fast Food-Student Expense
- 11pm – Return to Walton HS Football lot**

Itinerary is subject to slight adjustments and changes

AUTHORIZATION TO CARRY PRESCRIPTION MEDICATION

_____ needs to carry the following prescription asthma medication, epinephrine auto injector or diabetic medication with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that additional asthma medication, epinephrine auto injectors, or diabetic medication be kept in the clinic in case the first is lost or left at home.)

Medication

Dosage and Directions

Licensed Health Care Provider's Signature & Stamp

Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to the consequences of the code of conduct should another student use my prescription. I also accept the responsibility for checking in with the School Nurse to keep her informed of use of my medication in case I start having problems.

Student's Signature

Date

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription medication described above, at school. I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the Cobb County Board of Education, the Cobb County School District, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I release the Cobb County School District and its employees of any legal responsibility when the above named student administers his/her own medication. I further provide a release for the school nurse or other designated school personnel to consult with the physician regarding any questions that may arise with regard to the medication.

Parent/Guardian Signature

Date

AUTHORIZATION TO GIVE MEDICATION

If medication can be given at home, before or after school hours, please do so. If medication must be given during school hours, this Form must be completed and filed with the School Clinic.

STUDENT'S NAME: _____

TEACHER: _____ GRADE: _____

I authorize the Cobb County School District to assist my child in taking this medication. I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled container will not be given. If your child takes daily medication, please send an extra bottle to be used for field trips and After School Program.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform the school of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the office/clinic by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued. If medication is given throughout the school year, medication will be disposed of according to the medication Rule Section IX.

NAME OF MEDICATION: _____

DOSE: _____ ROUTE*: _____ TIME(S) to be given: _____

DATE TO DISCONTINUE MEDICATION: _____

CONDITION/ILLNESS REQUIRING MEDICATION: _____

POSSIBLE SIDE EFFECTS, IF ANY: _____

Licensed Health Care Provider: _____

Licensed Health Care Provider's Phone: _____

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the Cobb County Board of Education, the Cobb County School District, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature

Date

Home Phone: _____ Work Phone: _____ Pager/Cell Phone: _____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.

PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP

This permission form has been signed only after understanding and considering the following:

1. Trip Planned: Dodgen Chorus will travel to Disney World and participate in the Disney Sings Workshop as well as spend time watching live performers throughout all of our park experiences. Feb. 1-4, 2023
2. Purpose(s) of Trip: Students will learn the art of vocal performance through activities and planned performances.
3. Supervision: Students will be assigned chaperones that they will check in with throughout the day. Students will always stay in groups of 4 or more in designated areas of the park, hotel, etc.
4. Transportation: Charter Bus Transportation setup through Super Holiday Tours
5. Requirements: Students must be an active member of the Dodgen Eighth Grade Chorus, paid for their trip in full and adhere to all behavior standards laid out in the Dodgen Fieldtrip Policy.
6. Expectation and Students will always stay in designated areas, follow school policies and be on time.

Instructions:

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Family Physician: _____ **Phone:** _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnites") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnites or which may be brought against the District Indemnites arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date



I give my child permission to watch a PG 13 rated movie on this trip.

I DO NOT give my child permission to watch a PG 13 rated movie on this trip.

At times students require minor medical attention. Please complete the following items.

My child gets motion sickness YES NO
My child needs an inhaler YES NO
I give chaperones permission to give my child the following in accordance with packaging dosage instructions

Diarrhea Medication YES NO

Immodium-D

Motion Sickness Medication YES NO

Dramamine

Upset Stomach Medication YES NO

Pepto Bismol

Antihistamine YES NO

Benadryl

Ibuprofen YES NO
Advil

Naproxen sodium YES NO
Aleve

Acetaminophen YES NO
Tylenol

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CANNOT TAKE

1. _____
2. _____
3. _____
4. _____

I understand that I will provide all prescription medications. I will also provide non-prescription medication that must be taken on a daily basis. A prescription medicine form must be filled out for EACH medication required daily.

The medication must be

- ✓ Placed in a small Ziploc bag with an index card (child's name, medication, and clear instructions) taped to the inside of the bag
- ✓ in the original bottle with the prescription label

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

