

Westfield Public Schools
Curriculum & Instruction

WESTFIELD HIGH SCHOOL BAND STUDENTS FIELD TRIP TO ITALY
PARENTAL AGREEMENT AND UNDERSTANDING

I, _____, am the _____ of
(name of parent/guardian) (father/mother, custodial parent, legal guardian)
_____, a student at _____ in the _____ grade.

I hereby give permission for the above named student to participate in The Westfield High School Bands student field trip to Italy, for the period of **Monday, April 1, 2024** through **Tuesday, April 9, 2024**. I fully understand what is involved and expected for participation in this field trip, and further understand that my child will be expected to follow the policies, procedures, codes of conduct of the Westfield Public Schools and laws of New Jersey. I also understand that should my child violate any of the policies, codes of conduct, and/or the laws of New Jersey governing student behavior, the Westfield Public Schools will **NOT** be responsible for any expenses incurred in the event my child is sent home earlier than the scheduled return date, due to his/her unacceptable behavior including and without limitation, the use of drugs and/or alcohol, as well as, any behavior that compromises the health, safety or well-being of the individuals participating on the trip.

WAIVER-RELEASE

I understand that in consideration of the student being allowed to participate in the field trip to Italy, my signature, hereon, as parent/guardian, indicates that I hereby assume all risks in connection with the Band field trip and acts as a full release of the Westfield Public Schools and their respective officers, directors, agents, employees and/or chaperones and as a waiver of any and all claims against the Westfield Public Schools and their respective officers, directors, agents, employees and/or chaperones, including all risks connected therewith whether foreseen or unforeseen. This waiver and release is executed on behalf of the named student and his/her parents/guardian.

MEDICAL INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy No. _____ Group No. _____

Policyholder's Name: _____ Relationship to Student: _____

Policyholder's Social Security No: _____

Student's Social Security No. _____

MEDICAL EMERGENCIES

In the event of emergency, illness, or injury to my son/daughter while participating in the Westfield High School Bands student field trip to Italy, I expressly consent to the administration of the Westfield Public Schools and their authorized agents seeking, obtaining, and authorizing the administration of medical treatment for my son/daughter, and, if necessary, transporting my son/daughter to a medical facility for treatment. I understand and acknowledge that I will bear the sole cost and expense for any medical treatment that my son/daughter may receive. Further, I expressly authorize, the Westfield Public Schools and their authorized agents to act on my behalf as parent of my son/daughter's participation in the Band field trip, I agree to inform my son/daughter's teacher if there is anything in particular that the School should be aware of while my child is on the Band field trip, including but not limited to, all medications and/or health conditions of my child.

By entering into this Parental Agreement and granting the permission as stated herein, I am releasing the Westfield Public Schools and their respective officers, directors, agents, employees and/or chaperones, from and against any and all liability, loss, damage, costs, claims and /or causes of action arising out of or related to my son/daughter's participation in the Band field trip. I have read this Agreement, the Westfield Public Schools, policies and codes of conduct, and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____

(parent/guardian)

STUDENT PLEDGE

As a student participant in the Westfield High School Bands student field trip to Italy, I, _____ am taking part in this program to further my knowledge and understanding of the cultural connection to performance repertoire. I am aware that this is a school-sponsored program, and agree to conduct myself in an appropriate manner as a representative of Westfield High School. I also recognize that any substance abuse including use of drugs and alcoholic beverages is prohibited by law. I realize that any conduct contrary to the law and school policy will result in strict disciplinary measures in accordance with school policy, including being sent home early from the field trip at my own expense. Should my conduct force my return home early from the trip, my parents will be responsible for any and all additional expenses incurred for my return.

Student signature: _____ Date: _____

I, as legal guardian of _____, acknowledge that I have read this Pledge, and am familiar with the applicable school rules.

Parent signature: _____ Date: _____

WESTFIELD PUBLIC SCHOOLS
A Tradition of Excellence

Westfield High School
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Westfield, New Jersey 07090

Mary Asfendis, Principal
(908) 789-4500
FAX (908) 789-4230
<http://whs.westfieldnj12.org>

James DeSarno, Assistant Principal
Mabel Huynh, Assistant Principal
Warren Hynes, Assistant Principal

I hereby give my son/daughter _____ permission to attend the field trip to Italy. The cost of this trip (including transportation and admission) is ^{already communicated} _____. Please make checks payable to NA. We will be leaving the school on 4/1/24 at ^{See flight information} _____ and returning at approximately 4/9/24 - see flight information.

I agree that no responsibility shall be attached to the school beyond that of providing faculty supervision. I also give my consent for emergency treatment, should the need arise.

If this line is checked, a coach bus is being used for this trip and, as per BOE Policy 2340, you, the parent, are hereby notified that coach buses do not have seat belts.

Primary emergency name and phone # _____

Secondary emergency name and phone # _____

My child has no medical needs _____
Parent/Guardian Signature Date

If a nurse is required to attend the trip, I give them permission to give my child:

Motrin Tylenol Benadryl Tums Anbesol Cough Drops

Child's medical needs described as follows (list allergies, medications, etc.)

Parent/Guardian Signature & Date: _____

Please return to teacher by: February 27th trip meeting