



GALVIN MIDDLE SCHOOL
55 PECUNIT STREET
CANTON, MA 02021
781-821-5070
FAX 781-575-6509

Principal Thomas LaLiberte

Medical Information

The following medical information is very important and must be followed by all students going on the 8th grade trip.

- **All medications (prescriptions and over the counter) except Tylenol, ^{& Ibuprofen} require written authorization from a physician.** This is required for a nurse administered as well as self-administered medication. **The written authorization for each medication must state:**

Medication Name

Dose

Administration Times

Side Effects

- **All medications must be in the original bottles.** If you wish to have the nurse administer the meds to your child an adult must bring them to school by the Wednesday morning before the trip. Meds will **NOT** be accepted the morning of the trip.
- If your child has the slightest problem with motion sickness, please make sure that he/she takes **Dramamine** before leaving home the morning of the trip and as needed during the week.
- **Epi-Pens must be carried at all times.** Students are required to know how to self-administer the pen. If possible they should try to have a friend with them who knows of the allergy and can help administer the pen if needed. **Seek help from the chaperones, the first-Aid Station, and the Nurse immediately if the Epi-Pen is given.**
- **Inhalers. Make sure that your child has their inhaler on the trip** even if it is only used occasionally. Students are exposed to different allergens when they are away. It is much easier and safer for them to have the inhaler with them and not need it than to risk an attack.

Guidance : Paul DuCott; Adjustment Counselors: Jina Guilmond, Jennifer MacLea
Department Coordinators: Joyce Stenmon - Art, Julie Chilton - Performing Arts, Karen Costa - Wellness, Robert Science, Barbara Edson - Math, Elaine McCarthy - Social Studies, Jeremiah Sullivan - English, Denise Buckley
Language, Robert Lordan - Technology, Angelo Dimitriou - CET Chair

The Canton Public Schools prohibit discrimination on the basis of race, color, sex, national origin, orientation.

Additional Trip Information

Here are some suggestions for having a safe and rewarding 8th grade trip experience.

- You may bring a backpack and one piece of luggage. The luggage is stored under the bus and will not be accessible until the end of the day.
- Students should bring all money and supplies they need for the day in their back packs.
- Students are encouraged to bring cell phones to call their parents/guardians at the end of the day. All cell phones **MUST** be stored in the luggage to be used **ONLY** at the hotel to call home.
- Disc players may be used on the bus when appropriate.
- No DVD players will be allowed on the trip.
- Students may bring movies to watch on the bus. Movies **MUST** be age appropriate. No movie that has a rating over PG-13 will be allowed. Chaperones will supervise and select appropriate viewing materials for each bus.
- Any inappropriate purchases, such as laser pointers will be confiscated and disposed of immediately.
- Students are encouraged to bring snacks in their back packs and luggage. Perishable items should **NOT** be chosen as snacks.
- Water bottles or bottled water is encouraged. It is summer in the south and students need to keep hydrated. Students may purchase additional water on the trip.
- Sun screen should be worn while touring. Lip balm is good to take also. It is very hot down south.
- Comfortable, well-worn shoes or sneakers are required. This is **NOT** the time for heels or new sneakers. We do a great deal of walking. New shoes cause blisters.
- Students should pack lightly. Shorts and t-shirts are worn most of the time. There will be a dance. Comfortable attire is needed. Pack a bathing suit if you wish to swim. A sweater, sweatshirt, sweatpants or long pants may be needed on colder, more inclement days. Flip Flops and a bathing suit cover-up must be worn in the hotel.
- We encourage students to bring between \$25 and \$50 for souvenirs and extra snacks. Students need to be careful **NOT** to bring too much money.

Every effort has been made to ensure that your child has a safe, exciting, and educationally sound trip. Your cooperation and understanding is needed for this to happen.

Regrettably, due to our time constraints we will not be responsible for lost or forgotten items such as cell phones, wallets, or Game Boys.

**Canton Public Schools Overnight Field Trip
Permission and Emergency Information**

Name _____ Address _____ Tel _____

Insurance _____ Policy# _____ Subscriber _____

Physician _____ Address _____ Tel _____

Emergency contacts for the duration of this field trip: (Must have three contacts)

1) Name of Contact _____ Relationship _____
Cell phone # _____ Work phone # _____ Home phone# _____

2) Name of Contact _____ Relationship _____
Cell phone # _____ Work phone # _____ Home phone# _____

3) Name of Contact _____ Relationship _____
Cell phone # _____ Work phone # _____ Home phone# _____

Medical conditions/concerns/allergies: _____

Any medication that the above-mentioned person may need to take on the trip, whether prescription or non-prescription, must be listed below and signed by a physician in order to be administered. Prescription meds must be accompanied by a pharmacy printout.

Medication _____	Dosage _____	Times _____
Medication _____	Dosage _____	Times _____
Medication _____	Dosage _____	Times _____

Consent to carry and self-administer Yes _____ No _____

Physician Signature: _____ *Parent Signature _____

I give permission for my child to have the following medication according to the Canton Public Schools Medication Protocols: Acetaminophen (e.g. Tylenol) Yes _____ No _____
Ibuprofen (e.g. Motrin, Advil) Yes _____ No _____

Parent Signature _____ Date: _____

I give permission for _____ DOB to participate in the above special activity.

Parent or Guardian Signature: _____ Date: _____

I understand that every effort will be made to contact me if an medical emergency should occur. However, if I cannot be reached, or where time is of the essence, I hereby give permission to medical personnel to provide such medical treatment to my child as is deemed necessary (PLEASE SIGN BELOW)

*PERMISSION GRANTED _____ Date _____

*PERMISSION DENIED _____ Date _____

*= Parent or Guardian signature required.



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Principal *Thomas LaLiberte*

Assistant Principal *Thomas Walsh*

The Canton Public Schools strives for excellence in achievement, promotes a love of learning, embraces individuality and diversity, and builds a foundation for life-long learning in the entire community.

GRADE 8 WASHINGTON D.C. SCHOLARSHIP APPLICATION

STUDENT NAME: _____

HOMEROOM: _____

Parent Name: _____

Address: _____

Daytime Phone: _____

Please answer the following questions:

This request for scholarship funds for the grade 8 class trip is based on...

Medical issues ___ Loss of Job ___ Low income issues ___ Other ___

Yes ___ No ___ The cost of the class trip is \$⁸⁰⁵ Are you able to pay some portion of this amount?

If the answer to this question is yes, please indicate how much you can comfortably provide for the trip.

\$ _____

**** Note that students applying for scholarship funding must participate in fundraising activities offered to offset the total cost of the trip.**

PLEASE SUBMIT THIS APPLICATION TO PRINCIPAL TOM LALIBERTE.

Guidance : Paul DuCott; Adjustment Counselor, Jina Guimond; School Psychologist, Jennifer Mac Lea;
 Department Coordinators: Joyce Stannon-Art, Sarah Gardner-Performing Arts, Danette McGovern-Science,
 Brenda Olson-Math, Elaine McCarthy-Social Studies, James Spillane-English, Laurie Moore-World Language,
 Technology: Michael Barucci, CET Chairs: Christopher Cullinan and Jill Albanese; Nurse: Julie DuCott

Canton Public Schools do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age or disability.

PROGRAM INFORMATION

Trip ID#: 28649
Destination: Washington, D.C.
 We will depart on the morning of June 11, 2010, via chartered motor coach and arrive in Washington D.C. that afternoon of June 11, 2010. We will then spend 4 active days learning on location. We will depart Washington D.C., again via chartered coach, on the morning of June 18, 2010. We will arrive back home that evening.

Registration Due: 10/09/2009
Deposit Amount: \$99 (of which \$99 is non-refundable)
Register:
 • Online at www.worldstrides.org (use the Trip ID# listed above to register)
 or • By phone - call WorldStrides Customer Service Department at (800)468-5899
 or • By mail - use the registration form below

Web Site: www.worldstrides.org / **Customer Service Phone:** (800)468-5899 / **Fax:** (434)982-8748

Traveling with classmates and lifelong memories are only part of the fun awaiting us on this program. During this engaging adventure, we will explore major historical landmarks, such as the U.S. Capitol, the Washington Monument, and Mount Vernon. We'll also reflect on the achievements of great Americans at the Jefferson, Lincoln, and FDR Memorials, and honor our nation's heroes at the Vietnam Veterans Memorial, World War II Memorial, and Arlington National Cemetery.

- Round trip transportation
- Sightseeing transportation
- Course Leader
- Quality hotel accommodations
- Night chaperones in hotel
- All meals
- All admissions fees
- Evening activities
- Accident/health insurance
- Field journals
- Online educational resources
- 24-Hour Emergency Support

Prices are based on 35 full-paying participants and include a \$99 deposit (of which \$99 is non-refundable).
Student: \$785 quad occupancy which includes an additional \$20 discount for registering before 10/09/2009; thereafter price is \$805 quad occupancy.
Adult: \$907 double occupancy which includes an additional \$20 discount for registering before 10/09/2009; thereafter price is \$927 double occupancy.
Payments: Pay-in-full within 30 days of registration or spread out your balance in regular partial payments (installment plan is established by WorldStrides, based on your registration date, and the balance must be paid in full by 04/01/2010).
Full Refund Program: An additional \$109 covers cancellation (see Terms and Conditions section).

Registration: Your minimum payment is \$99.

- If you are paying by check simply complete and return this form with your check. Please do not staple check to the registration form.
- There is a \$35 charge for returned checks. Your cancelled check is your receipt.
- If you wish to pay by credit card please also complete the form in the enclosed brochure on page 9 and return it with the form below.

← Tear off here

REGISTRATION FORM

William Galvin Middle School **TRIP ID 28649 - REF# 35918-9 - DWA 06/15/10 - KEB**

Full legal name _____ Additional registrant name _____
 (traveler's name as it appears on the ID they will present at the airport) (traveler's name as it appears on the ID they will present at the airport)

Date of birth ____/____/____ Male Female Student Adult Date of birth ____/____/____ Male Female Student Adult

Mailing address _____ City _____ State _____ Zip _____

Please send a souvenir T-shirt and bill me \$18.00. My size: S M L XL (all shirts are adult sizes)

Parent's name _____ Email _____

Home phone (____) _____ - _____ Mother's work phone (____) _____ - _____ Father's work phone (____) _____ - _____

Parent's signature _____
 (By signing here as the Responsible Party, you agree to the General Terms and Conditions listed in the enclosed brochure)


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 PO BOX 9033
 CHARLOTTESVILLE, VA 22906-9033