



GRADVENTURE
UNIVERSAL ORLANDO™



8th Grade Field Trip to Islands of Adventure and Universal Studios

- **When?** Friday, May 20th 2022; 1:00 pm to 2:30 am (times are approximate)
- **Who can attend?** Any MMS 8th grader who has **NOT** received OSS or more than 2 days of ISS starting November 15, 2021.
 - Students must have regular **attendance** and be **passing all subjects** at 4th interim to attend
 - The principal has final authority to determine a student's participation in this event
- **Payment?** The total cost of the trip is \$ 175.00 per student
 - Payment is due by Thursday, February 24th
 - You can pay by **cash** or **check** payable to Murray Middle School
 - Price includes transportation, t-shirt, admission to both parks, and a meal!
 - Season Passes are **not** accepted for this special event...sorry!

Final Payment Deadline: Thursday, February 24, 2022

Refunds must be requested in writing by 4/15/2022

****There will be no refunds for any reason (including removal from trip due to discipline) after this date**

Trip Guidelines

- Students must **always** remain with their **partner** while in the park.
- Students are required to **check in** with teachers at 8:00 PM. We will be departing the park at 12 AM.
- As part of Universal's **dress code** requirements, all students attending the trip must wear the same t-shirt.
- Students are responsible for all items brought on the bus (electronics, money, etc). Be aware that no phones are allowed on the roller coasters, but lockers are available.

**Any questions? Contact Ms. Brailsford at
dawn.brailsfordmoretta@stjohns.k12.fl.us
We are looking forward to a great trip!**

Student Name	First Period Teacher
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I UNDERSTAND THE REQUIREMENTS FOR ME TO ATTEND GRADVENTURE

- 1) Students must NOT have received any days of OSS and no more than 2 days of ISS starting November 15th
- 2) Students must have regular **attendance** and be **passing all subjects** at 4th interim
- 3) The principal has final authority to determine a student's participation in this event

I UNDERSTAND THE DRESS CODE

- 1) Wear the Gradventure t-shirt. **DO NOT** cut, rip, or modify your shirt.
- 2) Make sure to get the correct size t-shirt. There are no returns after they are ordered.
- 3) Wear appropriate clothing - **NO** short shorts, rips, tears, bathing suits

I UNDERSTAND THE PAYMENT DEADLINES

- 1) The **deadline** for turning in the permission slip and payment is **2/24/2022**
- 2) Space on the bus is **limited** and the trip may be at capacity before that date.
- 3) **NO** refunds after 4/15/2022 for any reason including removal from trip due to discipline.

- I would like to help a student-in-need. I have enclosed a donation of \$ _____
 ⇒ Donations must be made with cash or a **separate** check. Don't include it with your child's payment.

- I have enclosed Cash or Check payment of \$175.
 ⇒ Checks must include name, **physical address**, and **phone number**.
 ⇒ Write **student name** on memo line of check

- I have enclosed Cash or Check payment of \$ _____
 ⇒ Partial payments are accepted with **full amount due** by February 24th

Shirt Size (circle one)	Regular Fit						
	XS	S	M	L	XL	2XL	3XL

PLEASE RETURN ALL FORMS AND PAYMENTS TO MS. BRAILSFORD

ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR FIELD STUDY ACTIVITIES

School: R.J. Murray Middle

I/We, the parents/guardians of the student named below, understand the nature of the activity being planned to:

Universal Studios - Gradventure on 5/20/22
(DATE)

Time: Leave: 1 AM Return: 2:30 AM We understand transportation will be by:

charter bus at a cost of \$ 175.00
(MODE OF TRANSPORTATION)

We acknowledge our student is in good physical health and the Study does not pose a health hazard to my student. *We also understand in times of national emergency or any other time when it is in the best interest of the health, safety and welfare of students and employees, the School Board may revoke its approval assuming no liability for reimbursement of costs or expenses incurred by the cancellation of any activity.*

I/We hereby grant permission and give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the activity; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Medical Information Form and or the School Health Card is true and accurate. The district, its agents, servants, or employees are not responsible for acts or omissions of third parties as a result of securing medical care. I/We will hold the district and its agents, servants, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

My student, by his/her signature hereto, fully agrees and consents to the foregoing with permission to participate in the listed field study.

Student's Name (Print): _____

Signature of Student

Date

My student requires medication and/or medical attention: YES ___ NO ___

* If yes, you must complete the Medical Information Form (obtained from the activity supervisor) and provide the medication to the personnel trained to administer the medication. (on back)

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Emergency contact, if parent unavailable

Phone

Family Physician

Phone

Health Insurance Provider

Policy#

MEDICAL INFORMATION FORM

(Required for any student requiring medication or medical attention)

Child's Name: _____

Date of Birth: _____

Health Insurance Provider and # of Medical Plan: _____

Doctor's Name & Phone #: _____

Parent's Contact Number: Cell: _____ Work: _____ Other: _____

If parents cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____

LIST ANY AILMENTS, DISABILITIES OR PROBLEMS INVOLVING YOUR CHILD WHICH MIGHT AFFECT HIS/HER PARTICIPATION.

Asthma _____

Diabetes _____

Nightmares _____

Allergies _____

Ear Infection _____

Sinus _____

Bronchitis _____

Epilepsy _____

Sleepwalking _____

Bed Wetting _____

Heart Disease _____

Other _____

Information of which sponsors should be aware:

1. Unusual reactions or allergies to drugs.
2. Special care needed while on activity.
3. Special instructions to medical personnel if emergency care is needed.
4. Significant health problems of student.

All prescription and non-prescription medication to be administered by trained school personnel during the field study must have an Authorization to Administer Medication form signed by both the parent/guardian and the physician ordering the medication if not already on file in the school clinic. All medication must be received in the original container with current Rx label including student's name, dosage, and frequency of administration, physician's name, and expiration date of medication. All non-prescription medication in the possession of students at the middle and high school level not administered by school personnel must be in the original container and requires written permission from the parent to the school.

All medication and required documentation must be cleared through the **School Clinic** prior to the field study.

Name of Medicine: _____

What it is to be used for: _____

How it is to be given: _____ Quantity to be given: _____ Time to be given: _____

Parent's Signature _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the supervisor provide treatment for my child named above.

Name: (Print) _____

Parent's Signature: _____ Date: _____