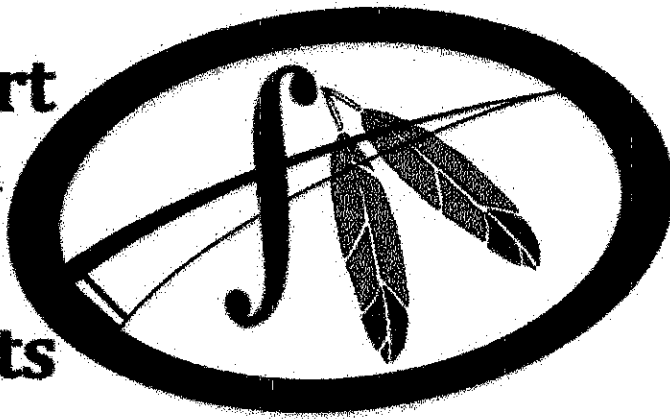
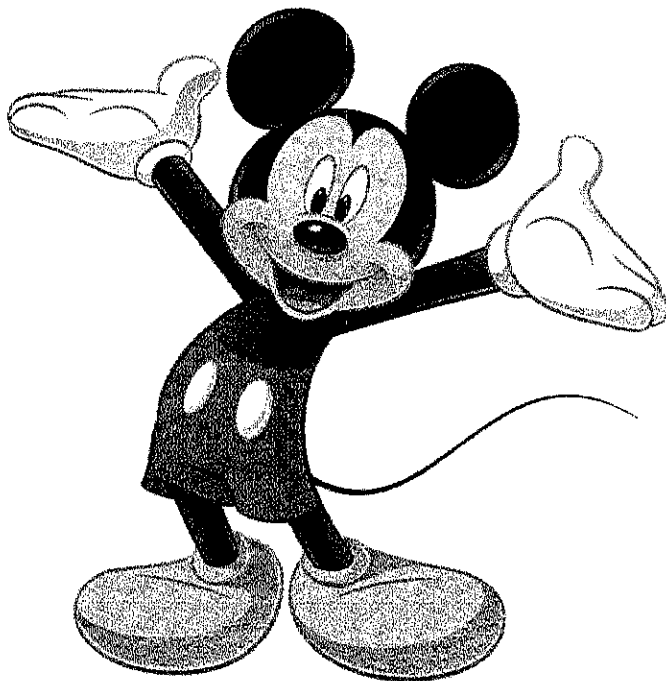


**Fort
Atkinson
Performing
Arts**



Fort Atkinson Music Department Disney 2022 Tour



This packet contains:

- **Field Trip Form (Due Oct. 1st)**
- **Medical Form (Due Oct. 1st)**
- **Payment Information**
(First Due Date Oct. 1st)

FORT ATKINSON HIGH SCHOOL
FIELD TRIP PERMISSION AUTHORIZATION*

_____ (student name) has an opportunity to participate in a field trip to DISNEY WORLD AND UNIVERSAL STUDIOS (destination) on MARCH 20-26, 2022. This trip is being sponsored by FORT ATKINSON HIGH SCHOOL MUSIC DEPARTMENT (class/group). The group will leave school at TBA ON MARCH 20TH (time) and will return by TBA ON MARCH 26TH. (time).

The cost of the trip is \$APPROXIMATELY \$1400-\$1500 (amount). If you have any questions, please contact MR. CALLAWAY, MS. SNOW, OR MR. STEGER (staff member).

RETURN THIS FORM BY OCT. 1ST, 2021 (date)



P My son/daughter has my permission to take part in this field
trip. I also authorize school district employees to call for
A emergency assistance which could require the services of a doctor,
dentist, or emergency vehicle (e.g. ambulance or rescue squad).

R _____
(Parent Signature) (home phone number)

E _____
(date) (work phone number)

N *This form must be completed and returned to the person in charge of
T the field trip BEFORE the student may participate. The authori-
zation forms shall be taken on the trip by the person in charge.

Fort Atkinson High School



Overnight Medical Release Form Instructions for Parents/Guardians

- All students must have a completed **Overnight Field Trip Medical Release** form. Forms must be turned in no later than 2 weeks before scheduled trip. (Please have this form notarized, most local banks will do this for a small fee) **Emergency Allergy/Asthma Plan** must be photocopied on the backside. This form is effective for the entire school year. Any questions about the form(s) can be directed to the school nurse office at (920) 563-7805.
 1. Students with severe allergies that require the use of an Epi-pen or Benadryl need to complete the **top** portion of the **Emergency Allergy/Asthma Plan**. Signature(s) required at the bottom.
 2. Students with Asthma must complete **bottom** portion of the **Emergency Allergy/Asthma Plan**. Signature(s) required at the bottom.
- Student who will be taking medication during an overnight trip must have a completed **Administering Medication to Students** form for **each** medication that is to be administered (See #3 & #4 for exceptions).
 1. Prescription medication must have both the parent **and** health care provider signatures. The medication must come in the original container dispensed from the pharmacy.
 2. Non-prescription medications need only the parent's signature unless the dose exceeds the manufacturer's recommended dosage, which then requires a health care provider signature. Over the counter medication must be in the original container. Please label the container with your child's name.
 3. Medications for Asthma/Allergies are covered on the **Emergency Allergy/Asthma Plan** (reverse side of medical release). Medication forms are not needed when parent and health care provider signatures are completed on the **Emergency Allergy/Asthma Plan**.
 4. Any medications that students routinely take at school and have an **Administering Medication to Students** form on file do not require an additional form. Please indicate this on the **Overnight Field Trip Medical Release** form.

**School District of Fort Atkinson
Overnight Field Trip Medical Release Form**

Student's Name: _____
Street Address: _____
City: _____ Zip: _____
Date of Birth: _____

Parent/Guardian: _____
Address: _____
Home #: _____
Work #: _____
Cell # or Pager: _____

Medical Insurance Information:

Provider: _____
Contact #: _____
Group #: _____

If unable to reach parent/guardian, please notify:

Name: _____
Relationship: _____
Home #: _____
Cell # or Pager: _____

Health Care Provider: _____
City: _____ State/Zip: _____
Phone: _____

***Forms must be returned to school no later than 2 weeks before scheduled trip. Please contact the nurse's office with questions at (920)563-7805.

Student's General Health Information:

1. Does your child take **medication**? YES or NO
Will your child require medication during this trip? YES or NO
[A completed and signed *Administering Medication to Student Form* is required for each medication (prescription or over-the-counter) to be administered during the field trip]
My child has a current medication form on file. YES or NO
2. Does your child have any **allergies**? YES or NO If yes, please list: _____
[If your child requires **medication to treat severe allergic reactions**, complete the allergy section on the reverse side (*Emergency Allergy/Asthma Plan.*) Please note signatures required at the bottom].
3. Does your child have **asthma**? YES or NO
[If yes, complete the asthma section on the reverse side (*Emergency Allergy/Asthma Plan.*) Please note signatures required at the bottom].
4. Is there any health history that may assist the person in charge if this student should become ill?

Trip Consent/Authorization to Seek Medical Treatment:

I give permission for above listed student to participate in overnight field trips. The undersigned parents/guardians, in the event that he or she cannot be contacted through reasonable efforts, does hereby empower and grant the School District of Fort Atkinson personnel permission to consent to and authorize dental, medical and hospital care and treatment for the above student. This authorization shall be valid for the duration of the current school year. I do hereby indemnify and hold harmless the physicians, hospital and other persons who act in reliance upon the authorization. NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian Date

Signature of Notary Date

State County Date Commission Expires

EMERGENCY ALLERGY/ASTHMA PLAN

Allergy Action Plan

Name: _____ Date of Birth: _____

Allergy to: _____

Antihistamine (brand & dose) _____

Epinephrine (brand & dose) _____

Physician: Please check option A, B, or C for school staff to follow:

___ A. Give Epi-pen immediately upon exposure to listed allergen

___ B. Give Epi-pen should **any** of the following severe symptoms occur after exposure to allergen:

- ◆ Wheezing or difficulty breathing, repetitive cough
- ◆ Change in voice quality (hoarseness, high pitch)
- ◆ Hives (raised rash) over body
- ◆ Swelling of the lips and/or tongue

___ C. Give Antihistamine first (listed above) for mild symptoms (itchy mouth or lips, few hives or mild itching, mild nausea).

If symptoms persist or become severe, administer Epi-pen.

When giving Epi-Pen immediately do the following in this order:

1. Give Epi-Pen injection
2. Call the Rescue Squad (911) to transport and treat student for shock
3. Notify parent/guardian

*****SIGNATURES REQUIRED- SEE BELOW*****

Asthma Action Plan

Triggers: _____

The following are possible signs of any asthma emergency:

- ◆ difficulty breathing, walking, or talking
- ◆ blue or gray discoloration of the lips or fingernails
- ◆ failure of medication to reduce worsening symptoms

These signs indicate the need for emergency medical care. The steps that should be taken are:

- ◆ call 911
- ◆ call parent/guardian or physician

Current Medication-Indicate if taken at school

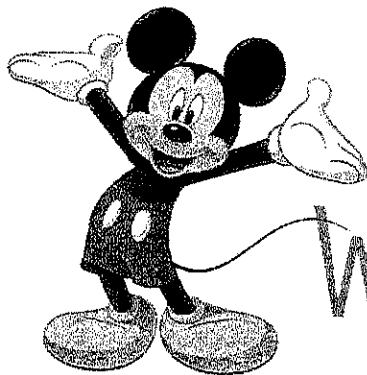
Medication	Dosage	Time

Steps for an Acute Asthma Episode (to be completed by physician)

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

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
(Signature required for all prescription and non-prescription medication)

PHYSICIAN SIGNATURE _____ **DATE** _____
(Signature required for all prescription medication and for non-prescription medication that exceeds the manufacturer's recommended dosage)



Walt Disney World Payment Schedule

Fort Atkinson Music Department (920) 563-7811

Bill Callaway, Orchestra, ext. 1123: callawayw@fortschools.org

Kiah Snow, Choir, ext 1119: snowk@fortschools.org

Justin Steger, Band, ext 1120: stegerj@fortschools.org

Bookkeeper, Student Accounts: disneyfort@fortschools.org

Latest Update!

Greetings! We are excited that you are interested in being a part of the spring break trip to Disney World on March 20th-26th, 2022. Plans are well under way to make this a memorable experience. We are touring with Marvelous Mouse Travels. They have been running tours, music festivals, and competitions for several years and have a great reputation for their attention to detail. We have confidence in their programs. Below are the trip inclusions. If you have more specific questions feel free to email or call. Your trip includes the following:

- Six (6) days / five (5) nights at Disney's Pop Century Resort
- Five (5) daylong park passes, which include admissions to all parks and waterparks (Typhoon Lagoon, Blizzard Beach)
- One (1) Universal Day pass
- Motor coach to and from Universal Studios
- Performance(s)
- Charter motor coach transportation to each performance
- Eleven (11) Counter-service meal coupons
- Transportation to and from airport
- Round trip airfare
- Transportation of luggage and equipment

Payment Information -- Please read the information on the next page

Payment Schedule

Friday, October 1st, 2021	\$500
Friday, December 3rd, 2021	\$500
Friday, February 4th, 2022	Remain balance Approx. \$400-\$500

Please note the due dates and amounts for each scheduled payment as hotel reservations, flights, meals, and more are beginning to now be reserved. Because we are making reservations, prompt payments will be necessary. Also note that this payment schedule does not take into account any fund raising your child does with any school or booster sponsored event. Any monies raised by your child through these sales will be deducted off the final payment. **Lastly, these payments are non-refundable.**

There are two ways to make payments for the trip:

- 1) The first is through SchoolPay. This online payment system allows you to pay via credit card. We will be sending an email with the link to SchoolPay on or before September 27th.
- 2) The second option for payment is through a check. If you would like to pay via check, please continue to read the next page that contains 'payment coupons' that need to accompany the check.

If you have any questions, please contact us via email or phone call.

Thanks!

Bill Callaway, Kiah Snow, and Justin Steger

Please turn in all check payments with payment coupons. If paying via SchoolPay, you will not be required to use these payment coupons. No Cash will be accepted.

Use the following payment coupons to accompany your payments.

Disney trip payment #3 (final payment)

Due Friday, February 4th, 2022

Participant(s) Name: _____

Check Number: _____ Date: _____ Amount Included: _____

Please make checks payable to FAHS Music-Disney 2022

Disney trip payment #2

Due Friday, December 3rd, 2021

Participant(s) Name: _____

Check Number: _____ Date: _____ Amount Included: _____

Please make checks payable to FAHS Music-Disney 2022

Disney trip payment #1

Due Friday, October 1st, 2021

Participant(s) Name: _____

Check Number: _____ Date: _____ Amount Included: _____

Please make checks payable to FAHS Music-Disney 2022