

**Student Summer Travel Application**  
**Spain**  
**Parts A & B: Student Information & Emergency Contacts**

1. Student Name \_\_\_\_\_
2. I.D. Number \_\_\_\_\_ Current Year in School \_\_\_\_\_
3. Email \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Names of parents/guardians \_\_\_\_\_
6. Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
7. Home Telephone Number(s) \_\_\_\_\_
8. Parent's Work/Cell Number(s) \_\_\_\_\_  
\_\_\_\_\_
9. Parent's Email Address(es) \_\_\_\_\_  
\_\_\_\_\_
10. Please list any language courses you have taken \_\_\_\_\_

**Please provide two contacts in the case of an emergency in which we cannot get in touch with the student's parents/guardians listed above. For example, other family members and/or neighbors.**

First Contact:

1. Contact's Name \_\_\_\_\_
2. Relationship to Student \_\_\_\_\_
3. Contact's Phone Number \_\_\_\_\_

Second Contact:

1. Contact's Name \_\_\_\_\_
2. Relationship to Student \_\_\_\_\_
3. Contact's Phone Number \_\_\_\_\_

**Please return completed application to Ms. Popper in Room 2400**

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**Part C (pg. 1 of 3): Medical Information & Waiver**

I (we), the parent(s) of \_\_\_\_\_ give our permission for him/her to attend and participate in the Spain Summer Travel Experience in 2020. By granting our permission, we understand that all rules and regulations detailed in the Stevenson Student Guidebook will be in full effect during all trips, and support their enforcement by the Stevenson staff. It is understood that violations of these rules may result in the suspension or termination of a student's involvement in field trip activities, including the possibility that a student may be sent home at parents' expense. We have also read and understand the policy regarding exclusion from trips based on prior violation of the Stevenson Student Code of Conduct. We have also read and understand the District and Department Transportation & Trip Policies, and agree to adhere to those requirements.

**Furthermore, I (we) grant any adult in possession of this agreement the right to seek and provide any medical attention deemed necessary in the event of a medical emergency.**

**We agree also, that we will not hold any Stevenson Employee, nor any District 125 Administrator(s) or Board of Education Member(s) responsible or liable for any damages, loss or injury, which may occur during any trip.**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

In lieu of a physician's report, please complete this form candidly. If medical assistance is necessary abroad, the information here will be invaluable. If the student has not had a medical exam by a physician in the last year, a check-up is highly recommended.

Student's name and ID number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

1. When and for what reason was a physician last consulted?

\_\_\_\_\_

2. What diseases, ailments, or injuries has the student had in the last year?

\_\_\_\_\_

3. Does the student have any allergies? How are they being treated?

\_\_\_\_\_

4. Should the student be restricted from any type of physical activity? If yes, please explain.

\_\_\_\_\_

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**Part C (pg. 2 of 3): Medical Information & Waiver**

Please list any medication the student is currently taking including dosage and schedule. Also list any information pertinent in case of an emergency (contact lenses, chronic illnesses, allergies to medications, etc.). A sufficient supply (correctly labeled) should be carried when traveling abroad.

Medication	Reason Taken	Schedule/Dosage (be complete & specific)
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1.

2.

3.

4.

We are insured with (Insurance Company of HMO): \_\_\_\_\_

Group or Policy Number (REQUIRED): \_\_\_\_\_

Please indicate any other pertinent medical information that may have been omitted.

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Does your student have any other needs or receive special services from Stevenson that the chaperones need to be aware of? (food allergies, modified/restricted diet, 504/IEP accommodations, nurse visits, etc.)

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**Part C (pg. 3 of 3): Medical Information & Waiver**

**Rules governing medications for students on Summer Travel Trips:**

1. No prescription medication will be held or distributed by chaperones
2. Students are permitted to carry their own prescription and over-the-counter medications
3. Your child's medicine is ONLY for your child.

Parents may elect to have their students keep their over-the-counter medications in the hands of the chaperones. If you choose to do this, please label and package the medications as described on page 1 for prescription medications.

**Permission for administration of over-the-counter medications:**

Students who expect the need for any non-prescription medications should bring those with them on the trip, either retaining those medications or giving them to the chaperones for dispensing. On occasion, unexpected need may arise where the administration of non-prescription medication by a chaperone may be deemed appropriate.

I grant my permission for any Stevenson High School trip chaperone to give my child the any of the following over-the-counter medications if the need arises **UNLESS I CHECK "NO"**.

- \_\_\_\_\_No    Ibuprofen (Motrin, Advil)
- \_\_\_\_\_No    Acetaminophen (Tylenol)
- \_\_\_\_\_No    Dramamine (for motion sickness)
- \_\_\_\_\_No    Loratadine (Claritin) 24-hr allergy medicine/antihistamine
- \_\_\_\_\_No    Pepto Bismol (for upset stomach/diarrhea)
- \_\_\_\_\_No    Tums (antacid)
- \_\_\_\_\_No    Midol (for menstrual cramps)

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Parent Signature

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**Part D: Indemnity Waiver Form**

**Hold/Harmless Waiver Form**  
**Regarding Travel and Exchange Programs**

Your child, \_\_\_\_\_, has chosen to participate in the Spain Summer Travel experience during the 2019-20 school year. Your signature below constitutes and is evidence of your agreement to release, indemnify, and hold harmless School District 125, its Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action of injuries, including reasonable attorneys' fees and costs expended in defense thereof, incurred or resulting from your child's participation in this trip and transportation to and therefrom.

Furthermore, you understand that if world conditions necessitate the cancellation of this trip for safety reasons or the well-being of the students, the District reserves the right to do so up to the time of departure. Additional insurance has been secured as was possible to insure that the costs may be covered in this type of situation, but there is a financial risk involved as no insurance policy covers all circumstances. The District will monitor "threat conditions" to determine the safety of all students.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please return completed application to Ms. Popper in Room 2400**

# **Student Summer Travel Application**

## **Spain**

### **Part E: Dean Recommendation**

#### **Dean Recommendation**

Your dean must be notified that you are planning on taking a travel abroad experience and s/he must give you a positive recommendation. Email your dean and tell him/her:

- Your name and ID number
- To which travel experience you are applying
- Ask them to then forward your email to Mr. Martinez at [mmartinez@d125.org](mailto:mmartinez@d125.org) with their recommendation

A sample dean recommendation email:

Hello Dean \_\_\_\_\_, My name is Pat Riot, ID #12345 and I am applying to go on the Spain trip this summer. Would you please forward this email to Mr. Martinez at [mmartinez@d125.org](mailto:mmartinez@d125.org) with your recommendation?  
Thanks!

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# **Student Summer Travel Application**

## **Spain**

### **Trip Checklist**

Dear Student:

Congratulations on signing up for the Spain trip this summer! I hope you are looking forward to our trip! Please use this checklist as a reference to ensure you complete all parts of the student application, which are due March 3. Please turn the following items into Mrs. Popper in room 2400. If you have a problem getting any of these items or need additional copies, please see me in room 2414.

Thank you,

Dean Valenziano

- \_\_\_\_\_ Summer School Enrollment (sign up online, end of January)
- \_\_\_\_\_ Tip Check (Made payable to Stevenson High School)
- \_\_\_\_\_ Parts A & B (Basic Traveler Information & Emergency Contact Information)
- \_\_\_\_\_ Part C (Medical Information & Waiver – 3 pages)
- \_\_\_\_\_ Part D (Indemnity Waiver)
- \_\_\_\_\_ Passport (Mrs. Popper will make a copy of it)
- \_\_\_\_\_ Part E (Dean Recommendation – emailed to Mr. Martinez – [mmartinez@d125.org](mailto:mmartinez@d125.org))

**PLEASE NOTE** – The expiration date on your passport must extend 6 months past the end of our trip. This means if your passport is set to expire before January 2021, you must apply for a new passport.

**Please return completed application to Ms. Popper in Room 2400**