



FLORIDA TRIP

CODE OF CONDUCT

MEDICATION INSTRUCTIONS/MEDICAL FORM

FLORIDA TRIP CODE OF CONDUCT

As a student member of the Anchor Bay Music Programs, it is understood that:

General Rules

- Students will NOT be allowed to pack any liquids in their carry on or suitcase. There will be opportunities for students to purchase beverages throughout their trip (i.e. – when we get through security in the terminal).
- Laptop computers, games systems (Play Station, etc.), TVs, and portable DVD players are not permitted.
- Students are to use appropriate language and demonstrate good behavior.
- We represent our school and community as we travel. Students are to be considerate of everyone with whom we come in contact.
- Each student is to stay with his/her designated group and never travel anywhere alone. Students must not leave any facility except in an approved, chaperoned group.
- Students may wear comfortable clothing appropriate for touring during most of the trip. All clothing must adhere to the ABHS dress code policy.
- Each student is to participate fully in all activities of the trip.
- The use or possession of tobacco, alcohol, vape, or illegal drugs is absolutely prohibited. Anyone found in possession of these items will be sent home immediately at their family's expense.
- Students assume full responsibility for all valuables taken on the trip.
- All school rules are in effect!

Bus/Plane Rules

- Students are to remain seated while the vehicle is in motion.
- Providing the student follows bus rules, each student may select his/her seat. Airline seats are assigned by the airline.
- Students may take food on the bus/plane. However, NO LIQUIDS (see above) on the bus ride to the airports. Please keep the bus clean and dispose of all trash properly.
- Students are expected to bring only what luggage they can carry (one suitcase and a personal item). Luggage should be tagged with your name. Luggage will be inspected. Checked luggage weight (for trailer): Checked bags should not exceed 62" (157.48 cm) in overall dimensions (length + width + height) or 50 pounds (22.68 kg) in weight. Bags that don't meet the dimensions and/or weight restrictions are considered oversized and/or overweight and will be assessed a fee for each category that applies. Delta limits the personal item to being able to fit on the floor under the seat in front of you. Visit www.tsa.gov for further clarification.

- Portable music players may be played with headphones on the bus and airplane.
- An on-bus DVD player may be available for the bus rides, but we won't be on a bus very long (the trip to and from the airport is the longest). Only G and PG movies will be allowed and must be approved by the director and/or head chaperone for that bus.

Hotel Rules

- Students will stay in their own rooms from curfew until breakfast time. Lights out and quiet time will begin thirty minutes after curfew. Room checks will occur nightly.
- One radio, Bluetooth speaker, or TV per room may be played at a moderate level. They are not to distract others.
- Everyone is to help keep his/her room neat and left cleaner than found. Rooms will be checked.
- No student is to enter the room of hotel guests not from our group. No one from outside our group is to enter our group's rooms.
- No student is to leave the hotel premises.
- Students should use cell phones to call home.
- At no time, may boys visit girls' rooms or girls visit boys' rooms.
- Students are responsible and required to pay for any damage and/or theft.
- No swimming is allowed unless an adult from our group is present to supervise.

MEDICATION INSTRUCTIONS

Over-The-Counter (OTC) Medications:

All medications, including prescription and over-the-counter medications, must be listed on the student's medical history form. It is imperative to know every medication your student may have ingested prior to the emergency, including OTC. Authorized over the counter medications may be kept in the student's belongings if they are in the original container. Please note: the parent/guardian accepts full responsibility for their child's ability to safely self-administer the OTC medication on music program trips. Any over the counter medications not listed below must be approved by the designated medical chaperone prior to storage in the student's luggage.

Approved over-the-counter medications:

Tylenol	Sports rubs (Icy Hot, Ben Gay, etc.)
Ibuprofen (Motrin)	Period relief (Midol)
Naproxen Sodium (Aleve)	Acne cream (Clearasil, etc.)
Allergy medications (Claritin, Zyrtec, etc.)	Vitamins, Iron tablets, etc.

Prescription Medications:

To help us in administering medication, **please include a picture of your child and their cell phone number in the zip lock bag** so the chaperone dispensing medications will know who your child is. For the health and safety of your student, all medications must be separated into plastic zip lock bags and labeled per the instructions below. It may help to use a large address label or masking tape on the front of the bag, to make writing easier and more legible.

When you, the parent/guardian, remove medication from a prescription container and place it into the zip lock bag, you are taking responsibility to insure your student is receiving the proper drug, in the correct dose, at the proper time. The chaperone dispensing medication may or may not have a medical background and cannot be responsible to check medications for errors. They will simply give your child the bag that you have checked, labeled, and deemed safe for administration.

Step # 1:

Break down the daily doses into separate snack sized zip lock bags and label as instructed below (medication taken 3 times per day = 3 snack size bags per day). If student has multiple medications that need to be taken at the same time of day, then consolidate medications into the same snack sized bag, making sure to list each medication's information. On each bag, write:

1. Student's name
2. Day of week (Mon, Tues, etc.)
3. Time of day for administration (ex: AM, NOON, PM, BEDTIME)
4. Medication name and dosage (ex: Amoxicillin 250mg)
5. Special instructions (i.e. - on an empty stomach, etc.)

Step #2:

Place all snack sized bags for each day into a quart sized bag. If medication is to be taken all week, then there should be a quart sized bag for each day of the week. Label with:

1. Student's name
2. Day of week (Mon, Tues, etc.)

Step #3:

Place all daily quart sized bags (Mon, Tues, etc.) into a gallon sized zip lock bag. Label the bag with:

1. Student's name
2. Trip dates (ex: May 13th - May 17th, 2026)

Step #4:

Parent must deliver properly bagged/labeled medications to the designated medical chaperone on the morning of departure. *Please convey any special instruction in writing and give to medical chaperone.*

"As Needed" Medications (Inhalers, Epi-Pens, Benadryl, etc.):

At the parent's discretion, the student may carry the "as needed" medications with them. If the parents prefer the chaperone to give this medication to the student, include them in the zip lock bags with instructions.

For "As Needed" medications given to chaperone: Place medication directly into a gallon size zip lock bag and label as follows:

1. PRN (in large letters)
2. Student's name
3. Trip dates (ex: May 13th - May 17th, 2026)
4. Medication name (ex: Albuterol inhaler)
5. Dose (ex: two puffs, waiting one minute in between each puff)
6. Circumstances for use (ex: Susie has exercised induced Asthma as stated on the medical history form. She can use the inhaler up to four times per day.)

MEDICAL/CODE OF CONDUCT SIGN-OFF

**** Due By Trip Departure on 5/13 ****

Student's Last Name: _____ First Name: _____

Parent/Guardian's Full Name: _____

Home Phone #: (____)____ - _____ Parent's Cell # (optional): (____)____ - _____

MEDICAL INSTRUCTIONS

I, _____, the legal parent/guardian of _____, have read the list of approved over-the-counter (OTC) medications and confirm my child is able to safely self-administer the OTC medications packed in his/her luggage. I have checked the contents of the OTC medications to ensure the bottle/package contains only the medications stated on the bottle/package label. I ensure that any prescription medications turned in to the designated medical chaperone have been issued in my child's name and prescribed by a physician. I, the parent/guardian, have bagged, labeled, and checked the medications for accuracy. I understand the bagged medications will be passed to my child without being checked for accuracy, even if the parent chaperone is a licensed medical professional.

Parent/Guardian's Signature

Date

CODE OF CONDUCT

I understand that my conduct will be subject to the jurisdiction of the Directors, the Chaperones, and BRT representatives and that failure to comply with any of the above Code of Conduct will be considered grounds for disciplinary action and could result in being asked to leave the trip early and return home at my parents/guardian's expense. As part of my discipline for abusing school policies, I could be suspended from and/or dropped from the instrumental music program.

Student Signature

Date

We understand that the above student will be expected to maintain the above Student Code of Conduct and we have reviewed it with him/her. We feel that he/she has the maturity to handle this responsibility and understand that failure to comply with any of the above Code of Conduct will be considered grounds for disciplinary action and could result in my child being asked to leave the trip early and return home at our expense. As part of their discipline for abusing school policies it is understood that my child could be suspended and dropped from the instrumental music program.

Parent/Guardian's Signature

Date



ABHS MUSIC PROGRAMS

FLORIDA TRIP MEDICAL FORM

MEDICAL INFORMATION (PAGE 1)

*** Due By Trip Departure on 5/13 ***

Student's Name _____ Birth Date _____

Address _____

Student's Cell Phone # _____ Home Phone # _____

Phone numbers where parents/guardians can be reached:

Call 1st Name: _____ Cell # _____ Work # _____

Call 2nd Name: _____ Cell # _____ Work # _____

List the name and phone number of an additional contact that can be called if the parents cannot be reached:

Name _____ Relationship _____ Phone # _____

Insurance information. Include a copy of your insurance card front and back on next page.

Insurance Co. _____ Policy # _____

Insurance Co. Phone Number _____

Insurance Co. Address _____

Doctor's Name _____ Office # _____

Please complete the following information. It is important in case of a medical emergency or illness. This information will remain confidential and handled by the head chaperone.

Health History: Allergies (food, medicine, and environment)

Chronic Health Conditions and Significant Medical History:

Date of Last Tetanus Shot _____ Student's Blood Type (if known): _____

MEDICAL INFORMATION (PAGE 2)

***** Due By Trip Departure on 5/13*****

Please **complete the following chart with information of all medications** (prescription and non-prescription) that the student will have during the trip. Attached an additional sheet if needed.

Medication	Dosage and Route to Administer	Frequency	Reason for Taking Medication	Potential Side Effects	Can Self Administer
<i>Example: Ibuprofen (Advil, Motrin, Etc.)</i>	<i>200 mg orally</i>	<i>1 or 2 pills, every 6 hours as needed</i>	<i>headache, pain, fever</i>	<i>None</i>	<i>Yes</i>

MEDICAL/INSURANCE CARD

FRONT

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR **MEDICAL CARD** HERE

BACK

CONSENT TO TREAT AND WAIVER OF LIABILITY RELEASE

I hereby give my permission for Anchor Bay Band Booster Chaperones or any other trained medical personal while on the trip to provide any needed medical treatment for my son/daughter while he/she is attending this trip. I specifically, give my permission for necessary and emergency decisions and care to be given to the student-traveler listed above at a hospital and/or another medical treatment center. I consent for the release of confidential medical information between medical providers and the head chaperones, as needed to maintain my child's health and safety. I attest that my son/daughter is physically fit, and I have disclosed all medical conditions (listed above) that would make participation on this trip a risk.

I hereby acknowledge that participation on this trip and its related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless the Anchor Bay Band Boosters, Anchor Bay School District, Bob Rogers Travel, and the students and employees of these entities from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any trip activity except where the injury or damage is caused by the gross negligence of Bob Rogers Travel or the Anchor Bay School District representatives.

Signature (Parent or Guardian)

Date