

January 23, 2019

**CERTIFICATE OF PARENTAL AUTHORITY**

A school journey in which difficulty of adequate supervision may be encountered is planned for April 2019.

I have read the preliminary trip agenda. I have also reviewed the behavioral and safety expectations with my child. I understand that while a reasonable standard of care will be provided, there may, of necessity, be times when my child is not under the direct supervision of any adult. I also understand that travel of any kind involves the acceptance of a reasonable risk by parents, supervisors and the students themselves.

I give permission for my son/daughter to participate in this special journey.

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Signature of parent/guardian

**REYNOLDS SECONDARY SCHOOL  
JUNIOR MUSIC TOUR  
APRIL 2019**

The following rules of conduct shall apply to all students travelling:

1. when not with the group, each member must be in the company of at least two other members, unless given permission by a chaperone to do otherwise;
2. students are expected to observe any curfew initiated during the trip;
3. intoxicants in any form are not permitted at any time;
4. punctuality is expected at all times;
5. there will be no members of the opposite sex in any hotel room at anytime;
6. courtesy and respect will be afforded all persons encountered on the trip, especially hosts, travel personnel and chaperones;
7. any student who feels ill or encounters any problems must inform one of the chaperones immediately;
8. any pre-existing medical conditions must be reported to the teacher in charge prior to trip departure;
9. any accommodations used during the trip are to be kept clean and free from damage;
10. in the case of a breach of the above mentioned regulations, the students involved will be returned to Victoria on the first available flight at their own expense and with no refund of any trip payment. The decision to take such a step will be the responsibility of a Disciplinary Committee including the Director and two chaperones. Parents will be notified by phone, immediately.

We, the undersigned, understand that our son/daughter , \_\_\_\_\_ is subject to the above mentioned regulations governing the Reynolds Secondary School Junior Music Tour and that any violation of the regulations will result in some form of disciplinary action upon return to Victoria.

Should our son/daughter be sent home, we agree to reimburse the Reynolds Secondary School for all costs incurred, within 60 days of the student's return to Victoria.

Dated at Victoria, on this \_\_\_\_\_ day of \_\_\_\_\_

Understood and agreed to by

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

\_\_\_\_\_  
Signature of Student

**Reynolds Secondary School  
Junior Music Tour  
April 2018  
Medical Form**

**Student's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Medical Alert: (Please give details of problem no matter how minor it may seem to you. List all allergies - such as food, medications or insects.)

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Special Medication Required: No  Yes   
Give Details: Dose \_\_\_\_\_  
Frequency \_\_\_\_\_  
Why taken \_\_\_\_\_

Will student be carrying above medication: No  Yes

**MEDICATIONS:** We will be stocking some non-prescription medications listed below in our First-Aid kit. In the event that your student will required one of these medications, we ask you to review them and tick off those you would allow us to administer.

- Antacids (Tums, Pepto)
- Antidiarrhea (Immodium, Kaopectate)
- Antihistamines (Benadryl, Chlorotripilon)
- Expectorant (Robitussin, Benalyn Formula)
- Gravol
- Polysporin ointment
- Topical Analgesic (treatment for sunburns)
- Tylenol
- Ana-kit (for treatment of severe allergenic reaction)

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**IN CASE OF EMERGENCY**

Full name of Parent or Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

## **STUDENT OVERNIGHT ACCOMMODATION FORM**

To be completed by parent/guardian:

School: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact:

Name (1): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name (2): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Information

Student's Birthdate: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Travel Insurance: \_\_\_\_\_ Coverage No.: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Medical Alert Information (allergies, dietary restriction, medications, existing medical conditions) that you want the supervisors and/or billeting family to know about.

\_\_\_\_\_  
\_\_\_\_\_

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

Signature of Parent \_\_\_\_\_