

Good morning parents and guardians,

We are excited to announce a field trip to Stone Mountain Park on **Tuesday, April 19th, 2022**. For many students, this will be their first middle school field trip experience and to ensure that it is enjoyable, we wanted to share some information with you.

Please review these expectations with your student prior to our trip; I appreciate your help in this action to support your student, their peers, and teachers.

1. **School Arrival:**

1. Students must arrive to school no later than 8:40 on the day of the trip. (**Buses will not wait for tardy students**)
2. Students will need to put their things away in their locker and report to homeroom by 8:50 for a morning bus check-in and roll call.
3. Students are allowed to bring a small backpack, beach towel, appropriate shoes (Students may have the opportunity to walk down the mountain weather permitting) and water bottle.

2. **At the Park:**

1. A Chick Fil A box lunch will be provided. If your child has specific dietary restrictions, a salad will be provided.
2. Students will pick up after themselves after lunch.
3. While at the park, students should let a chaperone know if they need to use the restroom so that students have appropriate supervision in an off-campus location.

Behavior Expectations:

Students should always display appropriate behavior while on the trip.

- a. Students should listen to and follow all instructions from chaperones.
- b. Students are expected to follow *Fulton County Schools Code of Conduct* guidelines and *Taylor Road Code of Conduct* with regards to behavior while on busses and at any time on the trip, no matter the location.
- c. Students are to remain with their field trip group for the entirety of the field trip, and let a chaperone know if they need to leave the area or group at any time (restroom, etc.) so that they can be supervised as needed.

The teachers and I are confident that students know how to properly represent our school and community while in public spaces. However, if a student demonstrates a choice not to follow expectations on the trip, the parent/guardian will be contacted, and an administrative consequence will occur.

Payment Details:

All payment should be made online at the link below. Please have your student return the signed permission slip and waiver to their homeroom teacher. **All payments are due in full by Tuesday, April 12th, 2022.**

jimmulvihilltours.com

**If you have any questions, please contact your students' Georgia History teacher.

**** **This trip is non-refundable**

**TAYLOR ROAD MIDDLE SCHOOL
PARENT/GUARDIAN INSTRUCTIONAL FIELD TRIP PERMISSION FORM
DAY TRIP**

Date: 3/23/22

Dear Parent/Guardian:

In connection with the study of Georgia Studies, our class will take a field trip to Stone Mountain Park, which is located in Stone Mountain GA.

We can be reached at the following number: 470-254-7090. We will be leaving at 9 AM on April 19, 2022, and return approximately 4:30 PM. We will be traveling by motorcoach and will have 30 adult chaperones. The expected ratio is 15 students for every adult.

A donation of \$85 is needed to cover the cost of the field trip. We feel that all students will benefit from this activity; however, attendance is not required and in no way affects the student's instruction or evaluation. We do reserve the right to cancel the field trip if sufficient money is not available to cover all costs. Please complete the bottom of this form and return no later than 4/11/22.

Ms. Bryant Britton
Teacher

[Signature]
Principal

DO NOT DETACH

Please check one:

I give permission for my child, _____, to accompany His/her class on the above trip and enclose the requested donation.

I do not give permission for my child, _____, to accompany his/her class on the above trip. I understand he/she will be given schoolwork to complete and placed in another teacher's room until the class returns (or end of the school day).

Signature of Parent/Guardian

Date

**** Please complete page 2 regarding medical information ****



Student Health Services SHS-1 Form

This form must be completed if medication has to be administered during school hours, field trips or during a school chaperoned "before" or "after" school activity. Please give all medications at home before or after school hours when possible.

STUDENT NAME: _____ DOB: _____ SCHOOL YEAR: _____
HOMEROOM TEACHER: _____ GRADE: _____ KNOWN ALLERGIES: _____

I hereby request Fulton County Schools System, through the principal or designee, to supervise/assist with administering this medication to my child, according to the instructions contained in the statement below.

I understand that:

- Medications (both prescription and non-prescription) MUST be in the original labeled container (no baggies, foil, etc);
- Parent/Legal Guardian is responsible for assuring the School receives specific instructions regarding medication usage, including the medication and related equipment;
- The Parent/Legal Guardian is responsible for informing the school of any changes with the medication - new medications or new doses WILL NOT be given until a new form is completed;
- All medication should be taken directly to the School Office/Clinic by the Parent and/or Student;
- All unused medication will be properly disposed at the end of this school year if it is not picked up within one week after medication is discontinued;
- School employees will not assume any liability for supervising or assisting in the administration of medication;
- Completion of this form for Prescription Medication authorizes Student Health Services to discuss the medication order/request with the prescribing healthcare provider if indicated and/or needed.

I release Fulton County Schools System and any Fulton County Schools System employee from any liability associated with administering this medication. Parent/Legal Guardian authorization signature is needed for both prescription and non-prescription medications.

PARENT/LEGAL GUARDIAN SIGNATURE

PRINT NAME LEGIBLY

DATE

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PART A NON-PRESCRIPTION MEDICATION (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN)

MEDICATION NAME:		CONDITION/ILLNESS REQUIRING MEDICATION:
START DATE:	STOP DATE:	DOSAGE AND TIME(S) OF ADMINISTRATION:

PART B PRESCRIPTION MEDICATION (TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER)

MEDICATION NAME:	PRESCRIBED DOSAGE:
POSSIBLE SIDE EFFECTS:	ADMINISTRATION AND OTHER SPECIAL INSTRUCTIONS:
CONDITION/ILLNESS REQUIRING MEDICATION:	

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN NAME LEGIBLY

DATE

Office/Contact Number: _____

Fax: _____

Event/Activity Participation Consent Form



Name of Event/Activity: _____
Event/Activity Date(s): _____

This Student/Participant Activity Liability Waiver and Release Agreement must be completed for each activity or event (may cover multiple dates for same activity or event).

Student/Participant Name (please print) _____ School/Dept.: _____

I, the undersigned wish to participate and/or have my child participate in the Fulton County School District (FCS)-approved course, event or activity as referenced above (hereinafter referred to as "Activity or Event").

I understand and acknowledge that this Activity or Event is voluntary and by its very nature poses actual or potential risks of physical and emotional injury/illness, including but not limited to death, to the student identified above or to any individual who participates in such Activity. I am aware that there may be no District insurance that would provide coverage for medical treatment, for personal injuries or property damage which may arise out of this Event or Activity.

In order to participate in this Activity or Event, I agree to assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from participation in the Activity or Event. I represent and warrant that the Student/Participant is mentally and physically fit, capable, able and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the FCS District shall not be liable for any injury/illness suffered by the Student/Participant which arises out of and/or associated with preparing for and/or participating in the Activity or Event.

I hereby release, discharge, indemnify, and agree to hold harmless the FCS District, the Fulton County Board of Education, and the past, present and future officers, members (including Fulton County Board of Education Board Members), attorneys, agents, employees, predecessors and successors in interest and assigns of the FCS District and Fulton County Board of Education (hereinafter "FCS releasees") from any and all liability arising out of or in connection with Student/Participants' participation in the Activity or Event listed above, including but not limited to, extra-curricular activities or events such as field day, Tiger Pack Program, Department outings, school courses, carnivals, Athens Y Camp, Boy Scout project(s), exercise, inflatables, zorb balls, sports teams, clubs, debate teams, practices, training or practice activities, camps, field trips, competitive events or activities, student fundraisers, dance, retreats, or any other extra-curricular activity or event. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments, including reasonable attorney fees of any kind that Student/Participant or Student/Participant's parents, guardians, relatives, heirs, executors, administrators, and assigns have or may have against the FCS releasees because of Student/Participant's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity or Event due to the acts of FCS, including acts of passive or active negligence by FCS releases other than actions involving fraud, or actual malice.

Students/Participants are occasionally included in activities or events, publications, and/or public relation activities. I consent to FCS (and its photographers) approval to use my name, picture, likeness, work, voice, or verbal statement to appear in publicity, publications, videos, websites and any other media. I understand and agree that no monetary consideration shall be paid to me; and that my consent and release have been given without coercion or duress; and that my picture, likeness, work, voice, or verbal statement may be used in subsequent years.

A signed Student/Participant Activity Liability Waiver and Release Agreement must be on file with the FCS District before a Student/Participant will be allowed to participate in the above referenced Activity or Event. Student/Participant and/or parents or guardians who do not wish to accept the risks described in this Agreement should not sign this Agreement and will not be allowed to participate in the Activity or Event.

I acknowledge that I have carefully read this Student/Participant Activity Liability Waiver and Release Agreement and that I understand the potential dangers of engaging in this Activity or Event, am fully aware of the legal consequences of this Agreement and agree to its terms. I understand I am waiving certain rights and assuming the risk of injury and property damage from my participation in the Activity or Event.
Risk Management Department, 6201 Powers Ferry Road, Atlanta, GA 30339 • 470-254-2176 • www.fultonschools.org/riskmanagement

SIGN LEGAL NAME AND PRINT INFORMATION BELOW NEATLY – MUST BE COMPLETED BEFORE EVENT.	
Signature of Participant/Parent (if Student is a Minor) _____	Date _____
Signature of Student (if 18 years or older) _____	Date _____
Student's Name _____	Birthdate of Student _____
Home Address _____	
Parent's Telephone Number _____	Parent's Email _____
Emergency Contact Name and Contact Information _____	

Event/Activity Participation Consent Form (Cont'd)

For Minors under the age of 18 the following must be completed by custodial parent or legal guardian.

Full Name of Minor: _____
Street Address: _____
City, State & Zip Code: _____
Minor's Date of Birth: _____

Name of Parent or Legal Guardian: _____
Parent Holding Legal Custody (if separated or divorced): _____
Phone Numbers - Work: _____ Home: _____
Cell: _____

Alternate Emergency Contact:
Name: _____ Phone: _____ Relationship to Minor: _____

Health /Accident Insurance information for Minor:
Provider: _____

Medical Information for Minor:
Allergies (food or drug): _____ Are any prescription medications being taken by the
minor be in use in the dates of child's involvement? Yes No.
If yes, please provide the name of the medication and the dose/frequency

EST. 1946

JIM MULVIHILL TOURS

Suggested Itinerary For Taylor Road Middle School
Stone Mountain Day Trip For April 19th, 2022

April 19th

Motor Coaches arrive at school at 8:15am – load and leave by 9am

Arrive at Stone Mountain at 10am

Each set of 3 buses will do rotations doing the following : Skyride, Historic Square (Antique Homes of Stone Mountain), Discovering Stone Mountain Memorial Museum from 10am-1pm

Chick Fil A Picnic and DJ/Dance at the Sports Pavilion Park 1-3:30

Return to School – Arriving back at 4:30/5

Price per student-\$85

Price includes- Motor coach transportation (American Coach), lunch (Chick Fil A) and all entertainment and attraction fees to all 3 attractions, administration/logistic/set up fee, payment processing fees and tour operator/ all gratuities and tips -

Parent Information:

Online payment for trip:

<https://www.jimmulvihilltours.com/online-payments>

Trip Refunds/Insurance: Trip insurance is available through our insurance partner: Travel Insured International

To Purchase Trip Insurance

Go to link and enter information and purchase insurance.

<http://www.travelinsured.com/agency?agency=53667>

Behavior On Trip/Damages : No refund or compensation will be granted when a student is sent home, during a trip, due to behavior concerns. The student and his/her family will be responsible for any damages that the student causes while on the trip. This may include, but not limited, to damages to the motor coach, hotel, venues, and so forth. An administration fee, up to one hundred dollars, may also be added to the cost for damages

Food Allergies/Special Diet : Please insure that the School's Administration is aware of any food allergies or special dietary needs for your student. JMT works closely with School Administration and/ or Designated Staff regarding accommodations. JMT will work hard to provide alternative option(s) when able. JMT strongly encourages student's with food allergies and special dietary needs to pack extra snacks if the trip is overnight or extends over several days

Trip Cancellation/Deposits /Refunds : Final Payment – Non-refundable -Trip Insurance Strongly Suggested

FINAL PAYMENT DUE DATE : April 12th by 3pm

Jim Mulvihill Tours acts solely in the capacity of an agent on behalf of its tour patrons in arranging for transportation, lodging, sightseeing and other services, as such, in the absence of negligence on Jim Mulvihill Tours', is not responsible for damage, loss, delay, injury or accident due to any act or default on the part of any company or person engaged in providing services which are part of the tour. No carrier with whom transportation shall be arranged in connection with the tour shall have or incur any responsibility as a common carrier. If any property damage is done by participants on the tour, the person (s) responsible will be personally liable.