

**ACADEMY FOR GLOBAL STUDIES
FIELD TRIP PERMISSION FORM
TURKEY LEARNING EXPEDITION
DUE on or before DECEMBER 15, 2012**

Purpose	Answering “what does it mean to be a global citizen” via Turkey’s ancient, recent and modern culture and history
Destination	Istanbul, Bursa and Izmir, Turkey
Date	April 20-29, 2012
Mode of Transportation	Airline travel to and from Istanbul, then in-country bus travel
Meals	Provided
Trip Costs	\$1750 due in full by 3/1/ 2012. Cost includes transportation, meals, lodging and all entrance fees

_____ has my permission to attend the learning expedition to
(Student Name)

Istanbul, Bursa and Izmir, Turkey from April 20-29, 2012.

Parent/Guardian Name: _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Alternate Contact/Parent/Guardian Name: _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Student Health Insurance Information:

Insurance Company: _____ Policy Number: _____

Group Number: _____

Name of Policy Holder: _____

Doctor’s Name: _____ Phone Number: _____

Allergies? (List foods, medicines, other. If none, write “None”): _____

Health Concerns? (If none, write “None”): _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

CONFIDENTIAL

Medical Addendum to Travel Consent

Permission for the Dispensing of Non-Prescription Stock Medicines: Stock medication for minor symptoms will be dispensed in accordance with dosage prescribed by the manufacturer. Dosages of other items or beyond what is prescribed on the packaging will not be administered. Authorization of each must be indicated with the parent/guardian signature. No signature will be interpreted as disapproval.

Medication	Purpose	Authorization	Parent/Guardian Signature
Tylenol	fever/pain relief	Yes No	_____
Advil	fever/pain relief/anti-inflam.	Yes No	_____
Benadryl	fever/pain relief	Yes No	_____
Imodim	antidiarrheal	Yes No	_____
Tums	indigestion/antacid	Yes No	_____

Dispensing of Prescription Medications: Medications must be turned in to a district employee responsible for dispensing the student's medication during the period of travel. Medications must be in the original container or prescription bottle with proper labeling. All medication must have a note from the parent with specific directions in regard to dosage and times of administration. Authorized and trained district employees will administer all medications not authorized for self-administration.

No student may have prescription medications except as described below.

I will turn in the following medications to a district employee for supervised administration: (Please include dosage instructions.)

Self-Administered Medications/Emergency Medications: Inhalers, epipens, glucagen kits, insulin and diabetic supplies, birth control medications, allergy medications and/or specified OTC medications are to be provided by the parents in the correctly labeled prescription container. If requested, permission for students to carry these medications for self-administration will be allowed with written parent authorization.

I give my consent for my student to carry and self-administer the following medications: (Please include dosage instructions.)

I hereby certify that I fully understand the procedures/permission for the dispensing of non-prescription/prescription medications.

Parent/Guardian Signature Date