



Field Trip Authorization Request Form

(To be submitted to principal/department administrator for approval three (3) weeks prior to field trip.)

School/Department KHS Speech + Debate Team

Originator/Grade Level KHS Debate / Piper Ragland

Date(s) of Trip June 16 - June 23

Destination Fort Lauderdale Convention Center, Fort Lauderdale FL

Name National Speech + Debate Tournament

Address Weston Hotel - 400 Corporate Dr, Ft. Lauderdale, FL

Phone (360) 908-7274 Contact Person Piper Ragland

Departure/Return Time June 23 6:00 pm

If applicable: Out-of-State Country Overnight

Ferry Location and Times _____

Billing Information

Purchase Order purchasing card ASB Acc# #4380-00-440
 Check

Type of Transportation

School Bus Requested - Complete School Bus Transportation Request Form (2320F-1)

Commercial Vehicle: Type _____

Use of Private Vehicle - Complete Approval for the Use of Private Vehicle (2320F-3)

Other: Type NO District transportation

Parents will transport own student to/from airport

Cost:	No. of Adults	<u>1</u>	Admission:	Each	Total
	No. of Students	<u>2</u>	<u>entry fees</u>	Each <u>\$75</u>	Total <u>\$150</u>
			Admission:	Each <u>\$350</u>	Total <u>\$1,050</u>
			Airline Transport:	Each <u>\$240</u>	Total <u>\$240</u>
			<u>rental car</u> Ferry:	Each	Total <u>\$1650</u>
			Other: <u>Hotel</u>	Each	Total <u>\$3090</u>
			<u>(\$30 per room per night)</u>		
			Grand Total:		<u>\$3090</u>

Administrator Approval: [Signature] Date: 3/22/18

(Both overnight and out-of-country/out-of-state trip proposals are to be submitted to the superintendent/designee for approval.)

Superintendent/Designee: [Signature] Date: 3/22/18

Distribution:
Original to Principal
Copies to: Canary--Teacher
Pink--Superintendent Designee for overnight and out-of-state trips

NK2320F5-0899

KHS FIELD TRIP DETAILS

Teacher Name: Piper Rayland

Med Training: NO Yes, on _____ (date)

Class/Club: ^{KHS} Speech + Debate Team

Date of Field Trip: June 16 - June 23

Destination: Fort Lauderdale Convention Center, FT Lauderdale FL

Departure time (from KHS): June 16 11:00 AM

Destination Arrival Time: June 16 11:00 PM

Destination Departure Time: June 23 10:00 AM

Return time (back to KHS): June 23 6:00 PM

Number of students going: 2

Emergency Phone Number: 360-908-7274

Other staff/chaperones: John Hagan (grandfather of Thad Smith and is completing the volunteer packet now)

(must have background check/volunteer forms)

Funds for transportation or sub has been approved by: _____

Debate paying # 4380-00-0000-440

[Signature] 3/22/18

Principal/ building Administration Approval Date

For Office use:

- Request for Meeting/Conference form turned in
- District Field Trip Authorization Request form turned in

Notes: _____

North Kitsap School District No. 400

Field Trip Permission Form

(Informed Consent Form*District Curricular/Co-Curricular/Interscholastic Activities)

Student Name: _____ Date: _____

I. **GENERAL INFORMATION** (return this form to your child's school before May 1, 2018 and keep any attachments for your information.)

The KHS Debate Team

is planning a trip to National Speech + Debate Tournament

The purpose of this trip is competition at Nationals

Trip destination Fort Lauderdale Phone 360-908-7274

Address 400 Corporate Dr., Ft. Lauderdale ^{Hotel} Place of lodging Weston Hotel 954-772-1331

We will leave from SEATAC date/time June 16

We will return to SEATAC date/time June 23

Itinerary attached List of items needed attached

Attending: Number of students 2 Number of adults 1

Type of Transportation: District Vehicle District Bus Private Vehicle *NO DISTRICT transportation provided

Commercial Transportation (describe) _____ Other (describe) parent to drop student at

* By signing this permission form parents/guardians accept responsibility for insuring that their student arrives to the designated departure area on time and is picked up at the specified pick up location on time. airport

II. MEDICAL INFORMATION (Completed by Parent/Guardian)

Medical Information:
The following special health problems should be noted and adequate precautions take bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed:

Medical Release:
In the event of an accident or illness, I understand that reasonable effort will be made am not available, I authorize the school district to secure emergency medical care, as

Name of preferred doctor _____

Name of insurance carrier _____

This activity provides a learning experience for the students and allows them an oppx I understand that the school district will make reasonable efforts to provide a safe en and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Parent name, please print _____ Home Phone _____

Home Address & City _____ Work Phone _____

Parent/Guardian Signature _____ Emergency Phone _____

Specific times of flights will be determined after fieldtrip is approved.

Itinerary for the National Debate Tournament
June 16-23, 2018
Kingston High School Debate Team

Purpose: The KHS Debate Team will travel to participate in the **National Speech & Debate Tournament** at Ft Lauderdale, FL as the culmination of the hard work these students have done to earn their spots to compete here and to represent KHS in national-level competition.

Supervision: Piper Ragland (360-908-7274)

Lodging: TBD

Method of Transportation: Non-District (flights and rental car driven by Piper Ragland)

Itinerary:

Saturday, June 16, 2018

Meet at SeaTac Airport at 8:00am (parents responsible for bringing kids)

Flight to Ft Lauderdale FL and check into hotel

Rest

Lights Out at 11:45

Sunday, June 17, 2018

Breakfast at the hotel 7:00am

Leave hotel by 7:30am

Registration and Expo 8:00 am – 4:00 pm at Broward County Convention Center

Leave the Expo and get dinner at a local restaurant

Arrive hotel at 7:00 pm, study and rest

Lights Out at 11:45

Monday - Wednesday, June 18 - 20, 2018

Breakfast at the hotel 6:00am

Leave hotel by 7:00am

Competition 8:00am – 7:00pm

Leave the competition venue and get dinner at a local restaurant

Arrive hotel at 9:00pm

Lights Out at 11:45

Thursday, June 21, 2018

Breakfast at the hotel 6:00am

Leave hotel by 7:00am

Competition 8:00am – 12:00pm

After Lunch, either compete or watch Finals of half of the events

Arrive hotel at 9:00pm

Lights Out at 11:45

Friday, June 22, 2018

Breakfast at the hotel 6:00am

Leave hotel by 7:00am

Remaining Competition 8:00am – 4:00pm
Culminating Awards Ceremony 6:00-9:00pm
Arrive hotel at 10:00pm
Lights Out at 11:45

Saturday, June 23, 2018

Breakfast at the hotel 7:00am
Check out of hotel by 8:00am
Return rental car and check in to Ft Lauderdale Airport
Arrive SeaTac Airport 10:00pm, parents pick up kids

ROSTER

Coach – Piper Ragland

Chaperone – John Hagan (Thad's grandfather)

Students – Thadeus Smith, Seth Hillsberry

**NORTH KITSAP SCHOOL DISTRICT
OVERNIGHT CAMP/FIELD TRIP/HEALTH FORM**

STUDENT NAME _____
TEACHER/SCHOOL _____

HEALTH INFORMATION

1. Please fill out this form and return it to school at least one week before field trip/camp begins.
2. Inform the person you have listed as an emergency contact that you are doing so. If you are unavailable for instructions in an emergency, attempts will be made to contact the other name listed. Let that person know where to contact you if you plan to be away from home for several hours.
Emergency contact: _____ Phone _____
3. If your child is taking any medication that he/she will need to bring on this trip, list the name, amount, and times to be given on the back of this page. All medications, whether prescription or over-the-counter, require a completed 3416-F1 form. (Physician's Order For Oral Medicine at School). Forms are available from your school's main office. Attach the completed form to this sheet. If possible, please send only the # of doses needed for camp in the original container with the name and dose listed on it. A designated person will be responsible for giving the medicine to your child while on this trip.
4. List any concerns you have about your child's participation in trip activities. Feel free to discuss them with school personnel.
5. If your child has any allergies, list them on the back of this page. We will be glad to help you work out any special problems so that your child will be able to participate in this activity. Send a list of known allergies and a copy of specific doctor's instructions.
5. In the event of an emergency, every attempt possible will be made to contact you to discuss your child's care. If hospitalization is necessary, we will do so. Please sign the consent form so that we will be authorized to obtain emergency care if it is indicated.
5. Does your child have any problems or conditions that would exclude him/her from participating in any activities?

~ NO ~ YES (If yes, Please list restrictions.)

5. Does your child have any allergies to: (If yes, list and explain reaction.)

1. Insect bites _____

2. Medicines _____

3. Foods _____

4. Others _____

5. Is your child taking any medication that will need to be given while on this trip? If so, list names of drugs, amounts and times to be given. Attach completed 3416-F1 – Physicians Order For Oral Medicine at School – to this sheet.

5. Is there anything else that you would like us to know about your child which will help us plan for this trip?

If my child should become seriously ill or injured while on this trip, I authorize school officials to take him/her to the nearest hospital for emergency care, if that is indicated.

Signature and Relationship to Student

Health Notes:
