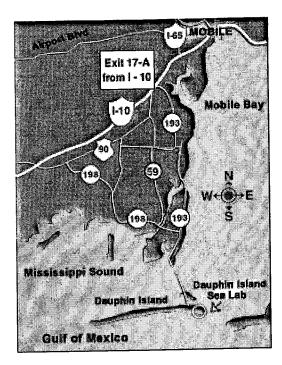
Dauphin Island 7th Grade Excursion

March 20-23, 2018

Leave LMS: Tuesday 4:00 P.M.

Return LMS: Fri ~ 6:30 P.M.



The Dauphin Island Sea Lab is located on the eastern end of Dauphin Island, a barrier island ~ three miles from the mainland and thirty-five miles south of Mobile, Al

Contact Info: Coach Hopper ghopper@madisoncity.k12.al.us;

Nurse Tunstill <u>bjtunstill@madisoncity.k12.al.us</u>

You need to know...

Cost of the trip will be \$390 and will include travel, food, lodging, class fees, and Fort Gaines and Estuarium tours. The only additional money requirements are for 2 fast food meals.

Required to secure spot:

- *Check for \$390 made out to LMS and including phone and DLic #
- *Permission slip with email
- *Insurance card copy attached to permission slip
- *Vessel release form notarized
- *Overnight field trip Medical form notarized

The trip has <u>limited space</u> so have *your money and completed paper work* in as soon as possible after school starts. Spaces are available on a 1st come basis and cannot be reserved. If space permits, reservations will be accepted through Feb 16th. Please be aware that no money can be refunded after Feb 16th.

Parent's meeting & room assignments - LMS Library, 5:30 March 6, 2018

Madison City Schools Field Trip Permission Slip

School:	Liberty M	iddle School		_Grade:	7	Date: _	11/8/17
	andum to I						
				D -		land Cor	a Lab
		class will be taki					
At Dai	uphin Islan	d, Al	leav	ving at app	roximate	ly	pm_o'clock
To Lib	erty upper	ion, AI parking lot - ref e of Return	turn 3/23	/18 at appro	oximatel	y1	o'clock
Mode o	f Transport	ation: charter bu	us				·
We wou for all s	ıld like for tudents. Yo	your child to accour child is expec	ompany u	is on our trij low all scho	p. Super ool/classi	vision wi room rule	ll be provided s.
In event be notif	t of a date c	hange you will n hange.	ot receive	e another pe	rmission	slip, how	ever, you will
Please o	completez si	gn and return the	e lower po	ortion no lat	er than _	A	SAP
	1		_	S	0	I	Date
	Teacher	s Signature			Principal'	s Signature	<u> </u>
Teache	r Name	Field	d Trip Pe	ity Schools ermission S	lip	ol Libert	y Middle Sch
□Iw	ish	☐ I do not wis	sh				
To give	e my permis	sion for my chile	d		Child's Na	me	
To acco	ompany you	ar group on the fi	ield trip to	Daupilli	ame of Plac		
	auphin Isla				9	3/20/18	
		Location ave any medical p		on and/or aller		we shoul	d be aware of?
Will yo	our child rec	quire any medica	tion on th	is field trip	?		
Name	of Insurance	e Company: School System l				1:1	trootment
The M	adison City	School System l	has my pe	rmission to	seek any	medical	пеаппен
necess: Parent	ary for my o's Contact N	child during a sch Number:	nooi-spon		τth.		
		•			_		
	Signature of Pa	arent of Guardian		•		Da	te

MADISON CITY SCHOOLS OUT OF COUNTY/OVERNIGHT FIELD TRIP FORM

Student's Name	Date of Birth	Home Telephone #						
Address								
Parent/Guardian								
Address	Cell Phone #							
Mother work #	Cell Phone #							
Father work #	Cen I none "							
If unable to reach parents, please notify:	Relationship							
Name Phone #	Cell phone #							
Phone #	r							
Student's General Health Information								
7. 1' City Cabacla require a Madigation Palegge Form signed by 8	physician for each prescrip	otion medication and a Medication						
The Control of the country modication stands by the parent 1 1st any medicalions of the willout a Michael Callonian								
Form is already on file in the school office. Additional dosages/times	must be notated on a copy	of the form filed in the office and that						
notation verified and signed by the student's parent/guardian.								
List any routine medications taken at home								
at school	No							
Does student have any anergies to medication, room, com	110							
If "yes", please list allergies: Does student wear contact lenses? Yes No								
Does student wear contact lenses? Yes No Does student have asthma? Yes No								
Date of last tetanus shot:								
Is there any health history that may assist the person in charge if the st	udent should become ill?							
is there any nearth history that may are not provided to								
	Telephone #							
Student's Physician	retephone #							
It is the parent's responsibility to provide new/updated information	on.							
All paperwork AND medications must be submitted to the proper	authorities by (* "	eeks prior to trip).						
Failure to follow this deadline will result in the student not partici	pating in the field trip.							
There is no guarantee that money will be refunded.								
Authorization to Treat/Administer Medication:	111i.a. Taina	ission for decisions to be made						
I hereby authorize medical or surgical treatment of if any eme	rgency should arise. I give	permission for decisions to be made						
by the certified teacher in charge and/or Madison City School representative. I also hereby authorize Madison City Schools, or representative thereof, to administer my child medication if necessary as indicated on the Medication Release Form.								
representative thereof, to administer my child medication if necessary	as mulcated on the Medica	ation iterates i same						
NOTE: Your signature on this form acknowledges your acceptance o	f financial responsibility fo	r any medical or dental care your						
NOTE: Your signature on this form acknowledges your acceptance of		•						
child requires.								
	Date:							
Signature of Parent/Guardian								
· ·								
	Signature of No	ntary						
	Pignamie of 140	J						
	- C1 - 1	County						
	State	County						
	State Commission Ex	•						

SHIP BOARD RULES AND REGULATIONS

The operation of research and instructional vessels presents unique and special requirements to the Captain and crew of these vessels as well as to all personnel aboard. To insure the proper use and handling of expensive and sensitive instruments and equipment, each individual who participates, in any manner, in a cruise aboard a state-owned research vessel must comply with all the following rules and regulations unless otherwise instructed by the Captain, crew or the instructor in charge of the scientific party;

- 1. The Captain has the total responsibility for the safety and well being of all persons aboard the vessel. Therefore, do exactly as the Captain says.
- 2. If anyone falls overboard or if a person is spotted in the water, immediately throw a life ring or float to the person, notify the Captain, and keep your eye on the person at all times.
- 3. Closed rubber-soled shoes must be worn at all times on the vessel (flip-flops and TEVA's are not acceptable).
- 4. Always watch where you are walking. Use your hands to help balance yourself and grip handrails.
- 5. Do not touch any of the equipment or instruments unless you are instructed to do so.
- 6. Swimming or jumping from the vessel and horseplay is prohibited.
- 7. Do not leave the vessel until the Captain, crew or the person in charge of your group tells you to do so.
- 8. Report any observed malfunction, including suspicious oil, water or smoke to the person in charge of your group.
- 9. Never go on deck at night or in rough seas without a companion.
- 10. Alcoholic beverages or other drugs are not permitted on board, nor will anyone under the influence of drugs be permitted on board. Any incidents must be reported to the director.
- 11. Knives and other weapons are prohibited. Any equipment brought aboard for teaching or research must be approved by the captain.

COMMON SENSE AND RECOMMENDATIONS

- 1. Be aware that you are more susceptible to the elements (sun, wind, heat and low temperatures) while at sea than on land.
- 2. Do not throw trash or debris overboard or onto the deck.
- 3. Stay off the upper decks and out of the wheel house, engine room and below deck areas unless given permission to enter these areas.
- 4. NO SMOKING ON VESSEL.
- 5. If you have comments or complaints concerning the cruise or the vessel, tell the person in charge of your group, not the Captain.

CHIEF SCIENTIST/INSTRUCTOR/RESPONSIBILITIES

- 1. Hand out and explain "Ship Board Rules and Regulations" to each person boarding vessel.
- 2. Make sure the people boarding boat are dressed properly (rubber soled shoes, sun protection and foul weather gear).
- 3. Introduce the Captain and crew and reemphasize the Captain's responsibility and authority.
- 4. On board, locate for your group the life preservers, head (bathroom), and off limit areas.
- 5. On board the vessel, be aware of your group's conduct.

Dauphin Island Sea Lab Vessel Release Form

This form must be signed before a notary public by the participant (or by the participant's parent/guardian if the participant is under 19 years of age) and on file with the Marine Environmental Sciences Consortium (Dauphin Island Sea Lab) Before a person will be allowed to board any vessel belonging to, or chartered by, the Dauphin Island Sea lab/Marine Environmental Sciences Consortium.

Print Participant's Name

FOR AND IN CONSIDERATION OF ALLOWING _

To board any vessel or charter of the Marine Environmental Sciences Consortium (Dauphin Island Sea Lab) and used for instructional or research purposes and in allowing same to participate in activities conducted on said vessel, I, the undersigned, hereby and herewith voluntarily consent to and waive the responsibility of the Board of Directors of the marine Environmental Sciences consortium (Dauphin Island Sea Lab), their officials, or agents, for any mishap or injury to said person or property of said person while embarking, while on board, or while disembarking from said vessel, I the undersigned, further hereby indemnify the marine Environmental Sciences Consortium (Dauphin Island Sea Lab), their officials or agents, from any injury, damage to the person or property of said person that may arise out of allowing said person to participate in any of the aforementioned activities.								
If you are under 19 years of age:								
Parent/Guardian's Signature								
Date								
If you are 19 years of age or older: Participant's Signature Date								
Sworn to and subscribed to me thisday of, 20	Affix seal here							
Notary Public								
State of								
County of								
Commission Expiration								