

HEALTH AND EMERGENCY PERMISSION FORM
WIS WASHINGTON, DC TRIP
MAY 1 -3, 2019

Student: _____ Date of Birth: _____

Address: _____ Home Telephone: _____

Parent/Guardian(s) _____ Cell # _____ Work # _____

Parent/Guardian(s) _____ Cell # _____ Work # _____

Other Contact _____ Cell # _____ Work # _____

I give permission for my child to attend the 8th Grade trip to Washington, DC May 1 -3, 2019. Should an emergency arise in which treatment by a qualified physician is required, I give permission for my child to receive treatment, and I give his/her teacher/chaperone permission to act in my name during the period of the trip. I understand that every effort will be made to contact parents prior to reaching a decision of this nature.

Parent/guardian

Signature _____ Date: _____

PRINT NAME

THE FOLLOWING INFORMATION IS IMPORTANT IN A MEDICAL EMERGENCY

Date of most recent TETANUS shot: _____		
Severe allergies: _____		
Physical limitations: _____		
Medication required during this trip:		
#1 _____	#2 _____	#3 _____
Physician's Name _____		Phone # _____
Medical Insurance Company: _____		Insurance ID # _____

Chaperones carry first aid supplies and non-prescription medications, including Tylenol, ibuprofen and allergy medications.
IF YOUR CHILD REQUIRES PRESCRIPTION MEDICATION, PLEASE CONTACT THE NURSE'S OFFICE @ 203-315-6874



DC 2019

CASH/CHECK PAYMENT AGREEMENT

STUDENT NAME:

TEAM: _____

PARENT/GUARDIAN NAME:

I, the undersigned, have read and understand the financial information regarding my child's travel to Washington, DC on May 1 -3, 2019. In order to reserve a place on the trip a **\$100 non refundable deposit** with permission slip needs to be handed in to Walsh Intermediate School by **October 15**. I agree to pay the **full trip price of \$610 to Francis Walsh Intermediate School on or before the deadline of January 31, 2019**, via check(s) or money order(s) made out to Walsh Intermediate School (WIS) or in cash.

I further understand that the trip roster **will be closed** at the end of the school day on January 31, 2019, and that students expressing interest in the trip after January 31, 2019 will be placed on a waiting list and should be prepared to pay in full immediately in cash if space is available or if there is a cancellation.

***If purchasing trip insurance please make a separate check or money order for \$25.50 made out to Destinations Unlimited.**

PARENT/
GUARDIAN SIGNATURE: _____

DATE: _____



Walsh Intermediate School School
 WASHINGTON, D.C.
 MAY 1-3, 2019

TRIP CANCELLATION PENALTIES

A \$100.00 per person cancellation fee will apply to any cancellation received after 9/21/18 and prior to 3/1/19. No refund will be given for cancellations received on or after 3/1/19 or for "no-shows" on the date of departure. Cancellation Penalties apply for cancellation for ANY REASON. This includes, but is not limited to, cancellation by a teacher, the Superintendent, Board of Education, Parish, district, principal, or any other official; expulsion, suspension or any reason that a student is unable or not allowed to participate in the tour.

The Travel Protection Plan described below is offered to reimburse the traveler for the cancellation penalties listed above for covered illnesses and situations.

Trip Cancellation	Trip Cost*
Trip Interruption	150% of Trip Cost*
Travel Delay – 6 hours	\$750 (\$150/day)
Emergency Evacuation & Repatriation	\$100,000
Non-Insurance Worldwide Emergency Assistance Services	Included
Cancel for Any Reason (CFAR)**	

*Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$10,000

** CFAR coverage is 75% of the nonrefundable trip cost. CFAR is optional and available for Individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR must be purchased with or before the final payment for Your trip. This benefit is not available to residents of New York State.

The Per Person Cost for The Protection Plan is \$25.50 and is due with the 1st deposit and includes cancel for any reason coverage. The fee is due with the 1st deposit.

Please review the General Limitations and Exclusions on page 2

Destinations Unlimited, Inc. utilizes the services of hotels, transportation and other travel related services in our tour product. The hotels, transportation companies and other service providers are independent contractors and are not agents of Destinations Unlimited, Inc. Destinations Unlimited, Inc. is not responsible for any failure to deliver service or any act committed by these suppliers. Destinations Unlimited Inc. is not responsible for any personal injury, loss or damage of property, or expense resulting from matter beyond our control such as acts of God, terrorism, strikes, government actions or changes in schedules or itinerary. Destinations Unlimited, Inc. assumes no liability whatsoever in connection with any tour.

I have read the above cancellation penalties and liability clause for the Walsh Intermediate School, May 1-3, 2019, to Washington, D.C.

A copy of the plan document will be provided after purchase. Destinations Unlimited encourages the purchase of Travel Insureds Student Basic Travel Protection Plan

I wish to purchase the Student Basic Travel Protection Plan (this provides trip cancellation in addition to many other insurance benefits and non-insurance services)

I do not wish to purchase the Student Basic Travel Protection Plan.

Signature of parent or guardian: _____ Date: _____

Full name of Student Traveler: _____

DETAILS OF COVERAGE

Restrictions apply - see Plan Documents for complete coverage details.

TRAVEL PROTECTION

TRIP CANCELLATION/TRIP INTERRUPTION

Provides reimbursement up to your full, prepaid, non-refundable trip cost when you are forced to cancel or interrupt due to:

- Unforeseen sickness, accidental injury or death, which occurs before departure. (Certain exclusions apply)
- Being Hijacked, quarantined, or having to serve on a jury or appear as a witness in court;
- Fire, flood, burglary or other Natural Disaster at your Primary Place of Residence or Destination;
- A documented theft of passports or visas;
- Being directly involved in a traffic accident while en route to Your scheduled point of departure;
- Bankruptcy or Default of an airline or cruise line
- Strike that causes a complete stop of services for at least 18 consecutive hours
- Inclement Weather that causes a complete stop of services for at least 18 consecutive hours
- Being the victim of a Felonious assault within 10 days of the Scheduled Departure Date;
- A Terrorist Incident*
- Your host being unable to accommodate you due to their death or life-threatening illness/injury

* Terrorist Incident must occur within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;

GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition (does not apply to Trip Cancellation); 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Cancel For Any Reason Protection: Optional Coverage applies only when requested on the application and the appropriate additional plan cost has been paid. CFAR must be purchased at the time of plan purchase and with or prior to your final trip payment. If You purchase the Cancel For Any Reason protection and You cancel Your Trip for any reason not otherwise covered by this plan, the Insurer will reimburse You for up to 75% of the prepaid, forfeited, non-refundable payments or deposits You paid for Your Trip provided You cancel Your Trip more than 48 hours prior to Your Scheduled Departure Date. This benefit is not available to residents of New York State.

TRAVEL DELAY Reimburses up to \$150 per day when you are delayed en route to or from the covered Trip for 6 or more hours. Covered expenses include:

- Prepaid, unused, non-refundable land and water accommodations.
- Local transportation to join the Trip or return home.
- Reasonable additional expenses incurred for meals and lodging.

Emergency Medical Evacuation/Repatriation:

Up to \$100,000 to transport you to nearest treatment by U.S. standards and return you home when able to fly.

All transportation must be authorized and arranged by the Assistance Company.

Non-Insurance Emergency Assistance Services

The non-insurance Travel Assistance feature provides a variety of travel related services.

Some of the services offered include:

- Medical or legal referral
- Hospital admission guarantee
- Translation service
- Lost Baggage retrieval
- Inoculation information
- Passport / visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Bail bond

IMPORTANT DATES

SEPTEMBER 27 6:00 – 6:30pm DC Parent Meeting with Destinations Unlimited
 6:30 – 8:30pm Back to School Night Grade 8

OCTOBER 15 Online payment window closes

<p><i>Please note that credit card transactions do not involve Walsh Intermediate School, but are handled by Destinations Unlimited on their payment site.</i></p>
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<p>Please contact Mr. Anaclerio in writing no later than October 20, 2018 regarding financial aid.</p>

March 2019

ROOM ASSIGNMENTS

Groups of 4 students are assigned to hotel rooms. Students choose their roommates; friend groups should be prepared to finalize their choices by this date. Trip must be paid in full to participate in room assignment unless other arrangements with Mr. Anaclerio have been made.

April 25, 2019

FINAL PARENT MEETING / MED CHECK-IN 6:00 PM

Bring in your child's medication before the meeting if you have not already done so. This is your opportunity to ask questions and get details about the trip before your child leaves.

MAY 1, 2019

6:00 AM DEPARTURE FROM WIS

Plan to bring your child to WIS at 5:15am. Motorcoaches arrive at 5:45am and leave the school parking lot promptly at 6:00am
 (see Itinerary, Page 3)

MAY 3, 2019

6:30 – 8:30 PM ARRIVAL AT WIS

Be on time!

Students may arrive as early as 6:30pm, depending on traffic. Your child will call you as we approach Branford to let you know our estimated time of arrival.



P.O Box 281
Plymouth, CT 06782
(860) 283-0397
1-800-246-1546

Francis Walsh Intermediate School
Washington, DC
May 1-3, 2019

DATE:

Wednesday
May 1, 2019

TIME:

5:45 am

Motorcoaches arrive for boarding

6:00 am

Depart
(Rest stop and lunch stop enroute)

3:00 pm

Visit the National Zoo

5:30 pm

Hotel check in
Hilton Alexandria Mark Center
5000 Seminary Rd. Alexandria, VA (703) 845-1010

6:30 pm

Dinner at your hotel

7:45 pm

Guided Illumination Tour Including the Vietnam Memorial, The Korean Memorial, the Lincoln Memorial and the WWII Memorial

9:15 pm

Approximate return to hotel

Thursday

May 2, 2019

7:15 am

Full American breakfast at hotel

Today you will visit the the Jefferson, FDR and Martin Luther King Jr. Memorials and make a White House photo stop.

TBA

Tour the U.S. Capitol (based on availability)

12:45 pm

Lunch at one of the Smithsonian museum cafeterias
(Each passenger will receive \$10.00 per person to purchase lunch)

1:45 pm

The American History Museum and/or the Natural History Museum

4:30 pm

Arrive at the Kennedy Center

5:00 pm

Shear Madness performance

7:30 pm

Dinner at the Pentagon City Mall Food Court
(Each passenger will receive a voucher for dinner)

9:00 pm

Approximate return to hotel





P.O Box 281
Plymouth, CT 06782
(860) 283-0397
1-800-246-1546

Francis Walsh Intermediate School
Washington, DC
May 1-3, 2019
TENTATIVE ITINERARY

DATE:

Friday
May 3, 2019

TIME:

7:00 am

Full American breakfast at hotel

9:00 am

Visit National Arlington Cemetery

11:00 am

Depart
(Rest stop enroute)

Each passenger will receive \$15.00 per person to purchase lunch
at a rest stop on in route to Branford

6:30 pm

Approximate return to Branford

