



Registration Packet

Name: _____

Current Grade: _____

Tour Location: _____

Tour Year: _____



CONTACT INFORMATION

Student Name:		
Student Cell Phone #:		
Student Email (print clearly):		
Have you ever previously traveled with EF Tours?	YES	NO

Parent/Guardian Name:		
Parent/Guardian Phone # (HOME)		
Parent/Guardian Phone # (CELL)		
Parent/Guardian Email (print clearly):		
Translation Services/Language?		

Parent/Guardian Name:		
Parent/Guardian Phone # (HOME)		
Parent/Guardian Phone # (CELL)		
Parent/Guardian Email (print clearly):		
Translation Services/Language?		

Third Party Emergency Contact Name:		
Third Party Emergency Phone #		



UHS TRAVEL CLUB

Adventure awaits . . .

BEHAVIOR CONTRACT

In consideration of enjoying the benefits of participating in school-sponsored travel, the students and parents or guardians agree to the following requirements:

Pre-Travel Obligations:

- Students who choose to participate in any UHS Travel Club trip are expected to maintain certain standards of behavior from registration until when the group returns from the trip.
- If a student is disciplined by UHS administration and/or law enforcement for serious violations of the TUSD Students Rights and Responsibilities before the trip departs they can be removed from the trip by the Group Leader/Club Sponsor in addition to any disciplinary action determined by UHS administration.
 - Serious violations include but are not limited to: drug or alcohol use, tobacco/nicotine use, assault, property damages, and sexual activity or harassment.
- Students who are removed from the trip are responsible for any cancellations fees or unpaid balances as determined by EF Tours/EF Explore America.
- Unpaid balances or cancellation fees incurred due to a disciplinary cancellation are not the responsibility of the Group Leader/Club Sponsor, any teacher chaperones, University High School, or Tucson Unified School District.

Obligations During Travel:

- Students are expected to follow the guidelines and expectations of the TUSD Student Code of Conduct, UHS Travel Club Behavior Contract, and EF's *Rules of the Road*.
- Chaperones may access student rooms at any time to preserve student safety.
- Students who engage in drug or alcohol use, tobacco/nicotine use, assault, property damages, and sexual activity or harassment at any point during the trip will immediately be sent home at their own expense.
 - Any student sent home for disciplinary reasons will require a faculty escort. Families are also responsible for the cost of the chaperone's travel expenses.
- The parent/guardian of the student will be notified by the Group Leader/Club Sponsor as soon as possible, and the Group Leader/Club Sponsor will coordinate with EF Tours/EF Explore America to arrange transportation home for the student.
- If the parent/guardian refuses to pay for transportation home from the tour then EF Tours/EF Explore America will initially cover the expense of transportation and later bill the family. Unpaid balances will be sent to a collection agency.
- Unpaid transportation fees incurred due to disciplinary action are not the responsibility of the Group Leader/Club Sponsor, any teacher chaperones, University High School, or Tucson Unified School District.

For a copy of the TUSD Student Rights and Responsibilities please visit: www.tusd1.org/contents/govboard/sectj/JK.html

By signing this document, I acknowledge that I have read and fully understand the expectations of behavior and potential consequences for disciplinary action before and during any UHS Travel Club trip, and I agree to the terms stated above.

Student Name (printed): _____

Student Signature: _____

Parent/Guardian Signature: _____



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FINANCIAL ACKNOWLEDGEMENT

1. Tucson Unified School District ("TUSD"), University High School ("UHS"), and University High School Travel Club ("UHSTC") will not provide financial support, including any loans, towards costs associated with my student's trip.
2. TUSD, UHS, and UHSTC are not liable for any cancellation fees incurred.
3. TUSD, UHS, and UHSTC are not liable for any fees incurred due to student removal or dismissal from the trip.
4. Fundraising
 - a. All funds contributed to TUSD, UHS, UHSTC, including funds raised in excess of the direct trip expenses, are non-refundable.
 - b. All funds contributed TUSD, UHS, UHSTC must be used for direct trip expenses, including the cost of the trip as stated by EF Tours and tip expenses for tour directors/guides, and cannot be used for ancillary spending, such as food, other tips, and shopping.
 - c. The EF Tours initial deposit and any applicable manual payment plan fee for my student's trip cannot be paid or refunded through TUSD, UHS, or UHSTC.
 - d. UHSTC will keep a record of all tax credits made for your student. The management of other payments and balances are the family's responsibility.
 - e. TUSD, UHS, UHSTC cannot guarantee that employer matching gifts made toward my student's trip will be processed before any payment deadline set by either TUSD, UHS, UHSTC or EF Tours. Families remain responsible for full payment in the absence of employer matching gifts being applied by any deadline. Employer matching gifts applied after any payment date cannot be used to refund prior payments.
5. Due to the unique treatment of AZ Education Tax credits, UHSTC has a special agreement with EF Tours regarding payment deadlines for my student's trip. Payment deadlines posted on EF Tours material or website do not reflect this agreement. Payment deadlines set by UHSTC supersede those set by EF Tours.
6. I acknowledge that some costs (spending money, some meal money, tips (international trips only)) must be paid privately and cannot be covered by tax credits and fundraising through UHSTC. These costs will be identified by the Club Sponsor/Group Leader prior to departure.
7. I have thoroughly read through and reviewed the "Tax Credit Information and Instructions" document provided by UHS Travel Club.
8. I acknowledge that if my student withdraws from UHS, they cannot _Yd their spot on the UHSTC trip and are subject to any cancellation fees.
9. I will contact UHS Travel Club leadership first with any questions or concerns I may have related to fundraising, payments, and costs associated with my student's trip.

The undersigned have read and acknowledge the above financial terms and conditions.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



ACTIVITY SPECIFIC PARENT PERMISSION

I/We, _____ and _____

parent(s) or guardian(s) of _____ hereby grant permission to the Tucson

Unified School District (TUSD) to allow my/our child to participate in the following school sponsored activity;

School: _____ Teacher's Name: _____

Travel Date: _____ Leave time: _____ Return time: _____

Mode of Transportation: _____

School bus, school van, walking, private transportation

In case of serious illness or injury, I give consent for my child to be taken to our doctor's office or the closest hospital by school personnel or ambulance, and emergency care provided there, until I can be contacted.

My child is eligible for medical care at: _____

Insurance requirement or preference of hospital

In the event of an emergency, I can be reached at: _____

Home, work, cell phone

Yes, my child may attend this school sponsored activity and I have reviewed all information listed above.

Signature of parent/guardian

Date

NO, my child may NOT attend this school sponsored activity.

Signature of parent/guardian

Date

_____ (Initial) IF APPLICABLE, I will be responsible for alerting, and instructing, the above named teacher in writing regarding any specific health care needs of my child.

Additional Information:

**STUDENT OVERNIGHT TRAVEL
EMERGENCY & MEDICATION FORM**

***must be submitted to health office 2 weeks prior to trip (Non Interscholastic Activities)*

Date(s) of Travel: From _____ to _____ Teacher: _____

Student Name: _____ Date of Birth: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Physician: _____ Phone: _____ Hospital Preference: _____

Insurance Carrier: _____ Group number/ID number: _____

Specify health problems/allergies: _____

Limitations, concerns, or other information: _____

Will your child need medication on the trip? no yes (If yes, complete consent for giving medication below.)

Note: Middle school and high school students may carry and self-administer over-the-counter medication with a written note from parent/guardian giving permission and directing use.

CONSENT FOR GIVING MEDICATION: *I hereby request and give my consent for a district employee as designated by the principal to see that my child receives the medication listed below. I agree that prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, contents, and proportions clearly marked. I will be responsible for giving the medication to the principal's designee (certified district employee) and instructing said person in how to administer the medication. I will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of my child.*

MEDICATION	DOSE	ROUTE	REASON FOR GIVING	TIME(S) TO GIVE	DATE FROM	DATE TO

MEDICAL TREATMENT AUTHORIZATION: *In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that TUSD does not provide accident medical/dental coverage for students for injuries/illnesses occurring during travel/activities. I understand that, in the event of other than minor illnesses or injury, reasonable effort will be made to contact me.*

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

STUDENT OVERNIGHT TRAVEL MEDICAL INFORMATION NOTICE TO PARENTS

Although we hope we will never need emergency medical information while students are on a trip away from school, we want to be prepared in case there is a problem. For this reason we ask that you complete the Student Overnight Travel Emergency & Medication Form. **Please submit the completed form to the teacher in charge of the trip.**

- **Emergency Contact Information:** You may have already provided emergency contact information to the health office at the beginning of the school year, but we need to have it with us while traveling in case there is a need to call you or get a message to you. For this reason, we request that you provide up-to-date contact information.
- **Parent's Consent for Giving Medication:** This form must be completed and submitted 2 weeks prior to going on the trip so the health office has time to review your child's needs and conduct any necessary training for staff on the trip (*NON INTERSCHOLASTIC ACTIVITIES*). Follow these guidelines for any medication to be given on the trip:

1. All medication must be in the original container.
2. All medication must have the student's name on the container.
3. Prescription medications and inhalers must have the pharmacy label on them. Dosages will only be given per the directions on the container from the pharmacy.
4. All medication must be given to the teacher in charge of the trip by the parent.

There are three exceptions to this rule:

- i. Per Arizona State Statute emergency medications such as inhalers, epinephrine, and diabetic medications may be carried and self administered by the student (please list them on the form).
- ii. Over-the-counter medications such as acetaminophen, ibuprofen, and allergy pills may be carried and self-administered by high school and middle school students with a note from the parent giving permission and directing use. Please give the note to the teacher in charge of the trip. Even if the student will carry over-the-counter medication for self administration, the medication must be in the original container and visibly labeled with the student's name.
- iii. Birth control pills may be carried and self-administered by high school students.

Note: If a student is found in possession of medication without the proper permission/ documentation (as listed above) disciplinary action will ensue per district policy.

5. The parent will instruct the principal's designee (certified district employee) in how to administer the medication.
6. The parent will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of the student.

Note: Remember to make advance arrangements with the teacher in charge of the trip for any snacks or meals required by a student with diabetes. Arrangements should also be made in advance for any special medical equipment or procedures required by a student during the trip.

- **Parent Contact in Case of Illness:** If a student appears to be ill, complains of illness to a trip sponsor or has an illness reported to the trip sponsor by another student or adults, the trip sponsor will contact the student's parent by phone to consult as to the appropriate course of action in treating the student's illness. The trip sponsor will not communicate with any parent indirectly through the student, but will instead speak directly to the parent by telephone. If necessary or appropriate, the communication between the trip sponsor and parent will be via e-mail. In the event of other than minor illnesses or injury, reasonable effort will be made to contact the parent or emergency contact in the event a parent cannot be reached.



Health Form

Student Name: _____ Tour Location/Year: _____

Medical Conditions

Please mark "yes" or "no" to the following. If "yes" is marked, please explain.

Medical Condition	Yes	No	If yes, explain
<i>Seizures</i>			
<i>Diabetes</i>			
<i>Anxiety</i>			
<i>Asthma</i>			
<i>Dizziness or fainting</i>			
<i>Digestive Problems</i>			
<i>Motion sickness</i>			
<i>Kidney stones</i>			
<i>Anaphylaxis</i>			
<i>Orthopedic injury</i>			
<i>Bleeding/clotting issue</i>			

Is there any other notable medical condition we need to be aware of?

Medical Allergies

Please list below if your child is allergic to any medications or medical products (latex, rubbing alcohol, etc)

Dietary Restrictions/Allergies

With EF Tours, some meals are “scatter meals” where students get to choose where they eat within a specified area and can easily accommodate their dietary restrictions. Other times, meals are at restaurants where everyone is served the same meal. During these meals, students cannot order personalized items. Due to the nature of the trip, we cannot accommodate personal preferences (i.e. does not like broccoli, etc) and students may not change selections on tour.

NO RESTRICTIONS/ALLERGIES: _____

Dietary Restriction	Check if applicable
Vegetarian	
Vegan	
Kosher	
No pork (beef, chicken and fish ok)	
No beef (pork, chicken and fish ok)	
No beef or pork (chicken and fish ok)	
No beef, pork, or chicken (fish ok)	
Gluten-Free/Celiac	
Lactose-intolerant	
Food Allergies	Please list:

Over the Counter Medications

Please check the items your student may take, either by self-administration or administration by a TUSD chaperone.

*DISCLAIMER: TUSD chaperones do not guarantee they will carry all of the products below. Your student is advised to bring any necessary medication with them. The information below pertains to both brand-name and generic forms. We **STRONGLY** recommend that you observe your student having taken all of the medications you will check prior to travel.*

Medication	Yes	No	Medication	Yes	No
Mild laxative			Hydrocortisone cream		
Cough suppressant/cough drops			Insect repellent		
Decongestant			Cold/flu relief (DayQuil, NyQuil)		
Antacid			Mild sedative/sleep-aid (melatonin)		
Antifungal/antibiotic cream			Anti-diarrheal (Imodium)		
Anti-motion sickness/anti-nausea			Pain/fever medication (Advil, etc)		
Antihistamine/anti-allergy			Other:		

TUCSON UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR STUDENT PARTICIPATION
INTERNATIONAL TRAVEL

I/We, the undersigned, am/are the parents(s)/guardian(s) of _____ a student enrolled at University High School, a public school operated by the Tucson Unified School District. I understand that my child will participate in a trip to _____ during the period of _____, through _____.

I/We understand that participation in this field trip is entirely voluntary. I/We voluntarily agree to pay all expenses necessary for the above student to participate in the trip, including, but not limited to, the cost of transportation, food, lodging, and such insurance as may be required by TUSD.

I/We hereby waive any and all claims which either of us may have, jointly or separately, against TUSD, and/or their officers, agents, or employees for property damage, injury, accident, illness, or death occurring during or by reason of the above-described trip. I/We further agree to indemnify and hold harmless TUSD, their officers, agents, or employees, from any and all claims, liabilities, penalties, or losses resulting from, or as a consequence of, this trip.

With full knowledge of the foregoing conditions, I/We hereby, individually and jointly, elect(s) to assume all risks for claims, known or unknown, heretofore or hereafter arising by reason, or in consequence of, the above-described trip, in favor of the above-named student, his/her heirs, executors, administrators and assigns, and each of us hereby knowingly, voluntarily, and expressly releases TUSD, their officers, agents, or employees from all liability.

By executing this permit and release, I hereby consent to and give permission for the above-named student to participate in the field trip.

I further agree that in the event, in the opinion of a duly authorized representative of the Tucson Unified School District, it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without further consent from me/us. I/We personally assume responsibility for any costs if such are not covered by insurance.

Signature of Parent and/or Legal Guardian

Printed Name

Date

Signature of Parent and/or Legal Guardian

Printed Name

Date

Club Sponsor

Printed Name

Date