



December 26 – December 31, 2019

Parents and Students:

Enclosed are the forms that need to be filled out completely and returned to the band room in the box marked "Camping World Bowl Trip Forms." All Student payments must be up to date in order to sign up for a room.

Included in this packet are:

- ✓ Loudoun County Public Schools Overnight Permission form (please note on page 2 you must check either the DO or DO NOT box if you want your student to administer their own medicine, including over the counter or if you want the nurse or admin in charge to administer)
- ✓ Loudoun County Public School Authorization for Medication Administration form (one form for each medication student is bringing; you may need to make copies)
- ✓ Guidelines for Student Travel (LAST PAGE needs to be SIGNED and returned)
- ✓ Hard Rock Café Menu Options
- ✓ Boxed Lunch Menu Options

A COPY OF YOUR PHOTO ID (DRIVER LICENSE/PERMIT, PASSPORT OR STUDENT ID) MUST ALSO BE RETURNED WITH THE SIGNED FORMS FOR FLIGHTS

Please direct any questions to Karen Costa or Carolyn Holloway at trips@bwmsmusicboosters.org.

ALL FORMS ARE DUE _____.



LOUDOUN COUNTY PUBLIC SCHOOLS

Overnight and Foreign Field Trip – Student Participation & Permission Form

Instructions:

- The Trip Organizer will complete Section I, and provide a copy to each student participant. Section II is to be completed and signed by the student and student's parent/guardian and returned to the Trip Organizer.
- The Trip Organizer will email a single .pdf scan of all Participant Forms, with a copy of the FINALIZED ITINERARY to LCPSDispatch@lcps.org **three (3) business days** from the date of departure.
- Forms are to be with the Trip Organizer at all times during the trip.

Section I – To be completed by Trip Organizer:

FIELD TRIP INFORMATION – SEE ATTACHED DESCRIPTION AND ITINERARY		
School Name: Briar Woods High School	Today's Date:	Permission Due Date: 11/08/2019
Class/Grade/Club(s) Participating: 9-12 Band and Falconaires	Destination(s)(cities/countries): Orlando, FL	
Purpose of Trip: To perform at the Camping World Bowl Game	Name of Travel or Tour Company: WorldStrides OnStage Programs	
	Date, Time, and Place of Departure: 12/26/2019, 6 am Dulles Airport	
	Date, Time, and Place of Return: 12/31/2019, 12 pm Dulles Airport	
RISKS INVOLVED WHILE ON THIS TRIP		
Activities (Check all that apply): <input checked="" type="checkbox"/> Amusement/Theme Parks <input type="checkbox"/> Athletic/Sporting Event Participation <input type="checkbox"/> Home Stay with Foreign Family <input checked="" type="checkbox"/> Outdoor Activities/Walking/Hiking <input checked="" type="checkbox"/> Swimming, Boating, Water Activities <input type="checkbox"/> Other (Specify):		
Transportation (Check all that apply): <input checked="" type="checkbox"/> Commercial Plane Flight <input checked="" type="checkbox"/> Charter Bus <input type="checkbox"/> Charter Cruise Boat <input type="checkbox"/> Public Bus/Taxi/Rail Transportation <input type="checkbox"/> Private or Leased Vehicle <input type="checkbox"/> Other (Specify):		
Trip Organizer Name and Job Position: Duane Minnick, Band Director	Email Address: duane.minnick@lcps.org	Phone #: 703-957-4400
Trip Organizer's Signature:		

Section II – To be completed by Parent/Guardian of Student Participant:

PARTICIPANT AND EMERGENCY INFORMATION		
Student Full Name:	Home School:	Parent/Guardian Name(s):
Home Address (Number, Street, City, State, Zip):		Parent Email:
Home Phone: ()	Work Phone: ()	Cell/Other Phone: ()
Emergency Contact Name #1:	Relationship: Phone Number(s): () ; ()	Email Address:
Emergency Contact Name #2:	Relationship: Phone Number(s): () ; ()	Email Address:
HEALTH INSURANCE INFORMATION		
Name of Student's Primary Care Physician:	Physician's Phone Number: ()	
Name of Health Insurance Company:	Policy Number:	
Insurance Company Phone Number: ()	Member Number:	
MEDICAL ACKNOWLEDGEMENT & PARENT PERMISSION - READ CAREFULLY!		
<p>READ CAREFULLY:</p> <ol style="list-style-type: none"> 1. On overnight and foreign field trips, physician's orders and written parental permission will be required for all prescription medication that is to be carried by the student or given by the medication trained school staff members. 2. Over-the-counter medications may be carried and self-administered by the student or administered by the medication trained school staff member with written parental permission (LCPS Medication Administration form) and according to the guidelines for overnight and foreign trips of Loudoun County Public Schools. 3. All paperwork for both over-the-counter and prescription medications must be submitted to the school nurse for verification of completeness no later than two weeks prior to the departure date of the field trip. 4. Parents must supply both the over-the-counter and the prescription medication for the overnight or foreign field trip. Medication will not be provided from the clinic. 5. The over-the-counter medication must be stored in the original manufacturer's container with no more medication than is required for the duration of the field trip. 6. The prescription medication must be stored in the pharmacy-dispensed and labeled prescription container with no more medication than what is required for the duration of the field trip. 		

MEDICAL ACKNOWLEDGEMENT AND PARENT PERMISSION (cont.) - READ CAREFULLY!

Describe any medical condition/s or special needs of the above named student:

Medication/s required during the field trip (attach additional page if more space is needed):

Name of Medication	(Check One)		Dosage	Frequency/ Time to Administer	Quantity Provided
	Over-the-Counter	Prescription			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

READ CAREFULLY:

- I hereby **DO** **DO NOT** (check one) consent to allowing my child to carry and self-administer the medications listed above. By consenting hereto, I agree to hold LCPS harmless from any liability regarding my child's medication.
- If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, then I accept complete responsibility for this decision and my child's actions while on this overnight or foreign trip.
- If I am signing permission authorizing my child to carry and self-administer either over-the-counter or prescription medication, I state my child understands how to appropriately carry, self-administer, and secure the over-the-counter and/or prescription medication listed on this paperwork.
- I understand that the school nurse will check this paperwork for completeness. I understand that I must complete the LCPS Medication Administration form for over-the-counter medication. Written approval from the prescribing physician is required for prescription medication.
- All over-the-counter medication must be stored in the original manufacturer's container. Prescription medication must be stored in the pharmacy-dispensed and labeled prescription container. I agree that I will provide only the amount of medication required for the duration of the field trip. No medication will be provided by the school clinic.
- I consent to notifying the chaperone who is not an LCPS staff member or the host family of my child's medical conditions (i.e., diabetes, severe allergy, asthma, or seizure) if it is so determined to be in my child's best interests by the LCPS Principal or Trip Sponsor, in their sole discretion.

RISK ACKNOWLEDGEMENT AND PARENT PERMISSION - READ CAREFULLY!

- I understand that my child's participation in the field trip is voluntary, that it is not required, and that there will be exposure to activities involving risks of illness, serious injury, or even death. I have read and understand the description of the travel itinerary, activities and events involved in the field trip, and I give my permission for my child to fully participate in all aspects of the trip.
- I understand that there will be extended times during the trip when my child will not be under the direct supervision of the trip sponsor or an adult LCPS chaperone and that it will be necessary for my child to use his/her independent judgment about unexpected situations and excursions beyond LCPS' knowledge and control (for example, home stays with foreign host families).
- I understand that Loudoun County Public Schools (LCPS) will not be responsible for any personal property that may become lost or damaged during this field trip, including baggage, money, credit cards, electronic devices, musical instruments, etc.
- I understand that LCPS does not provide medical or accident insurance for student injuries which may occur while on this trip. I authorize and give permission for my child to receive first aid, emergency medical care and transport, medical treatment, and all other care deemed reasonably necessary for my child's health and well-being in case of accident, injury, or serious illness during the field trip. I understand that I will be responsible for any related medical bills, fees, or costs incurred.
- I understand that all LCPS school rules, regulations and policies apply during this field trip and further understand that parents/guardians may be responsible for transportation to and/or from the airport on the dates provided above or from the field trip destination if necessary.
- I understand that non-refundable tickets purchased by parents and/or students will **NOT** be reimbursed if the trip is canceled due to inclement weather, hazardous conditions, and/or if national conditions or those in our immediate area make it inadvisable to have students on a field trip. LCPS will provide as much advance notice as possible of any cancellations.
- I further understand that LCPS recommends the purchase of travel accident insurance/trip cancellation coverage and that LCPS will not be responsible for payment or reimbursement of travel fees for any reason.

STUDENT AGREEMENT

Student Agreement: While participating in the above stated field trip I will act responsibly, follow directions, maintain good conduct and appearance, and I will safeguard personal property. I further understand that all school rules and policies will apply at all times during this field trip.

Printed Name of Student:

Student's Signature: _____ Date: _____

PARENT AGREEMENT AND PERMISSION

Parent Agreement: I have read and understand the description of the field trip to _____ (Destination being visited) which departs on _____ (M/D/Y) and returns on _____ (M/D/Y). I further give permission for my child to fully participate and I acknowledge and agree to all the conditions and statements throughout this participation form.

Printed Name of Parent/Guardian:

Parent/Guardian's Signature: _____ Date: _____

****SIGNATURES INDICATE AGREEMENT WITH ALL CONDITIONS LISTED HEREIN****

Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. If it is absolutely necessary for the student to take medication at school, this "**Authorization for Medication Administration**" form must be received for each medication and must be submitted to the Health Office staff prior to the medication being given at school. Use the appropriate **Action Plan** for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without receipt of the appropriate form.
3. **The Health Office staff must have written instructions from the healthcare provider in order to administer prescription medications.** The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
 - Student's name and date of birth
 - Name and purpose of medication
 - Dosage, time & route of administration
 - Duration of medication order/effective dates
 - Possible side effects/actions to take if these occur
 - Healthcare provider signature/date
4. **Medications must be brought to the Health Office by a parent/guardian** (LCPS 8-36 policy). Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day with the approval of the physician, school nurse and parent/guardian as indicated on the "Physician Order/Health Care Plan." Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
5. **Medication Containers:**
 - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing:
 - Student's name
 - Name of Medication
 - Time to be given
 - Dose/amount to be given
 - Healthcare Provider name
 - ❖ Non-prescription medications (OTC- over-the-counter)- must be in the original package with the name of the medicine and instructions.
6. Prescription information on bottle label must match the healthcare provider information on the "Authorization for Medication Administration" form. Ask the pharmacy to provide a properly labeled bottle for school.
7. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
8. **The first dose of any NEW medication must be given at home.**
9. Medications will be given no more than 30 minutes before or after the prescribed time.
10. Non-prescription medication will only be administered according to directions on the label. If a higher dosage is required, the "Authorization for Medication Administration" form must be signed by the healthcare provider.
11. Medication kept at school will be stored in a locked area of the Health Office accessible only to authorized school personnel.
12. The student is to come to the Health Office or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the Health office at the appropriate time.
13. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an "Authorization for Medication Administration" form signed by the healthcare provider and parent/guardian.
16. **Unused medications MUST be picked up by a parent/guardian on or before the last day of school or it will be destroyed.**

LOUDOUN COUNTY PUBLIC SCHOOLS AUTHORIZATION FOR MEDICATION ADMINISTRATION

Med. Exp. Date:

Student Information: Parent/Guardian to Complete

Student: _____ DOB: _____ Age: _____ Grade: _____

School: _____ Has the student taken this medication before? Yes No

If no, the first full dose must be given at home to decrease the risk of student having a negative reaction at school. First dose was given: Date: _____ Time: _____

Prescription Medication: Healthcare Provider to Complete (one form for each medication)

Name of Medication: _____

Diagnosis/Condition for which medication is being administered: _____

Dosage: _____ Route: _____ Time of Administration: _____

Length of Time: School Year Other: _____

Possible Side Effects: None Expected Specify: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider PRINTED Name/Stamp: _____

Healthcare Provider Phone: _____ Fax: _____

Healthcare Provider Address: _____

Over-The-Counter Medication: Parent/Guardian to Complete (one form for each medication)

Name of Medication: _____

Reason medication is to be given: _____

Dosage: _____ Route: _____ Time of Administration: _____

Length of Time: School Year Other: _____

Possible Side Effects: None Expected Specify: _____

Parent/Guardian Authorization

My signature gives permission for principal's designee to administer prescribed/over-the-counter medication and gives principal's designee permission to contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded. I have read the procedures outlined on the back of this form and assume responsibility as required.

Parent/Guardian Signature: _____ Date: _____

To Be Completed with Health Office Staff

Medication received (amount/description): _____

Medication received: _____ / _____
Health Office Staff Signature/Date Parent/Guardian Signature/Date

Medication picked up by: _____ Date: _____
Parent/Guardian Signature

BRIAR WOODS HIGH SCHOOL BAND: **GUIDELINES FOR STUDENT TRAVEL**

Orlando, FL
December 26-31, 2019

SCHEDULE – Each of you will receive a copy of the schedule. Keep it with you and keep up with it. Have access to a timepiece. BE PUNCTUAL!!! It is not fair to the rest of the group for a few people to delay a departure.

SECURITY – Most of you will be carrying money as well as some valuables. Be aware that these things can “disappear” if you are not careful at all times. Do not leave any luggage, instruments, or purses in unsupervised or non-secure areas. Do not advertise that you are carrying a lot of money. Purses can quickly disappear. If you do leave your purse anywhere (hotel, bus, etc.) take your wallet and money with you. It is best not to bring expensive jewelry or large amounts of money.

DRESS – Be organized with your packing! Remember that you are limited to one checked suitcase weighing 50 pounds or less and two small carry-on pieces.

- a. Nice looking school clothes for travel and public meals or free time.
- b. Jeans are acceptable for rehearsals.
- c. Do not wear anything extreme; this includes inappropriate messages or words
- d. Remember that school dress code applies at all times

ITEMS TO TAKE – Make a list of everything you think you need.

- a. Sufficient clothing for the length of the trip
- b. Grooming supplies
- c. Phone & charger
- d. Instrument & music

LUGGAGE – Each person is limited to one suitcase and one carry-on bag and one personal carrier (purse).

- Label all bags and items with your last name.
- Take no more than you can carry in one trip.
- Suitcases should be labeled with the group luggage tag that we provide you.

LOADING AND UNLOADING – For any bus-related travel while away, it is the responsibility of the individual student to see that his/her belongings get to the proper place at the proper time for loading. This would usually mean the curbside of the bus. It is also the responsibility of each student to pick up his possessions after they are unloaded without delay.

I-PODS, CD PLAYERS, ETC. – Small personal music players may be taken on the trip. They are a great “quiet” option while traveling. Briar Woods HS accepts no responsibility in the case of loss or theft. Pay attention to your surroundings. Use these items only with earphones and on an individual basis.

No playing of i-Pods or CD players out loud with speakers.

HOTEL GUIDELINES

- a. Upon arrival to the hotel, report any existing room damage to your chaperone so you cannot be held responsible. It will be to your advantage to see that your roommates all act in a responsible manner.
- b. All students assigned to a room will be responsible for any damage or theft. The amount will be divided equally among all the students staying in that room. Only students assigned to a room, chaperones, and band directors (if necessary) should be in your room.
- c. Keep your room reasonably neat and clean.
- d. Doors to rooms should stay closed.

- e. Close the room doors gently. Do not let them shut on their own as they will slam loudly.
- f. All pay items (TV, movies, room service, long-distance calls, game systems, etc.) will be turned off in all rooms.
- g. Be aware that chaperones will enter and inspect hotel rooms periodically. This will be done without warning. They will knock on the door and expect to be admitted immediately.
- h. Curfew will be faithfully observed. Curfew is the time to be in your room with the door closed.
- i. Lights out is the time when all lights in rooms, radios, etc. will be off and all students in bed. This is a long trip with a busy schedule each day. You are sure to enjoy the trip much more, stay healthier, perform better, and generally be a more congenial person to be around if you get adequate sleep each night. Stay up all night when you get home!
- j. No student will leave his/her room for any reason after curfew unless he/she has specific permission of an adult chaperone and is accompanied by a chaperone. There will be chaperones up at night, as well as hotel security, making random patrols of the hotel area. Appropriate measures will be taken to identify anyone violating this guideline.
- k. Any suspicious activity will be investigated.
- l. **NO BOY MAY ENTER THE GIRL'S FLOOR AND NO GIRL MAY ENTER A BOY'S FLOOR.** If you wish to converse, do it downstairs in the lobby. Students of the opposite sex may not be in each other's room. If you wish to converse you can go to the common area of the hotel. This includes students from other schools.
- m. Bring an alarm clock so you can be up in the morning. **CELL PHONE BATTERIES RUN OUT FREQUENTLY.** The hotel will have other guests. Let us not be the source of any complaints. ****If the hotel must refund another guest who leaves due to the noise of our group, the students responsible will be charged for the refund. This could get expensive!***
- n. Please do not congregate in the hallways. There is room in the lobby to visit.
- o. Please do not lose your room key. Prior to checking out of your rooms, all keys are to be turned in to your designated chaperone. **DO NOT LEAVE KEYS IN YOUR ROOMS OR TURN THEM IN TO THE FRONT DESK.**
- p. **NEVER GIVE OUT THE NAME OF YOUR HOTEL OR YOUR ROOM NUMBER!!!**

Students will not be in the possession of any weapon as described in the Student Handbook. Any student in violation of this policy will be sent home and referred to the appropriate authorities.

Any illness, injury, or dispute should be reported to your chaperone immediately. Any difference of opinion or unusual invitation from strangers must be reported at once. There will be no excused absence from any activity except for extreme illness.

Be responsible and listen. It is your responsibility to know what is going on. Listen for instructions and note any changes in the itinerary. Please be quiet and attentive when Mr. Minnick, the school employees or any chaperone is speaking to you. Respond with a raised hand when prompted.

Any property damage will be paid for by the students involved.

Any student in violation of local laws will be turned over to the local authorities. If the student is returned to the organization, he/she will be sent home.

Any student who violates the general trip guidelines will be sent home at the parent's expense.

MONEY – It is recommended that you bring a credit or debit card if you can. You will be given cash for your meals that are not prepaid for during the trip. Cash will be dispensed by your chaperone on a per meal basis. Any cash left over after the meal is yours to keep and spend as you wish. Remember what ever souvenirs you purchase must fit in your luggage to go back home. You might want to keep items in mind to purchase online after you get back home.

CITIZENSHIP – Be an outstanding citizen. Realize that future trips depend on your performance on this trip. Cooperate fully with all adults. Get along with your fellow students. The good of the group comes first. You are expected to exhibit superior performance in all phases of the trip. Let's make this our best trip ever in that respect! You are representing your entire country in this event.

FIRE ALARM – Familiarize yourself with emergency exits as you go to your hotel room. Read the fire alarm information and fire procedures in your room upon check-in. In the event of a fire alarm, evacuate the rooms and all students meet outside.

ILLNESS – Report any illness immediately to a chaperone. If a student becomes too ill to stay with the group, arrangements will be made to send the student home.

BE FLEXIBLE and go with the flow! Hundreds of hours have gone into the planning of this trip, but it is impossible to predict late buses or similar inconveniences. It is not unusual for there to be a need for a change in the schedule after we arrive and become aware of information that perhaps was not available before. Don't be quick to criticize. Relax and enjoy the trip – a complainer ruins the trip atmosphere for everyone.

GET SOME SLEEP! Everyone loves to stay up late. However, on a trip of this length, it is very important for you to get adequate rest. This should be a learning, fun, and rewarding trip, but it is also a hectic one. Get some sleep so that we can enjoy each other, enjoy the trip, stay well, and perform to the best of our ability.

PROCEDURES FOR SENDING A STUDENT HOME

1. Director or administrator will call to obtain schedule and cost of common carrier.
2. Student will make a call home to the parent or guardian. Prior to the student conversing with the parents, the director will inform the parents of the child's offense and that he/she is being sent home.
3. Parents will be asked on which common carrier they would prefer their child to be placed
4. Parents will be informed of the schedule and cost of the carrier.
5. Parents will have the option of coming to pick up their child.
6. If the student is being sent home for disciplinary reasons, the student will be immediately separated from the rest of the organization.

AUTHORITY OF ADULTS – Directors, school employees, chaperones, and employees of hotels, restaurants, museums, bus lines, and any place we go sightseeing, are the people in charge. If they ask or tell you to do or not to do something, immediately give them your enthusiastic cooperation and attention. No comments are necessary or appropriate. It is their duty to provide supervision. This would include corrections of inappropriate behavior. Be cooperative and remember – without their service there would be no trip.

BOY/GIRL RELATIONSHIPS – Public display of affection is not acceptable. The judgment of the adults on the trip will be final as to what is acceptable and what is not. Please realize that the over exuberant public display of affection is offensive to many people. Have CLASS!

TOBACCO, ALCOHOL, ILLEGAL DRUGS, and INAPPROPRIATE MATERIALS – Use of or possession of these in any form is prohibited. Any situation involving these items will result in being sent home at your parent's expense and school suspension when we return.

PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS – Any student wishing to carry over-the-counter or prescription medication must have a waiver on file. Medicines will be distributed "by the book" in accordance with medical form instructions and LCPS policies.

LEAVING ASSIGNED AREA – It is essential for safety and communication that all students remain in the confines of whatever area is assigned at all times; while at restaurants, inside the building, not across the street or anywhere else. In short, do not go anywhere without the specific permission of an adult chaperone. Do not ride in a car with anyone or go anywhere with a parent or other person. We expect and demand that you use good judgment at all times.

STAY IN A GROUP – While on the trip, do not go anywhere by yourself. There is safety in numbers. Stay in a group (2 or more). Keep together and keep tabs on each other. You will be in a strange place and it would be easy to get lost. Always stay in your assigned groups, no changing groups or chaperones.

INTERACTION WITH STUDENTS FROM OTHER SCHOOLS – One of the fine opportunities of this type of trip is the chance to see other groups, not only in performance but also how they conduct themselves in public. It is permissible to converse with people from other groups in a friendly manner, but it is not acceptable to go anywhere with another or to become too familiar with someone from another school. This is especially true for boy/girl relationships. Be social, but establish clear limits as to the degree of sociability.

WATER BALLOONS, SHAVING CREAM, AND OTHER PRANK ITEMS – No water balloon fights, shaving cream harassment, or other similar activities allowed. Judgment of what is an unacceptable activity is up to the adults in charge. There should be no activity that

could be considered demeaning to the individuals in a physical or personal way. Any form of "hazing" will be dealt with in the strictest of district suspensions regarding this type of situation.

CONSEQUENCES FOR BREAKING THE RULES – The opportunity to attend a band trip is a privilege and not a right. Therefore, the following consequences have been instituted. These can be imposed should a student break the rules.

- SENIORS
 - Will not play with the band at graduation
 - Immediate expulsion from the Tri-M Honor Society, if a member
 - Immediately stripped of officer position
 - Ineligible to apply for the Band Booster Scholarships or Tri-M Scholarships
 - Will not be considered for any end of the year awards
 - May affect National Honor Society eligibility
- JUNIORS
 - Immediate expulsion from the Tri-M Honor Society, if a member
 - NOT eligible for Tri-M Honor Society membership as a Senior
 - If a current officer, position will be stripped
 - Will not be considered for an officer position as a Senior
 - May affect college and other recommendation requests asked of Mr. Minnick
 - May affect eligibility to attend future Band trips
 - May affect National Honor Society eligibility
- SOPHOMORES
 - Will not be considered for Tri-M Honor Society Junior year
 - If a current officer, position will be stripped
 - Will not be considered for an officer position Junior year
 - May affect eligibility to attend future Band trips
 - May affect National Honor Society eligibility
- FRESHMEN
 - Will not be considered for an officer position Sophomore year
 - May affect eligibility to attend future Band trips

These guidelines are designed to ensure that each student enjoys an educational and fun filled trip. By following the rules and encouraging your fellow students to do the same, everyone will come away with memories that last a lifetime.

STUDENT PACKING LIST

DRIVER LICENSE OR PHOTO ID

TOILETRIES

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Comb / Brush | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Conditioner | <input type="checkbox"/> Dental Floss |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Mouthwash |
| <input type="checkbox"/> Face Cleanser | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Toothpaste |

___ Sunscreen

___ Disposable Poncho

___ ***** INSTRUMENT *****

CLOTHES

___ 2019 Band Trip Shirt

___ Belt

___ Jeans / Long Pants/shorts

___ Long Sleeve Shirts/T Shirts

___ Pajamas

___ Socks

___ Tennis Shoes/Comfortable Shoes

___ Underwear

___ Black Socks

___ Black Marching Shoes

___ Guard Uniforms

___ Bathing Suit

___ Slides/Flip Flops

EXTRAS

___ Snacks for hotel room

___ Aspirin/Medication**/Vitamins

___ Band Trip Schedule

___ Cell Phones & Chargers

___ Earbuds / Headphones

___ Emergency Contact Information

___ Glasses / Contacts / Solution

___ Sunglasses

___ Handi Wipes

___ Hair Ties

___ Purse / Cinch Bag

___ Safe way to carry your money and or
debit/credit card

___ Spending Money for souvenirs
(All meals and tours are covered)

**** Only Medications that are listed on
your field trip form**

HOTEL INFORMATION

Rosen Centre

9840 International Drive

Orlando, FL 32819

P: 407-996-9840

Flight Information:

December 26, 2019

6:00 am – Students Arrive at Dulles
Airport

8:20 am flight leaves Dulles

9:00 am flight leaves Dulles

DO NOT BE LATE!!

December 31, 2019

6:00 am – Meet in conference room

6:30am – Load Buses

9:00 am – Depart Orlando

9:40 am – Depart Orlando

11:10 am – Arrive Dulles

11:50 am – Arrive Dulles

First Point of Contact in Case of an Emergency:

Sue Spiotto (Parent Liaison BWHS)

(703)989-5466

Sue.spiotto@lcps.org

Briar Woods High School Band: Student Conduct Agreement Form

Orlando, FL December 26-31, 2019

I have read the **Briar Woods High School Band: Guidelines for Student Travel** with my parents and understand the responsibilities that are expected of me. I understand that I am responsible for my actions and behavior, and pledge to act in a manner that exemplifies the best qualities of students at Briar Woods High School and Loudoun County. I understand that if I break any rules or violate a LCPS code of conduct, I will be sent home at the expense of my own family and disciplined by the school. I will obey the authority and be respectful of our director, (Mr. Minnick), school employees and all our parent chaperones. I further pledge to be respectful and supportive of all members of the Briar Woods High School Band throughout the duration of this important trip and the performances involved.

THIS FORM MUST BE RETURNED

Student Name: _____

Student Signature: _____

Parent Signature: _____

Date: _____

NAME: _____

Menu Options for Hard Rock Café (dinner Thursday)

Choose 1 menu item:	
Charbroiled bacon burger topped with smoked bacon, cheddar cheese, golden onion ring, crisp lettuce and tomatoes with french fries	
Charbroiled cheeseburger with french fries (six ounce beef patty prepared medium well, with American cheese, topped with lettuce, tomato & onion)	
Barbecue Pulled Pork Sandwich with French Fries(hand-pulled smoked pork with Carolina barbecue sauce on toasted brioche.)	
Veggie Leggie - veggie patty topped with grilled portobello mushrooms, zucchini, yellow squash and roasted red peppers on a toasted bun with mayo, lettuce, tomato and grilled sweet onions	
Cheesy Mac & Cheese (twisted cavatappi pasta tossed in a creamy cheese sauce. Served with garlic toast)	
Classic Caesar Salad (romaine lettuce tossed in our homemade Caesar dressing, topped with garlic croutons and shaved parmesan cheese)	
Tupelo Chicken Tenders with honey mustard and hickory BBQ sauce with fries.	
Twisted Mac, Chicken and Cheese - cavatappi macaroni tossed in a three-cheese sauce with roasted red peppers topped with parmesan bread crumbs and grilled chicken. Served with garlic toast.	

All entrees include cheesecake and choice of coffee, tea or soda

NAME: _____

2019 Bowl Game
Boxed Lunch Order Form
For Thursday, December 26

Please choose One	
	Roasted Turkey
	Smoked Ham
	Vegetarian (lettuce, tomato, onion, cucumber, green pepper and three cheeses)
	Gluten-Free Roasted Turkey (sandwich on gluten-free bread w/apple substitute for the cookie)
	Gluten-Free Smoked Ham (sandwich on gluten-free bread w/apple substitute for the cookie)
	Gluten-Free Vegetarian (sandwich on gluten-free bread w/apple substitute for the cookie)

Lunch will include a bag of chips, bottled water and a cookie.