

**ANKENY HIGH SCHOOL VOCAL MUSIC
MIDWEST TOUR 2026**

BEHAVIOR CONTRACT

- I. I have attended the trip meeting and/or carefully read all of the information presented at the meeting and in the trip handbook and understand what is expected in terms of behavior on a trip of this scale.
- II. I have read and understand the "Permission to Travel" document provided by Group Travel Planners (GTP).
- III. I understand that the following infractions are considered "**ZERO TOLERANCE**" and will result in students being sent home immediately at your family's expense. There are no refunds for missed tour activities.
 - a. Possession or consumption of illegal substances/items
 - i. Drugs
 - ii. Alcohol
 - iii. Cigarettes & Vapes
 - iv. Weapons
 - b. Inviting/having strangers in the hotel or in your hotel room
 - c. Theft or Damage to property
 - d. Leaving the hotel or the group for any reason without a chaperone
 - e. Being outside of hotel rooms during curfew hours
 - f. Being in the same hotel room as the opposite sex
 - g. Any action which puts life in danger
 - h. Violation of any law
- IV. I understand that violations of other rules as outlined in the trip meeting, in the trip handbook, and in the Ankeny High School Student Handbook (all school rules apply) could result in any of the following:
 - a. A chaperone being assigned to a student at all times
 - b. Loss of performance privilege
 - c. Loss of tour attractions (Stay at the hotel with a chaperone)
 - d. Removal from the trip
 - e. Disciplinary action being taken when returning to Ankeny.
 - i. Detentions, suspensions, ineligibility, consultation with administration

Student Name (Print) _____

Student Signature _____

Parent/Guardian Signature _____

Parent/Guardian Phones: c: _____ h: _____ w: _____



ANKENY HIGH SCHOOL VOCAL MUSIC TRAVEL MEDICAL INFORMATION

Student Name _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone(s) _____

Emergency Contact _____ Emergency Contact Phone _____

Home Address _____

Family Physician _____

Family Physician Phone _____

Health Insurance Company _____

Health Insurance Policy Number _____

Medications Currently Prescribed & Dosage/Frequency:

Allergies/Allergic Reactions to Medications: _____

Major Surgeries: _____

Acute/Chronic Medical Conditions: _____

Physical Conditions that may limit activity: _____

Special Dietary Needs: _____

Date of last Tetanus Shot: _____

Release Statements (Please initial—last two required, first two optional.)

___ I give my student **permission** to self-carry and self-administer **over the counter medications** while on this trip.

___ I give my student **permission** to self-carry and self-administer prescription medications (as listed above) while on this trip. **NOTE THAT ALL CONTROLLED SUBSTANCES WILL BE COLLECTED.**

___ I understand that all medications carried by students must be in the original (labeled) container and that prescription medications must be listed on this form. All medications being carried by students need to be placed in a clear bag.

___ I understand that **all controlled substances** as well as all prescription medication (unless permission to self-administer as indicated above) will be collected and administered by a registered nurse, physician, or med-certified district employee and I give my permission for these individuals to dispense these medications to my student.

Parent/Guardian Signature _____ Date _____



PERMISSION TO TRAVEL FORM

Parents/Guardians: Please complete this form and return it to the Director in order for your student to tour with the group!

➤ GTP provides Group Liability Insurance Coverage but does not provide Personal Insurance. We recommend that you purchase Individual Insurance with iTravelInsured through our website. Logon to www.grouptravelplanners.com, click on the Services Tab, under Services, click on iTravelInsured.

I give _____ (Name of Student) permission to travel with _____
_____ (Name of High School) to _____ (Tour Destination).

I _____ (Name of the person in consent) assume all risks that may be involved in the participation of this tour and I do release, indemnify, and agree to hold harmless the above School mentioned - as well as Group Travel Planners, its agents, employees, chaperones, leaders, organizers, sponsors, and persons transporting the Student to and from their trip/activities. Neither the above mentioned School, Group Travel Planners, nor any of the said persons will be held financially responsible for any stolen property, injury, illness, or death incurred as a direct/indirect result of this activity.

I understand that if the Student becomes involved in anything that may result in punitive action, the Directors can decide to send the Student home at your expense. The Director will contact you before such an action occurs.

Group Travel Planners acts only as an agent for tour members in arranging accommodations, transportation, and other such details (meals, sightseeing, etc.) pertinent to the tour. Group Travel Planners may change the itinerary if necessary and is not responsible to any person/institution for any losses beyond their control (transportation problems/airline delays).

I, the undersigned, have read and understand all of the terms of this release and execute it voluntarily fully understanding the importance of the details of this form.

Signature of Parent/Guardian: _____ Date: _____

Cell Phone: _____ Other: _____

**Ankeny Community Schools
Request for Giving Medication at School**

Student's Name: _____ **Grade:** _____ **Teacher:** _____

School medications and health care services are administered following these guidelines:

- Parent signed and dated authorization to administer the medication.
- The medication must be in the prescription container or the container in which it was purchased.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Name of Medication: _____

Dosage: _____

Dates to be Given: _____

Time to be Given: _____

Doctor Who Prescribed Medication: _____

Additional Information or Administration Instructions: _____

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the doctor/prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication, where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment .

Parent/Guardian Signature: _____ **Date:** _____

-Students MUST bring their own supply of medication to school. The medication will be kept in the nurse's office and it MUST be in the original container.

-For more information refer to board policy #504.32 at www.ankenyschools.org

Reviewed 3/09