

Final Reminders for the 8th grade D.C. Trip

1. Spending money (for souvenirs)
2. Comfortable shoes!!!
3. Umbrella or rain poncho
4. Medications ready to check in before departure
5. Snacks (no glass bottles)
6. Tags for luggage and belongings
7. Batteries/charger, memory card or film for camera
8. Cell phone charger if you are taking one
9. Medications can be checked-in the day before the trip to ease the quantity to be checked-in the morning we leave. Please remember all medications **MUST** be in the original containers. The FCS medication administration form must be signed by a physician before any prescriptions can be administered.
10. **Please be at Donnell no later than 5:15 am!! (5:00 am if you need to check-in prescriptions).**
 - a. **The bus MUST leave at 6:00 am to keep scheduled times and locations of bus driver switches.**
 - b. **They have very strict laws and rules regarding driver time no matter if the bus is idling or on the highway.**

Final Itinerary □ Washington, D.C.
for
Donnell Middle School
May 9, 2013 □ May 12, 2013

May 9, 2013 □ Thursday

6:00am Depart from Donnell MS - Findlay, Ohio
 Driver change / Pick up tour guides en route in St. Clairsville, OH
 Pick up box lunch * at Gateway Plaza, Breezewood, PA
 4:15pm IwoJima Statue
 4:30pm Walking Tour of Arlington Cemetery to include the Kennedy Grave sites, the
 Changing of the Guard at the Tomb of the Unknown Soldier
 6:30pm Dinner * and browsing at Pentagon City Mall \$10 cash
 9:30pm Hotel check-in
 10:00pm Private Nighttime Supervision

May 10, 2013 -- Friday

7:30am Breakfast * at hotel
 9:30am Group Photo at Capitol Reflecting Pool
 10:15am Visit the Botanical Gardens
 11:10am -11:50am Visit the U.S. Capitol / group times will be split in increments
 Walk to Air and Space Museum for lunch * \$10 cash
 1:30pm Tour Franklin Delano Roosevelt and Jefferson Memorials
 4:00pm Dinner * at Ronald Reagan Food Court \$10 cash
 7:30pm Evening Tour of Lincoln, Vietnam Veterans and Korean War Veterans' Memorials
 10:00pm Private Nighttime Supervision

May 11, 2013 -- Saturday

7:30am Breakfast *at hotel
 9:00am Walking tour of White House area and World War II Memorial
 11:45am -1:30pm Holocaust Museum / group times will be split in increments
 Visit the Smithsonian's of your choice on the National Mall with lunch \$10 cash
 7:00pm Dinner * and DJ Dance Cruise on the Spirit of Washington
 10:00pm Private Nighttime Supervision

May 12, 2013 □ Sunday

7:30am Breakfast * and hotel check-out (split times)
 9:00am Visit Mt. Vernon
 Lunch * at Mt. Vernon \$10 cash
 1:30pm Depart for home with regular rest stops and dinner stop * en route \$10 cash
 * Indicates Meals Included In Package

Lodging Best Western Capitol Beltway Transportation Muskingum Coach 3 / 55 pass.
 5910 Princess Garden Parkway
 Lanham, MD
 301-459-1000

Board of Education Procedure
Findlay City School District

9.10a

FINDLAY CITY SCHOOLS
1219 W. Main Cross St., Suite 102
Findlay, Ohio 45840

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

(Name of Student) (Address)

(School attended) (Grade)

is under my care and should receive

_____ at school under the following instructions:

(Name of Drug)

Dosage (times or intervals drug is to be administered): _____

Special/specific instructions for administration including sterile conditions and storage:

Possible severe adverse reactions: _____

Date administration of drug is to begin: _____

Expiration date of this request: _____

Date: _____

(Physician's Signature)

(Physician's Address) (Physician's Phone Number)

(Physician's Emergency Phone Number)

PARENTS REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his/her designee (employees who have received the training required in O.R.C. 3313.713) to administer the medication as indicated by the above physician's request to my child. Name of child _____.

I understand that the parent should administer this medication whenever possible and that the medication must be in a proper container, labeled by the pharmacist or physician.

By this request, I voluntarily, on behalf of the child herein named and myself, release the principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medication in the above physician's request.

Date: _____

(Signature of Parent)

(Address)

Revised 6/8/98

Reviewed 6/13/05

Revised 12/12/2011

Reviewed 6/18/2012