

SCHOOL CODE OF CONDUCT
ACTIVITES/FIELD TRIPS, SPECIAL EVENTS AND OVERNIGHT TRIPS

This conference/activity/event is an extension of the classroom. This event is a privilege and with privilege comes responsibility. Please carefully read and sign below. Both student and parent/guardian should initial each statement listed below.

The following conduct policies reflect behavioral standards. The policies are in effect for all students who are attending this event. In addition to the specific conduct policies listed below, student are required to comply with any and all behavior expectations listed in the student handbook.

- No alcohol, drugs, or tobacco are allowed at any time. This includes possession, distribution or use. It is the expectation that student who observe such behaviors should report them to school staff.
- Students are required to obey all rules established by the event sponsor, behavioral expectations, and guidelines including all student rules listed in the Student Handbook.
- Student will conduct themselves respectfully, appropriately, and in a mature fashion at all times
- Any sexual misconduct or racial or sexual harassment will not be tolerated.
- Students are required to attend all meetings, check-ins, scheduled events, and programs as announced. Students are expected to arrive on time and remain with the group until the completion of the event.
- There will be required check-in periods throughout the event. Students are expected to check in with the assigned teacher/chaperone. Failure to check in may result in discipline consequences as deemed appropriate.
- Property damage of any kind may be charged to the individuals responsible or their parents.
- Non-participants in this activity are not allowed as visitors during the period of the conference or activity, unless approved in advance by the Activity sponsor or principal.
- Students are expected to follow dress code guidelines as directed by the sponsor of the event. Any advisor or chaperone has the right to require a change of clothing, if necessary.
- On overnight or out-of-country trips, students are not allowed to be out of their room after curfew for any reason. Curfew as set by the advisor will be strictly enforced.
- Students of the opposite sex should only be in rooms with the door open and only for an appropriate reason (meeting, working on project, etc.). Socializing should take place in common areas and outside of student rooms.

Consequences of violations of any of the above listed behavior and conduct expectations may result in:

- Contacting parents and sending the student home, at their own expense
- Payment of damages to property
- Dismissal from the team, club, or group involved in the trip
- Suspension and/or expulsion
- Other consequences as the sponsor, Principal, and School District deem appropriate.

I have read the above conduct code and understand that these behavior expectations are put in place for each individual's safety, as well as the integrity of this particular program, the sponsoring school, and Academy School District Twenty. I further understand and that there may be serious consequences for violations of any of the conduct policies.

Parent/Guardian Signature _____

Student Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____



ACADEMY SCHOOL DISTRICT 20 FIELD TRIP PERMISSION FORM

Teacher Name: Michael Steiner & Tom Hastings

Class or Group: Robotics

Purpose of Activity: FIRST Robotics Competition

Destination: DU Ritchie Center & Hampton Inn and Suits, Denver Cherry Creek,

Student Name: _____

Mode of Transportation: D20 Small Bus or Parents

Date of Trip: March 22 – March 25, 2023

Departure Time: 6:00 pm

Departure Location: Center for Modern Learning

Return Time: Between 6:00pm-8:00pm

Return Location: Center for Modern Learning

Cost of Trip per Student: \$185 for hotel (if staying in at hotel) and \$65 for competition fee.

I understand that the School District is not responsible for insuring my student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however, that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees may also have certain legal obligations with respect to the activity.

I understand that if my child needs medication while on a trip and cannot self-medicate, either I will accompany my child or there will be a staff member trained and delegated by the school nurse who can provide the medication to my child. In addition, I understand that school nurses are available only during normal school hours.

I understand that the student's participation is entirely voluntary, and the school will provide alternatives for those students who cannot participate in the activity. All District policies and procedures apply to the trip. Violation of the policies/procedures or failure to follow directives, safety rules, etc. could result in the student being sent home and/or disciplined. I acknowledge that I have read and understand the High Trails Permission Form.

Parent/Guardian Signature: _____ Student Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____

Date: _____

EMERGENCY CONTACT INFORMATION WILL BE PULLED FROM INFINITE CAMPUS!
Go to asd20.org/homeinfo to verify and/or update your information.

Permission to Administer Medication

Parents are encouraged to administer medication to their children outside of school hours if at all possible. Only medications which are required to enable a student to stay in school may be given at school. **Any prescription changes will require an additional signed and completed Permission to Administer Medication Form.** If necessary, medications (prescription and over the counter) can be given at school under the following conditions:

1. All medications must be ordered by healthcare providers with prescriptive authority in Colorado (MD's, DO's, NP's, PA's, Dentist's).
2. All medication forms must be renewed each **school year**.
3. Written permission by parent and physician in all cases.
4. Medications must be in the original, properly labeled container. Medications sent in baggies or unlabeled containers will not be given.
5. All medications must be kept in the health room, except for students whose doctors require them to carry medications on their person (for example, epi-pen, inhalers, etc).
6. High school students generally may transport, self-carry and self-administer their own medications. Students cannot self-carry or self-administer controlled substances.

**The information/form below must be completed and signed by the physician.
In addition, the medication bottle must match the prescription as written below.**

STUDENT NAME (first last): _____

SCHOOL: _____ GRADE _____ DOB _____

MEDICATION: _____ DOSAGE: _____

TIME TO BE GIVEN: _____ ROUTE: _____

If PRN, (as needed) please note the minimum duration time between doses (for inhalers, minimum time frequency, frequency between sets of inhalation): _____

Anticipated time frame: (Must be renewed each school year)

School Year: _____ OR Specific Time Frame: FROM _____ TO _____

If medication is an inhaler or epi-pen, has a health care provider authorized its use? __Yes __No
(If yes, please see attached contract to self-carry). **For epi-pens and inhalers, a health plan is required.**

Physician, HP or PA Initials: _____

Is a second dose allowed if there is an allergic reaction? YES NO

Physician/NP/PA
Signature _____

Physician/NP/PA
Phone No. _____ Date _____



Permission to Administer Medication

I hereby give permission for (print name) _____ to take the above prescription(s) at school as ordered by the physician. I understand that it is my responsibility to furnish this medication(s). I also understand that all medications must be transported to and from school by a parent/guardian or approved emergency contact person. **I give my permission for school staff to contact the prescribing physician regarding this medication. I release Academy District #20 and its staff from any claim which may arise out of the administration or failure to administer medication to my student.**

Parent/Guardian Signature _____ Date _____