

MUSIC IN THE PARKS HERSHEY PARK, HERSHEY PA April 25-26, 2025

Name: _____

Balance owed: _____

Information enclosed in this packet is the most up-to-date information available at this time concerning our trip to the music festival in HERSHEY PARK – Hershey, PA. Please understand that this information could change. Please keep this packet so you can refer to it for whatever information you desire.

TRANSPORTATION *Dillons Bus Company* Phone: 410-647-2321

Bus service will provide three 56-passenger coaches. They will be on call to transport us wherever we need to go in Pennsylvania. These are coach buses, which include lavatories and under bus compartments for luggage and instruments.

Hotel *Spark by Hilton 84 Sipe Ave. Hummelstown, PA 17036* Phone: 717-533-5665

Rooms will be assigned with 2 students in a room; chaperones are housed 2 in a room. To assign student rooms: Each student will complete the form to name two students they wish to room with. They are guaranteed to have at least one person from their list in their room. This google form will be available through brightspace the week of March 15th.

MEALS

Included: Friday – Lunch & Dinner; Saturday - Breakfast, Lunch. Saturday Dinner students will purchase on their own in the park.

IDENTIFICATION

All persons traveling must have proper I.D. Each student should carry a school identification card and each adult a driver's license.

CLOTHING

Temperature for this time of the year should be similar to ours. Students should bring appropriate clothing. Items such as rain gear, jacket or sweater, along with appropriate casual clothing for travel. The **Band/Orchestra/Chorus uniform** will be worn the morning of departure. Please remember the groups are judged on appearance as well as performance in the festival. No jeans, tennis shoes or turtlenecks are to be worn as part of the uniform. Please refer to the attached checklist to help you pack.

SOUVENIRS

All participants will receive a festival T-shirt that is to be worn on Saturday and is included in the price of the trip. Students may bring their own money to purchase additional souvenirs.

ADDITIONAL EXPENSES

Any room damages, use of room phones, room service, movie channels, etc. will be the individual student's responsibility and will have to be paid by the student upon our departure from the hotel. In the event students destroy any hotel property, you will be responsible to reimburse the Boosters for the damages incurred. Any damage to the bus or bus seats will be the individual student's responsibility – costs for damages could be extremely expensive.

GENERAL INFORMATION

1. PLEASE IMPRESS UPON YOUR CHILD/CHILDREN THE NEED FOR THEIR BEST CONDUCT AND COOPERATION ON THIS TRIP. PLEASE STRESS THE IMPORTANCE OF GETTING PROPER REST. IT IS NECESSARY FOR ALL TO HAVE AMPLE REST IN ORDER TO KEEP UP WITH OUR SCHEDULE AND TO PERFORM THEIR BEST.
2. ANY STUDENT THAT CAUSES DISTURBANCES CONSTANTLY WILL HAVE TO CALL HOME AND WILL BE SEPARATED FROM THE GROUP. HE/SHE WILL BE UNDER CONSTANT SUPERVISION OF A CHAPERONE RATHER THAN TRAVELING WITH OTHER STUDENTS.
3. STUDENTS ARE NOT ALLOWED TO SMOKE, DRINK ALCOHOL OR HAVE DRUGS OF ANY KIND. **IF A STUDENT IS TAKING ANY MEDICATION, THIS IS TO BE GIVEN TO THE SCHOOL NURSE BY APRIL 15, 2025.** THIS DEADLINE IS NECESSARY IN ORDER FOR THE NURSE TO PREPARE OUR TRAVEL KIT. PLEASE BE CERTAIN THAT PROPER DOSAGE IS SPECIFIED ON THE CONTAINER. A MEDICAL KIT OF TYLENOL, PEPTO-BISMOL, BAND-AIDS, ETC WILL BE TAKEN ON THE TRIP BY MR. BLY. NO ONE IS AUTHORIZED TO GIVE MEDICATION EXCEPT MR. BLY or an AACPS Employee serving as a Chaperone in the trip. .
4. STUDENTS VIOLATING RULE #3 WILL NOT ONLY BE DISMISSED BY THE FESTIVAL COMMITTEE AND THUS HAVE TO LEAVE THE GROUP, BUT WILL ALSO FACE DISCIPLINE FROM THE SCHOOL ACCORDING TO BOARD OF EDUCATION POLICY. YOU WILL RECEIVE A PHONE CALL AND IT WILL BECOME YOUR RESPONSIBILITY TO RETURN THE STUDENT HOME.

5. ALL ELECTRONIC DEVICES (PHONES, IPODS, TABLETS, ETC.) MUST BE CHARGED AT NIGHT (CHAPERONES WILL CHECK) AND MUST BE TURNED OFF BY 11:00PM
6. SNACK FOOD SHOULD BE OF A NUTRITIONAL NATURE AND HELD TO A MINIMAL AMOUNT IN ORDER TO PREVENT STOMACH DIFFICULTIES.

CHAPERONES

Please remember the chaperone duties are to make this a safe and fun trip for everyone. Please impress upon your child that when a chaperone gives a direction it is for the child's well-being. Students are expected to obey the chaperone's directions.

ALL chaperones must be Fingerprinted by April 4, 2025.

TRIP COST

The cost of this trip for transportation, housing, meals, admission cost to the festival events, and admission to Hershey Park is \$315 per person. All students' fundraising credits and trip payments made to date have been credited to your child's account. Where applicable, the balance due on your child's trip is given in this packet. **ALL MONEY IS DUE BY APRIL 15, 2025.**

FORMS

1. MEDICAL FORM must be returned on or before **Wednesday, APRIL 15**
2. PERMISSION SLIP must be returned on or before **Wednesday, APRIL 15**
3. MEDICAL INSTRUCTION SHEET - Please complete only if your child will need to take medication while on the trip. This sheet should be signed by your child's doctor and turned in to the school nurse by **Friday, APRIL 15**. For prescriptions, only include the amount of medication that is needed while on the trip. For over-the-counter medication you must provide a new, unopened container of medicine. PLEASE NOTE: MEDICINE CAN NOT BE ACCEPTED ON THE DAY OF DEPARTURE.

Once again, every precaution is being taken for the well-being of your child. We hope that this will be a very rewarding experience for the children both educationally and socially. In this packet are guidelines for the students. Please take the time to read them and discuss them with your child. As stated we want this trip to be enjoyable for all. If you have any questions or concerns that are not covered in this packet, please feel free to reach out.

REMINDERS

Please remind your child about the importance of sleeping and not staying up late every night. Please be mindful that students have active imaginations. If you are concerned about anything you hear upon our return please give Mr. Bly a call immediately to clarify the events of the trip. We will be honest with utmost confidentiality. Any revision of guidelines for future trips may depend upon your input. We are always open to your suggestions. We rely on experience while remaining within Board of Education policy.

Sincerely,

Mr. Bly

Forms must be returned by:

- APRIL 15 – MEDICAL FORM**
- APRIL 15- PERMISSION FORM**
- APRIL 15 – RULES OF CONDUCT**
- APRIL 15 - MEDICINE AND MEDICAL INSTRUCTION SHEET TO NURSE**

Itinerary (Subject to change)
Magothy River Middle School Music Trip
April 25-26, 2025

Friday, April 25, 2025

- **9:45 AM** – Arrive at Magothy River Middle School, load buses & depart for Hershey, PA
- **Noon** – Arrive at **ABC East Lanes** (*1001 Eisenhower Blvd., Harrisburg, PA 17111*) for bowling & lunch (provided)
- **3:30 PM** - Depart ABC East Lanes
- **3:50 PM** – Arrive at **Central Dauphin East Senior High School** (performance venue)
- **4:50 PM** – Warm-up
- **5:15 PM** – **MRMS Concert Band Performance**
- **5:40 PM** – **MRMS String Orchestra Performance**
- **6:05 PM** – **MRMS Jazz Band Performance**
- **6:30 PM** – Dinner at the Performance site. Primanti Brothers does a box of 24 sandwiches for \$90. The restaurant that Mary and I discussed on Saturday is not in Hershey.
- **8:30 PM** – Depart for Spark by Hilton in Hummelstown, Pa
- **9:00 PM** – Hotel check-in & relax
- **10:30 PM** – Room check & lights out

Saturday, April 26, 2025

- **7:00 AM** – Wake-up & breakfast at hotel
- **8:30 AM** – Depart for **HERSHEY'S CHOCOLATE WORLD** (*101 Chocolate World Way, Hershey, PA 17033*)
 - **Free Activities at HERSHEY'S CHOCOLATE WORLD:**
 - **HERSHEY'S Chocolate Tour Ride:** An immersive ride that shows the chocolate-making process, ending with a free sample.
 - **Character Meet & Greets:** Meet life-sized HERSHEY'S characters for photos.
- **11:00 AM** – Park opens – students enjoy the park!
- **12:00- 4:00 PM** – **All-you-can-eat picnic lunch** (includes assorted beverages & ice cream)
- **2:30 PM** – **Awards Ceremony** at Hershey Park Arena
- **7:30 PM** – Meet at a designated spot to prepare for departure
- **8:00 PM** – Board buses and depart for home
- **10:30 PM (Approx.)** – Arrive back at Magothy River Middle School for student pick-up

FOR EXTENDED DAY AND OVERNIGHT FIELD TRIPS **(Prescribed Medications or “Over The Counter” Products)**

Medications:

- Any medication prescribed for and required by your child on an extended day or overnight field trip (*as well as any OTC “over-the-counter” medication*) must be coordinated through, and hand-delivered by a parent/guardian to the school nurse two weeks in advance of the field trip. Please plan accordingly for obtaining a physician’s signature.

Exception:

- For students that currently have medications (prescribed or OTC) in the Magothy River Middle School Health Room for administration during a school day, **no** additional Parent’s Request to Administer Medication Form or additional medication are required. The school nurse will pack medication from your child’s medication supply in the Health Room and will copy the form on file for the field trip.
- If additional medication is required for doses not normally administered during a school day (e.g. early morning before school day hours or evening/overnight), the parent must provide a **new** Parent’s Request to Administer Medication Form for the additional dose time, as well as additional medication to accompany your child’s supply of medication in the Health Room.
- The Parent’s Request to Administer Medication Form must be completed by **both** the parent and student’s physician for **each** prescribed and OTC medication (see exception above). *The AACPS form is available online on the AACPS website:*

<http://www.aahealth.org/pdf/med-form.pdf>

- Prescribed medication must be delivered to the Health Room in an original prescription container with a current pharmacy prescription label, listing the specific dose and dose time to be administered during the field trip. Please make sure the name of the medication matches the Parent’s Request to Administer Medication Form (in case of generic names).
- OTC medication must be delivered in a **new**, unopened container and labeled with the student’s name.
- **NO medication will be accepted by any chaperone or teacher on the day of the trip.**
- NO medication (including OTC products) will be administered without a Parent’s Request to Administer Medication Form.

This information represents AACPS and AA Co School Health Policy.

Please contact the school nurse with any questions or concerns.

Angela Alexander, RN
MRMS School nurse
410-431-8873

ANNE ARUNDEL COUNTY
SCHOOL HEALTH SERVICES PROGRAM

PARENT'S REQUEST TO ADMINISTER MEDICATION AT SCHOOL

FOR COMPLETION BY PARENT/GUARDIAN

Name of Student: _____ D.O.B: ____/____/____
(LAST) (FIRST) (MI)

Name of School: _____ Grade: _____ School Year: _____

In order for my child to receive medication in school, I agree to the following:

- All prescription and non-prescription medication will have a physician's signed order fully completed for each school year.
- The prescription medication will be in a container labeled by the pharmacist or physician with:
 - *Name of child.* *Name of the medication.* *Dosage, route and time of administration.*
 - *Name of physician.* *Prescription date and expiration date.* *Conditions for proper storage.*
- The non-prescription medication will be in the original sealed container with the label intact. Student's name will be put on the container in a position that does not obscure the label.
- The medication will be brought to school by an adult.
- The physician will be called if a question arises about my child's medication.
- The first dose of this medication (except for epinephrine auto-injector) has been given without problems.

Having read the above conditions, I request Anne Arundel County School Health Services personnel administer the medication as prescribed by the physician below. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

☒ Signature of Parent/Guardian: _____ Date: _____

Relationship to student: _____

Phone Number: (H) _____ (W) _____ Other: _____

Address: _____

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT SCHOOL
ONE MEDICATION PER FORM

Diagnosis: _____

Name of Medication: _____

Dosage: _____ (mg, ml, ml/tsp, # of puffs)

Route: _____ Time of Administration at School: _____ ☐ Lunchtime

If PRN, for what symptoms? _____ How Often? _____

Please list any specific precautions personnel should be aware of or any unusual effects that might be observed.

Student has allergies to the following medications: _____

Services from ☐ the beginning to the end of school year OR
Services should begin (Date) _____ and terminate (Date) _____

FOR INHALER, EPINEPHRINE AUTO-INJECTOR, AND INSULIN ONLY:

_____ It has been determined that this student is able to self-administer and carry inhalant medication or epinephrine auto-injector and has been trained in its use, including knowing when the medication is to be used.

_____ It has been determined that this student is able to self-administer insulin.

_____ This student should not self-administer inhalant medication, insulin, or epinephrine auto-injector.

☒ Physician's Signature: _____ Date: _____

Original signature/NO stamps

Physician's Name (Printed): _____

Address: _____

Telephone Number: _____

☐ Order and MAR Reviewed _____ R.N. Date: _____

Hershey Park– Hershey, PA April 25-26, 2025 Packing List

ALL BAGS AND INSTRUMENTS SHOULD HAVE OUR MRMS LUGGAGE TAGS ON THEM.

- _____ On Friday, all students should report in BAND/ORCHESTRA uniform.
- _____ AACPS Dress Code appropriate clothes for Friday night activity
- _____ Instrument with luggage tag. Extra supplies: reeds, strings, rosin, valve oil.
- _____ Raincoat or light jacket with hood just in case. Sometimes the bus is cold, and sometimes it is hot.
- _____ Sunscreen
- _____ A watch or some device for the students to know the time.
- _____ Shorts/pants for the park. Students will wear the group t-shirt handed out on Friday.
- _____ Shoes for the park.
- _____ Grooming supplies.
- _____ Sleepwear.
- _____ A small backpack such as a string backpack to carry student's belongings in the park on Saturday.
- _____ Credit card/electronic funds for Saturday Night dinner any souvenirs students wish to purchase. Hershey Park is a cashless park and chaperones will not be able to carry cash for students..

ANY ELECTRONIC DEVICES ARE THE RESPONSIBILITY OF THE STUDENTS. THEY NEED TO BE USED RESPONSIBLY. WE WILL NOT GO BACK AND STOP THE TRIP TO LOOK FOR LOST ELECTRONIC DEVICES.

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
RULES OF CONDUCT

Hershey Park – Hershey, PA
April 25-26, 2025
Mr. Bly
Magothy River Middle School

Students, chaperones and teachers must adhere to the following rules:

1. Administrative Regulations JCC-RAB and JCC-RAC prohibit the possession, consumption or distribution of alcohol and drugs, and the use of tobacco will be in effect during the trip. Prior to the commencement of the trip, all participants will receive official copies of these regulations. Each participant is expected to read and abide by the provisions of these regulations.
2. When time is provided for sightseeing or shopping, students must remain in groups of no more than five and be accompanied by an adult.
3. Students must be in their assigned rooms and observe a “lights out” policy by 11:00 p.m. There is to be **NO** coed visitation in hotel rooms at any time.
4. All personal electronic devices are permitted only if they are used with headphones so that others are not disturbed. Electronic devices are not to be used during tours, lessons, group presentations, or at any other times when the group is being formally addressed.
5. Students must remember that they are representing their school. Student conduct and dress must conform to the standards in compliance with Anne Arundel County Public Schools.
6. Any student who does not comply with the above rules will be placed under the immediate, 24-hour supervision of a chaperone. This action does not preclude immediate parental contact or further disciplinary measures by the school upon the group’s return to Anne Arundel County.

We have read and discussed with our child the Rules of Conduct listed above

Date signed

Parent/Guardian Signature

Parent/Guardian Printed Name

Date signed

Student Signature

Student Printed Name

Instructional Field Trip Request Form – Attachment L

Magothy River School Music Department
Hershey Park – Hershey, PA
April 25-26, 2025
Medical Form

In order that the upcoming trip not only be instructional and inspiring as well as a safe experience for your child, we are requesting the following Medical History. This completed form will assist us in providing the best care possible for each student and will enable us to give individual attention according to your wishes. The information requested is for emergency use only and will be kept confidential. Please fill out this form and return it to your teacher.

Student's Name _____ Date of Birth _____

Home Phone _____ Home Address _____

Father's Name _____ Cell phone _____

Work Phone _____ Work Address _____

Mother's Name _____ Cell phone _____

Work Phone _____ Work Address _____

Family Doctor's Name _____ Family Doctor's Phone _____

Family Doctor's Address _____

Persons to be contacted if you cannot be reached:

Name _____ Home phone _____ Cell Phone _____

Relationship _____ Address _____

Name _____ Home phone _____ Cell Phone _____

Relationship _____ Address _____

Does your child have any medical problems or had any that might re-occur which require special attention?

Yes No If yes, please describe:

Is your child taking any medication? Yes No

If yes, what? _____

When? _____

All students requiring medication on the trip must have the medication form completed by your physician in order for your child's medication to be administered. This includes any over-the-counter medications such as Tylenol. We are not allowed to administer any medication without a doctor's signature and exact dosage!!!!!!

Does your child require a special diet? Yes No If yes, please explain:

Does student have insurance through parent employer, such as Blue Cross, Blue Shield? Yes No
If yes, the name of the Insurance Company _____

Insurance Policy Number _____

Please list any other insurance coverage for your child:

Health History: Check if yes.

_____ Diabetes _____ Asthma _____ Cardiac Problems
_____ Orthopedic Problems _____ Epilepsy
_____ Other, please specify _____

Allergies: Check if yes.

_____ Aspirin _____ Sulfa _____ Penicillin _____ Insect Stings
_____ Tetracycline _____ Food Allergies, specify _____
_____ Other, please specify _____

Date of your child's last tetanus shot _____

Do you know of any health factors that we should be aware of such as recent surgery or activity restrictions?

Yes No If yes, please explain:

PARENT'S AUTHORIZATION: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. I give permission to the physician or hospital selected by a teacher representative of my son's or daughter's school to hospitalize, secure proper treatment for and to order medications, injections, anesthesia, or surgery for my child as named above.

Signature of Parent or Guardian

Date

Parent/Guardian Signature

Date

Check # _____ Amount \$ _____
Use funds raised from Joe Corbis fundraisers.