



Adams Middle School
2026 "Music In The Parks" Trip
Six Flags
April 18, 2026

STUDENT PARTICIPANT PACKET

This packet contains the forms listed below. Please complete, sign and return all paperwork before the due date. All payments will be completed online this year and can be completed on our booster website at: amsmusicboosters.org

Due NO LATER THAN Friday, March 6, 2026:

- ☐ **\$150.00** NON-REFUNDABLE PAYMENT
(All payments to be completed on amsmusicboosters.org)
- ☐ **AGREEMENT FORM— STUDENT PARTICIPANT**
- ☐ **BUSD Field Trip Permission Slip**
- ☐ **Medication, Movie, and Photo Release Form**
- ☐ **Rx, OTC Medication Form (Only for students with medication)**

Note: We WILL have the medications listed below as part of our Chaperone/First Aid bag on the trip if your child needs it. Therefore, you do NOT need to send your child with these medications.

- o Tylenol (Acetaminophen)
- o Advil (Ibuprofen)
- o Benadryl
- o Tums
- o Dramamine

Adams Middle School
2026 "Music In the Parks" Trip
TRIP GUIDELINES

BEHAVIOR EXPECTATIONS/DISCIPLINE POLICY

Students are attending this trip as a part of the school music experience; therefore, **ALL SCHOOL RULES are in effect AT ALL TIMES.** The discipline protocol "**3 strikes and you're out!**" is in place for the duration of the trip.

- **STRIKE 1**

This is given on a first offense, and used as a **WARNING** to the student that the current behavior is not acceptable. This is a verbal warning for a minor infraction such as, but not limited to: talking while directions are being given, inappropriate or foul language, or being found not in your assigned group. The consequence for this is a discussion with Mr. Fallon regarding the offense, proper behavior and expectations.

- **STRIKE 2**

This is an escalated offense, or a repeat offense for a Strike 1. The consequence for this offense is sitting out from an activity, or activities, during the trip. Student may be required to attend next activity with one-on-one chaperone supervision. Time will be determined by the Mr. Fallon depending on situation. The student will also call home to the parent/guardian and identify the infraction and the consequence.

- **STRIKE 3**

This is a repeat offense, or an automatic Strike 3 for inappropriate conduct. The consequence for this is **automatic removal from the trip..** Additional consequences will follow once the student returns to school.

Adams Middle School
2026 Music in the Parks: Six Flags Performance
April 18, 2026

Return this form no later than **March 6, 2026**

Student Name: _____ Student's Cell Phone: _____

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Preferred Email(s): _____

Student's dietary/food restrictions: _____ ☐ None

Student's medications, allergies, etc.: _____ ☐ None

By signing below, you acknowledge the following:

- **IMPORTANT!** Email is our main source of communication. Please make sure to check your email inbox regularly for all trip updates!
- **\$150.00 non-refundable online payment** is due no later than **March 6, 2026**.
- If personal adjustments/extensions are needed, contact Mr. Fallon immediately. Communication is important!
- Because of our required deposits/payments to trip vendors, cancellations will NOT qualify for any refund.
- To request a scholarship application due to financial hardship, please contact the AMS Music Boosters at: amsband08@gmail.com.
- Students are attending a "group tour" and must stay with the group the entire trip. Parents are encouraged to chaperone; however, if they are unable to and would like to "tag along" on their own, they may. Family members will not be able to attend certain group meals/functions with us.
- All students participating in the band trip are expected to attend a **mandatory** after school rehearsal on **Friday, April 17** in the gym.
- Students have read the trip guidelines and agree to our "3 Strikes and You're Out" discipline policy.

Parent/Guardian Signature: _____ Date: _____

PERMISSION SLIP / FIELD TRIP FORM

Brentwood Union School District



School Site: AMS

I, Parent/Guardian Name _____ grant permission for my child/ward _____

to participate VOLUNTARILY in a field trip to Six Flags Music in the Parks

Field Trip Date (s): 4/18/26

Approximate time scheduled to return to school: 8:00 PM

Supervising Teacher/Sponsor: Kevin Fallon

Parent/Guardian Name: _____ Home/Cell/Work Phone: _____

Emergency Contact & Phone No. (other than parent listed above): _____

Transportation is: ☒ District Provided ☐ District Vehicle ☐ Volunteer (Private Vehicle) ☐ Public Transportation

☐ Non-District Provided (Transportation to/from this event is on your own. The District shall NOT be responsible for and shall not assume liability for any injury or loss which may result from such non-District provided transportation.) ☐ Walking

☐ YES ☒ NO This trip includes swimming. If marked yes, please indicate student's swimming ability: _____

☐ YES ☒ NO I need a sack lunch from the Food Services Department. (Free for all students.)

Cheese Pizza Kit, Peanut Butter & Jelly Sandwich (Garin and Edna Hill are Peanut-free schools), Sunbutter & Jelly Sandwich, or Deli Lunchable Kit (circle one choice) Also included in all choices - fruit, veggie, crackers & milk

Medical Information

Name of Medical Provider: _____

Provider's Address & Phone: _____

Medical Conditions/Medications: _____

Medical Insurance Carrier/Policy Number _____

AUTHORIZATION TO TREAT MINOR

If an injury or medical emergency occurs during the Field Trip, you have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Signature: _____ Date: _____

Prescription or over-the-counter medication: I certify that Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary).

PERMISSION SLIP / FIELD TRIP FORM
Brentwood Union School District



PARENT ACKNOWLEDGEMENT, CONSENT, AND LIABILITY WAIVER

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The Supervising Teacher or Sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow field trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future field trips.

I understand that this field trip is optional/voluntary activity and not a part of the District Curriculum. Attendance by my child is **not** required and that an alternative activity at school will be provided if my child does not participate. I hereby acknowledge that I have been advised whether or not the activities involved in this field trip, excursion or event are considered by the district to be of "high risk" to the participants.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Adams Middle School
2026 Music in the Parks: Six Flags Performance
Medication, Movie, and Photo Release Form

Student Name _____

MEDICATION RELEASE

_____ **YES.** I give permission for Mr. Fallon and/or the parent chaperones to give my child the following over-the-counter medicines (please check all that apply) in case of headache, cramps, mild allergy, upset stomach or motion sickness*.

- | | | |
|--|---|---|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Advil/Motrin (Ibuprofen) | <input type="checkbox"/> Benadryl (Diphenhydramine HCl) |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Dramamine (Meclizine) | <input type="checkbox"/> Pepto Bismol (Bismuth subsalicylate) |

**After giving the child the medication, we will notify the parent/guardian at the phone number(s) listed above.*

_____ **NO.** I would like you to call me BEFORE giving any of these medications to my child. I acknowledge that if you are unable to reach me at the phone number(s) listed above, you will NOT provide any medication.

MOVIES RELEASE

_____ I acknowledge that **PG Disney movies** may be shown on the bus ride.

PHOTOS RELEASE

_____ I give my permission for photos of my student from the Music in the Parks Trip to be used on the AMS Music Boosters' web page or private Facebook page. (Note: No names will be posted.)

Parent/Guardian Signature _____ Date _____

Adams Middle School
2026 MITP Six Flags Trip
Prescription, OTC & Self-Administered Medication Form

Self-Administration of Medication

Medication(s): _____ Indications for use: _____

Please check any/all that apply:

☐ Rescue Inhaler ☐ EpiPen **OR** ☐ Student does NOT use any self-administered medication

THIS SECTION COMPLETED BY THE STUDENT (if applicable)

STUDENT AGREEMENT

1. I will use my medication as I have been instructed and trained by my doctor.
2. Following self-administration of my medicine,
 - I will resume activities unless: I continue to have symptoms and/or do not feel well after using my medication. I will then inform an adult (parent chaperone/Trip Coordinator/Music Director) of my need for assistance.
 - If I have self-administered an EpiPen, I immediately notify an adult (parent chaperone/Trip Coordinator/Music Director) of having used my medication and the need for **911 to be called**.
3. I will keep my self-administered medication (i.e. rescue inhaler or EpiPen) on my person or in my possession at all times and will not let anyone else handle or use my medication.
4. My medication will be **labeled** with **my first and last name** and kept in its **original container**.

★Student Signature

Date

THIS SECTION COMPLETED BY A PARENT/GUARDIAN

PARENT AGREEMENT

☐ I consent to the Education Code **49423** and **49480**. As the parent/guardian of the above named student, he/she has my permission to take the medication listed on Page 1 and 2 (if applicable) on the trip and for the designated school personnel/parent chaperone(s) to assist and/or allow him/her to take the above medication as indicated.

☐ I declare that my student has been trained to administer the self-administered medication listed above (if applicable) as prescribed without supervision of the school personnel/parent chaperone(s).

★Parent/Guardian Signature

Date

Adams Middle School
2026 MITP Six Flags Trip
Prescription, OTC & Self-Administered Medication Form

This form MUST be completed and submitted if your student is bringing medication (prescription or over-the-counter) to the 2026 Music in the Park: Six Flags ***DUE NO LATER THAN March 6, 2026***

Why? Education code 49423 requires: 1. Signed order from your physician (this form). 2. Signed consent by parent/guardian (this form) for the designated school personnel/chaperone to carry out the physician's instructions. 3. Medication in a bottle from the pharmacy labeled with the child's name, dosage, and generic name of the drug. Education code 49480 gives the designated school personnel/chaperone permission to communicate with the physician and trip coordinator(s), Music Director and AMS Admin.) regarding possible side effects of the medication.

THIS SECTION COMPLETED BY THE PHYSICIAN

Patient (Student) Name: _____ DOB: _____

Medication 1: _____

Dosage: _____ Approximate Time of Day: _____ Reason: _____

Precautions, Special Instructions, Possible Adverse Effect(s), Comment: _____

Medication 2: _____

Dosage: _____ Approximate Time of Day: _____ Reason: _____

Precautions, Special Instructions, Possible Adverse Effect(s), Comment: _____

Medication 3: _____

Dosage: _____ Approximate Time of Day: _____ Reason: _____

Precautions, Special Instructions, Possible Adverse Effect(s), Comment: _____

Medication 4: _____

Dosage: _____ Approximate Time of Day: _____ Reason: _____

Precautions, Special Instructions, Possible Adverse Effect(s), Comment: _____

★ Signature of Physician or NP/PA & Supervising MD _____ Lic.#/Furnishing# _____ Date _____

Physician's Address _____

Physician's Phone # _____