

January 19, 2023



Dear Parents, Families, and Caregivers,

Your student has been working all year to prepare for our upcoming Model Congress Conference. We are so proud of their hard work and we are eager to see them shine! We will be attending the conference from Thursday, February 23, 2023 to Sunday February 26, 2023. We will take the MBTA from Alewife on Thursday. Students should arrive at Alewife at 10:00 AM. We will return to Alewife on Sunday after the conclusion of the closing ceremonies, around 3:00 PM.

- The Schedule for the conference can be found on page 14 of the included "Registration Guide".

Thanks to the Harvard Model Congress Mentoring program, **conference fees and lodging costs will be covered for all students**. The only expense that students will be responsible for are food costs for the duration of the trip.

Meals that students are responsible for:			
Thursday 2/23	Friday 2/24	Saturday 2/25	Sunday 2/26
Lunch Dinner	Breakfast Lunch Dinner	Breakfast Lunch Dinner	Breakfast Lunch

As this is an overnight, multi-day field trip, we need student medical information, including health insurance and permission to treat, parent/guardian contact information, and emergency contact information. You should also complete the **Harvard Model Congress Code of Conduct Agreement** with your student, via Google Form. **Students have this in their Google Classroom for the club.** Please complete the following and have your student return this form to room 233. Should you have any questions, please contact Erika Tonachel (etonachel@arlington.k12.ma.us) or Alexis Daggett (adaggett@arlington.k12.ma.us).

Thank you!

Alexis Daggett & Erika Tonachel, Model Congress Co-Advisors



Medical Information Sheet

Student's Name: _____ **Date of Birth:** ____/____/____

Home Address: _____

Parent/Guardian Name: _____ **Relationship:** _____

Work phone: _____ **Cell Phone:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Work phone: _____ **Cell Phone:** _____

Emergency Contact: _____ **Relationship:** _____

Work phone: _____ **Cell Phone:** _____

Health Insurance Company: _____

Insurance Policy Number: _____

Physical Issues or Restrictions:

Is student currently on any medications: Yes ____ No ____

If yes, please list:

Allergies:



Other Important/Needed Information:

Date of last tetanus shot: ____/____/____

Permission for Treatment

In case of injury during an activity with Arlington Public Schools, I hereby consent to have STUDENT NAME: _____ examined and, if required, to be treated by a physician or hospital. I understand that in the case of injury, Arlington High School will make every effort to contact me prior to taking the student to a physician or hospital. In the event that I cannot be notified, the Arlington Public Schools and its representatives have my permission to take appropriate steps to ensure the safety and well-being of my child. I, the Parent or Guardian of the above named children, give the Arlington Public Schools and authorized personnel, permission to sign for treatment in case of accident or injury. I understand that I am responsible for informing the school of any changes in my student's health condition.

I have notified the trip organizers of any and all medical or mental health conditions which may affect the safety of the student or impact the trip. I will notify them of any changes.

Parent or Guardian signature: _____

Parent or Guardian printed name: _____

Date: ____/____/____



Arlington Public Schools

Education That Empowers

Destination: **Harvard Model Congress Conference,
Sheraton Boston 39 Dalton Street Boston, MA, 02199**
School: **AHS**
Teacher(s): **Erika Tonachel & Alexis Daggett**
Dates of trip: **February 23-26, 2023**

PERMISSION TO PARTICIPATE AND RELEASE FROM LIABILITY

Your child's teacher has volunteered to organize a school-sponsored trip requiring travel to another state or out of the country. Participation in this trip is voluntary, but you must give permission before your child can go. If you do not give permission, your child will not be allowed to participate.

Your child will be under supervision by teachers and/or chaperones. It is possible that your child may face more risks by participating in this trip than if your child did not. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child, and you are in the best position to decide whether your child should participate. The School Department and Principal have approved this trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release have no effect.

By signing this form, you agree that your child may participate in the trip. By signing this form, you also agree to release the Town of Arlington, Town officials, Town employees/teachers and all parental program and activity volunteers or chaperones from any and all damages, death and/or injuries of any kind you and your child might suffer as a result of participating in this trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

PLEASE BE ADVISED There will be no AHS medical staff on trips out of the country or abroad. In case of emergencies, students will be taken to local hospitals.

Signed: _____ Date _____

Printed Name _____

Parent/Guardian of: _____ (student name)