

## SHS Senior Prom Contract – 2017

As part of our continuing effort to keep all Staples High School events drug and alcohol free, please read, consider and sign the following contracts. **If you are purchasing a ticket for a date, your date and your date's parent/guardian must also sign a separate contract** (even if your date does not attend Staples High School). **Students WILL NOT be allowed to purchase prom tickets without a signed Student/Parent Contract. Each person attending Senior Prom must fill out a separate contract.**

### DRUG AND ALCOHOL POLICY

As defined by section 21a-240 of the Connecticut General Statutes, our policy forbids students to possess drug paraphernalia, mood-altering substances, chemical solvents and other illegal substances, or to possess, use, distribute, intent to sell or be under the influence of alcohol and/or controlled drugs, anywhere on school property, on school buses or other vehicles, or at off-campus school or school-related activities such as proms, homecoming or athletic events.

**The Westport Board of Education has approved the use of a breath alcohol tester as an option for students at all Staples High School dances and proms held during the school year.** The breath alcohol tester will be considered for use where, in the judgment of an administrator, there exists reasonable suspicion that a student has consumed an alcoholic beverage and then, only under the following circumstances:

Student denies to an administrator that he/she has consumed alcoholic beverages and wishes to establish his/her innocence. Should the student register a positive reading on the breath alcohol tester, consequences will be administered as outlined in the student handbook, the athletic handbook, or a contract governing student behavior at the above-listed events.

Student denies to an administrator that he/she has consumed alcoholic beverages and elects not to utilize the breath alcohol tester to establish his/her innocence. The judgment of the administrator will then be utilized to determine if the student has consumed an alcoholic beverage. In this instance, consequences will be administered as outlined the student handbook, the athletic handbook, or a contract governing student behavior at the above-listed events.

Violations of the Drug and Alcohol Policy can lead to suspension, expulsion, arrest, and prohibition from all school activities, including the graduation ceremony and other specific events.

### Student Contract

I realize that possession, use, sale, purchase or distribution of alcohol and/or drugs at or prior to any school function, or anywhere on school property, on school buses or other vehicles either going to or coming from school-related activities, or at off-campus school or school related activities is expressly prohibited and, if I consume, possess, sell, purchase or distribute drugs/alcohol, the following consequences will occur:

- Suspension from school for up to 10 days with possible expulsion
- Removal from participation in extracurricular activities for the remainder of the school year, including but not limited to graduation.
- Police notification and possible arrest

I pledge to uphold the Staples High School Code of Conduct regarding the zero tolerance policy. I have read and understand the drug and alcohol policy below and understand the consequences for violation of the above.

**Prom begins at 7:00 PM at the Stamford Marriott. I understand that no one will be admitted to the prom after 8 PM. Students will not be permitted to leave prom prior to 10 PM. Prom ends at 11 PM. Students who choose to leave prior to the end of Prom will not be permitted to return.**

*Student Signature:* \_\_\_\_\_

**Student Name (please print):** \_\_\_\_\_

### Parent Contract

I give my child \_\_\_\_\_ permission to attend the Staples Senior Prom on Sat June 3 at the Stamford Marriott. I understand that if my child consumes, possesses, distributes, sells or purchases alcohol or any illegal substance, I will be called to come and pick up my child. I further understand my role in maintaining the school's zero tolerance policy regarding drugs/alcohol. I will not host a pre-prom party where drugs/alcohol are knowingly available nor will I allow my child to knowingly attend a pre-prom party where this activity may occur.

*Parent/Legal Guardian Signature:* \_\_\_\_\_

**Parent Name (please print):** \_\_\_\_\_

Phone number I can be reached at on prom night: (    )    -

## 2017 Senior Class Trip to Holiday Hill

(43 Candee Rd Propsect CT)

Student's Name: \_\_\_\_\_

Student Cell#: \_\_\_\_\_

Field Trip Destination: Holiday Hill

Date: Thursday June 1, 2017

Transportation to be used: Coach buses

**Supervision and Transportation:** All students participating in field trips, away games, and other official, school-sponsored, group events for which transportation is provided, are expected to travel to the event and return to school together, on school transportation. All participants are to remain under the supervision of the teacher(s), coach(es), other school official(s) or designated chaperone(s) at all times, until they return to school. When school transportation is provided, participating students must ride *it both ways*; parents chaperones, and others may not drive students to or from the site of the event by private transportation. Exceptions to this rule may be allowed only with advance written permission from the school principal, who will grant exceptions only for emergencies, extreme hardships, or other unusual, extenuating circumstances.

**Terms and Conditions:** I fully understand the nature of the program in which my son/daughter will be participating, and give him/her permission to participate. If the return to school is scheduled for after school hours, I will make arrangements to pick the student up at school. I understand that all school rules and standards of conduct remain in effect for the duration of the field trip. The possession or use of alcoholic beverages or controlled substances is strictly prohibited. Also prohibited is the possession of any dangerous weapon or facsimile. **A STUDENT'S PARTICIPATION IN A TRIP MAY BE TERMINATED FOR VIOLATION OF THESE RULES.**

*Note: The Superintendent reserves the right to cancel any field trip for reasons of participants' health, safety and welfare or any good and sufficient cause. It is possible that if a trip is cancelled, a travel agency or other outside vendor may not refund the deposit. In the event a student is unable to attend a field trip after making required payments, any payments made may become non-refundable where an outside vendor is involved. I acknowledge and accept that in such cases, the BOE is not responsible for covering any financial losses.*

PARENT SIGNATURE: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION REGARDING MEDICATION AND MEDICAL EMERGENCIES

1. **For field trips during the regular school day**, medications will be administered according to the current in-school medication plan and no new medical orders or medications are necessary.
2. **Acetaminophen (Tylenol)** is not provided on field trips without the written order of an authorized prescriber and a parent/guardian's permission documented on the attached form.
3. Board of Education policy requires that all medications, *including over-the-counter ones*, must be *carried and administered* by an authorized school staff member. Students may not carry medications, except that middle and high school students may carry an inhaler and/or Epi-Pen, provided that the school has received written authorization by both a physician and a parent.
4. **Delivery:** Medications should be brought to the school nurse in its original packaging **at least three days prior to the field trip**. Include only as many doses as are needed for the duration of the trip.

**Please list below information about special medical problems, allergies, medications, etc., that the teacher-sponsor should know, including all medications taken daily or as needed.**

\_\_\_\_\_  
\_\_\_\_\_

**In the event of emergency, I can be reached at:**

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

**In the event that I cannot be reached, I authorize the person(s) named below to make emergency medical decisions:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Procedures:** *In an emergency, we will immediately dial 9-1-1 to obtain emergency medical services and transport to the nearest approved medical facility. A staff member will attempt to reach you or the alternate(s) named above. Your child will receive medical care and treatment necessary to sustain life and/or stabilize his/her condition, as determined by the medical facility. It is possible that despite the permission given above, a medical facility will not provide any further treatment unless specifically authorized to do so by you or the person(s) designated by you. Therefore, it is important that either you or your authorized alternate be reachable by phone while your child is on a field trip.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Superintendent: Policy Field Trips PERMISSION Revised 10.28.11