



# Owen J. Roberts High School Music Department

*Lia Delpino, Todd Mengel, & Doreen Steinmacher, directors*

## Winter Trip 2025

The OJR Music Department will be traveling to Baltimore, Maryland this winter. Here is some preliminary information for you to review so you can decide whether or not you would like to participate.

**DATE:** Thursday, January 9th, 2025

**EDUCATIONAL & PERFORMANCE OPPORTUNITIES:** Trips such as this provide students with real life opportunities to see and experience professionals performing on their voice part or instrument. In addition, we will be visiting other notable locations providing additional educational opportunities and experiences, some of which include:

- The National Aquarium
- Dinner at the Hard Rock Cafe
- Watch a performance at the Baltimore Symphony Orchestra

**COST:** Approximately \$160 per person, due Tuesday November 26, 2024. Checks payable to "OJR MPO Band Chapter."

<b>SCHEDULE:</b>	<b>6:30am</b>	<b>Report to OJR</b>
	<b>7:00am</b>	<b>Depart OJR</b>
	<b>8:45am</b>	<b>Breakfast at IHOP</b>
	<b>10:30am</b>	<b>Depart for the National Aquarium</b>
	<b>11:15am</b>	<b>Arrive at the National Aquarium</b>
	<b>3:45pm</b>	<b>Depart for the Hard Rock Cafe</b>
	<b>4:00pm</b>	<b>Eat dinner at the Hard Rock Cafe</b>
	<b>6:00pm</b>	<b>Depart for Joseph Meyerhoff Symphony Hall</b>
	<b>6:30pm</b>	<b>Arrive</b>
	<b>7:30pm</b>	<b>Concert (featuring the Baltimore Symphony Orchestra and the Baltimore Choral Arts Society)</b>
	<b>10:00pm</b>	<b>Depart for OJR</b>
	<b>12:15am</b>	<b>Arrive at OJR</b>

**DRESS:** Students will wear business casual attire that is appropriate for an evening symphony concert. Jeans and sweatpants are not permitted.

**FORMS DUE:** Please complete the attached Permission Slip and Medical Form and return along with your Trip Payment by Tuesday November 26, 2024.

**TRIP PACKAGE INCLUDES:**

- Deluxe transportation via lavatory equipped coach buses
- Breakfast at IHOP
- Admission to the National Aquarium
- Dinner at Hard Rock Cafe
- Admission to the Baltimore Symphony Orchestra Concert
- All applicable taxes and gratuities (including bus drivers)

# OJR MUSIC DEPARTMENT

## WINTER TRIP PERMISSION FORM

*PLEASE RETURN THIS FORM TO YOUR MUSIC DIRECTOR ALONG WITH YOUR MEDICAL FORM AND PAYMENT BY TUESDAY NOVEMBER 26, 2024*

STUDENT NAME: \_\_\_\_\_

MEMBER OF:           BAND   CHORUS   ORCHESTRA  
(Circle All That Apply)

I hereby grant permission for my child \_\_\_\_\_ (name) to participate in the OJR MUSIC DEPARTMENT 2025 Winter trip to Baltimore on Thursday, January 9, 2025.

In the event that school is canceled due to inclement weather, or if there is inclement weather in Baltimore the day of the trip, some or all of your payment may be non-refundable.

Parent/Guardian initial here to indicate you have read the above statement: \_\_\_\_\_

**I understand that the trip payment is Non-Refundable.** I also understand that my child will be representing the Owen J. Roberts School District and Music Department and **MUST** abide by all guidelines and expectations of the OJR Music Department. I further understand that if my child is not behaving in a proper manner on the trip, I will be contacted by one of the music teachers and may be asked to make arrangements to take them home.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OJR MUSIC DEPARTMENT – BALTIMORE TRIP**

**JANUARY 9, 2025**

**HEALTH & MEDICAL AUTHORIZATION FORM**

\_\_\_\_\_  
(Last) (First) (Middle) AGE GRADE  
**STUDENT'S NAME**

**INSURANCE INFORMATION** -- EACH PARTICIPANT MUST SUPPLY ALL MEDICAL INSURANCE COVERAGE IN CASE OF EMERGENCIES WHEN AWAY FROM HOME.

NAME OF INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

**FAMILY PHYSICIAN**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ANY CURRENT MEDICAL/HEALTH ISSUE** -- EVEN IF NO MEDICATION TAKEN FOR THE CONDITION AT THIS TIME (ex. asthma, diabetes, heart problems, hyperactivity, ADD, seizure disorder, etc...)

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

**ANY KNOWN ALLERGIES or SENSITIVITIES** (foods, medicines, insect stings, plants, perfumes, etc.)

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

Requires use of Epinephrine?  YES  NO

**IN THE EVENT OF AN EXTREME EMERGENCY:**

DO YOU GIVE PERMISSION TO ALLOW FOR EMERGENCY TREATMENT OF YOUR CHILD?  
(ex. Call 911, and/or ambulance transport to a local hospital?)

YES  NO

IN AN EXTREME EMERGENCY, YOU WILL BE NOTIFIED AS THE SITUATION DEVELOPS. PLEASE PROVIDE PHONE NUMBERS WHERE YOU CAN BE REACHED DAY AND NIGHT.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ( )DAY ( )NIGHT  
( )PARENT ( )EMERGENCY CONTACT ( )HOME ( )WORK ( )CELL

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ( )DAY ( )NIGHT  
( )PARENT ( )EMERGENCY CONTACT ( )HOME ( )WORK ( )CELL

**ANY CURRENT MEDICATIONS** (ex. insulin, asthma inhalers, daily medicines, etc...)\***VERY IMPORTANT\***  
 PLEASE LIST **NAME OF DRUG, DOSAGE, & TIME(S) ADMINISTERED** and send medications in a **CLEARLY LABELLED CONTAINER WITH COMPLETE INSTRUCTIONS** - *preferably in the original prescription bottle(s)*

MEDICATION	REASON	DOSAGE	TIME(S)

**PERMISSION TO ADMINISTER OVER THE COUNTER (OTC) MEDICATIONS/TREATMENTS**  
 THERE WILL BE A REGISTERED NURSE ON THIS TRIP. PLEASE **CLEARLY MARK** ON THE FOLLOWING CHART WHAT WE MAY & MAY NOT GIVE YOUR CHILD.

OTC MEDICATION	PERMISSION		OTC MEDICATION	PERMISSION	
<i>For Headaches/Pain relief</i>			<i>For Allergies - seasonal or skin</i>		
Acetaminophen (Tylenol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Loratadine (Claritin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ibuprofen (Advil/Mortin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diphenhydramine (Benadryl) -pill/liquid	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Naproxen (Aleve)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diphenhydramine (Benadryl) -skin cream	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For Upset Stomach/Motion Sickness</i>			Pseudoephedrine/Phenylephrine (Sudafed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bismuth Subsalicylate (Pepto Bismol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Oxymetazoline nasal spray (Afrin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Simethicone (Gas-X)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sodium chloride (saline) nasal spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dimenhydrinate (Dramamine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>For Skin irritations - sunburn/abrasions</i>		
Calcium Carbonate (Tums)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Benzocaine (Lanacane) topical spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Omeprazole (Prilosec)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sodium chloride (saline) topical spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For Ear-Ache</i>			Neomycin+Pramoxine cream (Neosporin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Swim Ear	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hydrocortisone cream	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**AUTHORIZATION AND CONSENT:**

I/We the undersigned attest to the information stated above and hereby give permissions as indicated herein to the OJR Music Department staff and support personnel to provide health/medical care for my/our child on the winter music department trip to Baltimore on Thursday January 9, 2025.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE