

# Dauphin Island 7th Grade Excursion

October 1-4, 2019

Leave LMS: Tuesday at 4:00pm

Return LMS: Friday ~6:30pm



*The Dauphin Island Sea Lab is located on the eastern end of Dauphin Island, a barrier island three miles from the mainland and thirty five miles south of Mobile, Alabama.*

**Contact Info:** Coach Hopper [ghopper@madisoncity.k12.al.us](mailto:ghopper@madisoncity.k12.al.us)  
Nurse Tunstill [btunstill@madisoncity.k12.al.us](mailto:btunstill@madisoncity.k12.al.us)

### ***You need to know...***

Cost of the trip will be \$415 and will include travel, food, lodging, class fees, and Fort Gaines and Estuarium tours. The only additional money requirements are for 2 fast food meals.

**Paperwork is available the 1st day of school from Coach Hopper, Nurse Tunstill, or the LMS school website.**

### **What is required in order to secure a spot?**

- Check for \$415 made out to LMS and includes a current phone number and driver's license number
- Permission slip with email
- Insurance card copy attached to permission slip
- Vessel release form (***must be notarized***)
- Overnight field trip Medical Form (***must be notarized***)

*The trip has **limited space** so have your money and completed paperwork in as soon as possible after school starts. Spaces are available on a first come basis and cannot be reserved.*

*If space permits, reservations will be accepted through August 31st. Please be aware that money can be refunded after August 31st.*

# Madison City Schools Field Trip Permission Slip

School: Liberty Middle Grade: 7th Date: 8/5/19

## Memorandum to Parents:

On 10/1 our class will be taking a field trip to Dauphin Island SeaLab  
Date Name of Place

At LMS depart from upper parking lot at approximately 4:00PM o'clock.  
Location Time

To LMS arrive 10/4 upper parking lot at approximately 7:00PM o'clock  
Place of Return Time

Mode of Transportation: Charter Bus

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change, you will receive a revised field trip permission slip to sign and return.

Please complete, sign and return the lower portion no later than 9/17/19.  
Date

W. Hopper  
Teacher's Signature

[Signature]  
Principal's Signature

## Madison City Schools Field Trip Permission Slip

Teacher Name Wes Hopper School Liberty Middle

I wish  I do not wish

To give my permission for my child \_\_\_\_\_  
Child's Name

To accompany your group on the field trip to Dauphin Island SeaLab  
Name of Place

At Dauphin Island on 10/1  
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?  
\_\_\_\_\_

Will your child require any medication on this field trip? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **SHIP BOARD RULES AND REGULATIONS**

The operation of research and instructional vessels presents unique and special requirements to the Captain and crew of these vessels as well as to all personnel aboard. To insure the proper use and handling of expensive and sensitive instruments and equipment, each individual who participates, in any manner, in a cruise aboard a state-owned research vessel must comply with all the following rules and regulations unless otherwise instructed by the Captain, crew or the instructor in charge of the scientific party;

1. The Captain has the total responsibility for the safety and well being of all persons aboard the vessel. Therefore, do exactly as the Captain says.
2. If anyone falls overboard or if a person is spotted in the water, immediately throw a life ring or float to the person, notify the Captain, and keep your eye on the person at all times.
3. Closed rubber-soled shoes must be worn at all times on the vessel (flip-flops and TEVA's are not acceptable).
4. Always watch where you are walking. Use your hands to help balance yourself and grip handrails.
5. Do not touch any of the equipment or instruments unless you are instructed to do so.
6. Swimming or jumping from the vessel and horseplay is prohibited.
7. Do not leave the vessel until the Captain, crew or the person in charge of your group tells you to do so.
8. Report any observed malfunction, including suspicious oil, water or smoke to the person in charge of your group.
9. Never go on deck at night or in rough seas without a companion.
10. Alcoholic beverages or other drugs are not permitted on board, nor will anyone under the influence of drugs be permitted on board. Any incidents must be reported to the director.
11. Knives and other weapons are prohibited. Any equipment brought aboard for teaching or research must be approved by the captain.

## **COMMON SENSE AND RECOMMENDATIONS**

1. Be aware that you are more susceptible to the elements (sun, wind, heat and low temperatures) while at sea than on land.
2. Do not throw trash or debris overboard or onto the deck.
3. Stay off the upper decks and out of the wheel house, engine room and below deck areas unless given permission to enter these areas.
4. NO SMOKING ON VESSEL.
5. If you have comments or complaints concerning the cruise or the vessel, tell the person in charge of your group, not the Captain.

## **CHIEF SCIENTIST/INSTRUCTOR/RESPONSIBILITIES**

1. Hand out and explain "Ship Board Rules and Regulations" to each person boarding vessel.
2. Make sure the people boarding boat are dressed properly (rubber soled shoes, sun protection and foul weather gear).
3. Introduce the Captain and crew and reemphasize the Captain's responsibility and authority.
4. On board, locate for your group the life preservers, head (bathroom), and off limit areas.
5. On board the vessel, be aware of your group's conduct.



**DAUPHIN ISLAND SEA LAB/MARINE ENVIRONMENTAL  
SCIENCES CONSORTIUM (DISL/MESC)  
VESSEL RELEASE FORM**

This form must be signed before a Notary Public by the participant (or by the participant's parent/guardian if the participant is under 19 years of age) and on file with the **DISL/MESC** before a person will be allowed to board any vessel belonging to, or chartered by, the **DISL/MESC**.

**FOR AND IN CONSIDERATION of allowing** \_\_\_\_\_  
*Print Participant's Name*

to board any vessel owned or chartered by **DISL/MESC** and used for instructional or research purposes and in allowing the same to participate in activities conducted on said vessel, I, the undersigned in full recognition and appreciation of any and all risks, hazards or dangers, inherent in this activity, hereby and herewith consent to and waive the responsibility of the Board of Directors of the **DISL/MESC**, their officials, or agents, for any mishap or injury to said person or property of said person while embarking, while on board, or while disembarking from said vessel. I understand that **DISL/MESC**, their trustees, officers, agents, volunteers, and employees assume and accept no liability for personal injury, loss of life, and damage to personal property. I the undersigned, further hereby agree to defend, hold harmless and indemnify, release and forever discharge the **DISL/MESC**, their officials or agents, from any injury or damage to the person or property of said person that may arise out of said person's participation in any of the aforementioned activities.

**If you are under 19 years of age:**

**Parent/Guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you are 19 years of age or older:**

**Participant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

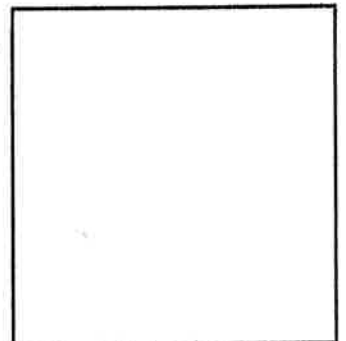
Notary Public \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expiration \_\_\_\_\_

**Affix seal here**





**Media Release**  
 Dauphin Island Sea Lab/Marine  
 Environmental Sciences Consortium  
 101 Bienville Boulevard  
 Dauphin Island, AL 36528  
 www.disl.org  
 (251) 861-2141



Name of Participant(s)(print): \_\_\_\_\_

Name of Parent/Guardian (if Participant is under 19)(print) \_\_\_\_\_

Program/Class in which you participated \_\_\_\_\_

Date(s) attended program \_\_\_\_\_

Name of school/academic institution \_\_\_\_\_

Participant's home address: \_\_\_\_\_

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Your local newspaper \_\_\_\_\_



Check here to receive an e-subscription to the *Sea Lab Skimmer*, the monthly electronic newsletter of the Dauphin Island Sea Lab. The *Skimmer* features the latest news and stories on all of the Sea Lab's programs. We do not release email addresses to any individuals or organizations, and you may unsubscribe at any time.

I hereby consent to the recording, broadcast and re-broadcast, web site, internet posting of my, or my child's, name, voice and/or likeness over the internet or any other printings utilized by the Dauphin Island Sea Lab. My, or my child's, name, voice and/or likeness may also be used in promoting broadcast(s). If I am consenting on behalf of my child, then I affirm that I am of legal age to consent and am the parent/guardian of the child listed below on this form. If I am consenting on behalf of myself, then I represent that I am at least nineteen (19) years of age and have the right to consent to this agreement. I agree to accept no compensation for my, or my child's, appearance and I release the Dauphin Island Sea Lab/Marine Environmental Sciences Consortium and their agents and assigns from any and all liability for any violation of any personal or property rights which I might have in connection with such materials.

I further agree to indemnify and hold harmless Dauphin Island Sea Lab/Marine Environmental Sciences Consortium and their agents and assigns and any licensees of the aforementioned against any liability, loss, or other injury whatsoever caused by or arising out of my, or my child's, appearance on the program or any utterance made by me, or my child, on the program or the use of any materials furnished for use by me, or my child, on the program including reasonable costs and attorneys' fees. Dauphin Island Sea Lab/Marine Environmental Sciences Consortium permitting me, or my child, to appear in their programs shall constitute its approval of this agreement. I have read and understood the above.

Signature: \_\_\_\_\_

Signature of parent/guardian if participant is under 18: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form to your DISL program registrar. Participants who have not filled out a media release will not have a press release sent out in their name.

## Out of County/Overnight Field Trip Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Father work # \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
If unable to reach parents, please notify:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

### Student's General Health Information

Madison City Schools require a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the-counter medication signed by the parent. List any medication(s) that a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation verified and signed by the student's parent/guardian.

List any routine medications taken at home \_\_\_\_\_  
at school \_\_\_\_\_

Does student have any allergies to medication, food, etc.? Yes No

If "yes", please list allergies: \_\_\_\_\_

Does student wear contact lenses? Yes No

Does student have asthma? Yes No

Date of last tetanus shot: \_\_\_\_\_

Is there any health history that may assist the person in charge if the student should become ill?

Student's Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

It is the parent's responsibility to provide new/updated information.

All paperwork AND medications must be submitted to the proper authorities by \_\_\_\_\_ Failure to follow  
(2 weeks prior to trip)  
this deadline will result in the student not participating in the field trip. There is no guarantee that money will be refunded.

### **Authorization to Treat/Administer Medication:**

I hereby authorize medical or surgical treatment of \_\_\_\_\_ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City School representative. I also hereby authorize Madison City Schools, or representative thereof, to administer my child medication if necessary as indicated on the Medication Release Form.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

State \_\_\_\_\_ County \_\_\_\_\_

Commission Expires: \_\_\_\_\_