



## BEHAVIOR GUIDELINES

1. Curfew typically is at 10:00 PM. Students may stay inside of their rooms after that point and socialize with roommates or watch television at a reasonable sound level. All ice, drinks and laundry should be done before this time. Disobeying curfew is a serious infraction that can result in expulsion from the trip.
2. At no time should any person from outside the group be in a student room.
3. Students must remain under the supervision of the group leader at all times when touring.
4. Students must employ the buddy system during periods of free time with permission of the group leader. There is never a time when a student should be alone, and everyone should be carrying their emergency contact cards every day (provided by Grand Classroom) as well as a wristwatch.
5. Itinerary stops are not optional.
6. Housekeeping will generate room reports every morning. If any damage is done to the hotel room or if it is in disarray, the group leader will be informed immediately and will address the problem. Students are financially responsible for any damage done to hotels, transportation or tour stops while on the trip.
7. Students are responsible for keeping buses/vans free of trash. Please use garbage cans/bags and do not leave trash on or underneath the seats. In addition, the group will be eating outside for many meals. Students are responsible for throwing away all trash.
8. Students should not break any laws, including stealing, drug and alcohol use. Grand Classroom staff will cooperate with local authorities if needed and will send the student home during the trip if necessary at the family's expense.
9. Students are responsible for their own personal property including money.

*By signing the behavior contract, you agree to all of the behavior guidelines.*

### Behavior Contract

I, \_\_\_\_\_, (print student's name) understand that traveling with my classmates is a great opportunity and responsibility. As I travel with my peers, I agree to behave in a mature way at all times. I will abide all rules as set by my tour leaders. In addition, I will adhere to local laws. If I break the rules, as determined by my tour leader, I understand that I can be sent home before the end of the trip at the expense of my parent/guardian.

I have read the terms and conditions of travel (in the registration brochure or on [www.grandclassroom.com](http://www.grandclassroom.com)) and have read the Grand Classroom Behavior Guidelines sheet and agree to the terms.

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Student Signature

Parent Signature

Date



## MEDICAL RELEASE AND HISTORY FORM

School Name \_\_\_\_\_ Tour Leader Name \_\_\_\_\_  
Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

### Parent/Legal Guardian Information:

Parent/Legal Guardian \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Office # \_\_\_\_\_

### Student Information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Alternative Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any known Allergies: \_\_\_\_\_ List of current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Allergies:** Please ensure your child has an epinephrine pen – as this is an outdoor adventure.

**\*Asthma:** Please ensure your child has two (2) inhalers, one for your child to carry and one for the trip leader to carry.

**\*Diabetes:** Please check with your child's physician on insulin levels as there will be elevated activity throughout the trip.

Does your child have any medical implants? \_\_\_\_\_ Wear Contacts? \_\_\_\_\_ Pregnant? \_\_\_\_\_

Circle and explain all of your child's medical history (including but not limited to):

Asthma	Angina	Altitude problems	Allergic reactions	Back problems
Blackouts	Chest pains	Concussions	Diabetes	Drug reactions
Dislocations	Epilepsy	Heart conditions	Seizures	Unusual blood pressure

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Please explain any conditions that may limit participation? \_\_\_\_\_  
\_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I request in my absence the above student be admitted to any hospital, dentist, and staff of duly licensed as Doctors of Medicine or Dentistry or licensed nurses or medical technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor in the event of an emergency or necessary medical situation as deemed by attending medical care professional.

Parent/Legal Guardian Signature & Date: \_\_\_\_\_

By signing the medical release and history form you agree that you have accurately read and completed the above guidelines.

***PLEASE RETURN TO TRIP LEADER***

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