

# JMMS 7th Grade Class Trip

MAY 15, 2025



- Goodtime III Cruise
- Great Lakes Science Center
- Cleveland Zoo
- Transportation, Lunch, T-shirt

**ALL FORMS ARE DUE NO LATER THAN FRIDAY APRIL 25th!!**

Dear 7th Grade Students and Parents:

Included in this packet is the trip information for the upcoming 7th Grade Class Trip to Cleveland, along with bus buddy and over-the-counter medication forms that **MUST BE RETURNED**.

We will be departing from JMMS @ 8:30AM SHARP by chartered bus and will be returning that evening at approximately 6:00PM. Students will receive their bus information a few days before, so please make sure they know their bus number before arrival!

**Students should report to JMMS via their normal transportation and report to 1st Period class for attendance! Students will be called down to the Gold Gym to board buses after attendance is taken.**

Students may choose their bus buddy - Male with Male, Female with Female. **Choose carefully because no changes in bus buddy are permitted. NO REQUESTS FOR GROUPS!**

The first stop will be going for a ride on the Goodtime III, then heading to the Great Lakes Science Center, then ending at the Cleveland Zoo. Students will be given a Debella's 6" Sub Box Lunch with bottled water. They will also be given a T-shirt before the trip that they are expected to wear that day.

If you have not done so, please sign up for the 7th grade class trip **REMIND** for any trip updates or changes      **Text to: 81010    Message: @7cle25**

If you have any questions, please reach out to Mr. Fisher at 330-830-8034, ext 3506 or [hmf2jc@jackson.sparcc.org](mailto:hmf2jc@jackson.sparcc.org).

# Cleveland Trip Rules and Guidelines

**Departure** - The buses will leave at 8:30AM sharp. Report to JMMS via your normal transportation and check in to your 1st period class.

**Arrival back at JMMS** - We are planning on arriving back at JMMS at 6:00pm. **DO NOT PARK ALONG THE SIDEWALK IN THE MUDBROOK PARKING LOT** as that is where buses will be dropping off students.

**Food & Drink** - You will be permitted to eat and drink on the buses. Drinks must be in a resealable bottle and contain no dairy products. Reminder Starbucks is not resealable. **NO GLASS bottles.** You are responsible for cleaning up your bus seat upon return. Traveling Classrooms will provide students with a Debella's boxed lunch and bottled water. Any snacks or drinks beyond that will be at the students own expense

**Personal Property/Cellphones/Small Handheld Electronics** - You are responsible for all of your own personal property. Students are permitted to bring a drawstring bag- **NO BACKPACKS.** Cell phones/small handheld electronics are permitted but students are required to use headphones/earbuds if listening to music/sound. **We are not responsible for lost or stolen items.** As a reminder, buses are equipped with WIFI, electrical outlets, and DVD/TV systems.

**Dress** - Remember we will be outside the entire day. Dress appropriately.

**Bus/Trip Behavior & Guidelines** - This is a school activity, therefore All School rules and student conduct code apply on the bus and throughout the trip. **RESPECT IS EXPECTED!** Consequences will be applied for non-compliance with these rules. You are required to sit with your bus buddy on the way to and from Cleveland. You will be in the same group with them all day, so choose wisely. As a reminder, buses are equipped with seatbelts and restrooms.

**Prohibited Items** - The following items are prohibited on the bus: dairy products, perfume, bug spray, aerosol sunscreen, or nail polish.

**Medication** - Students will have access to a limited supply of over the counter medication. Our clinic staff will pull any daily or emergency medication from the clinic and give it to Mr. Fisher. Chaperones will have the medication to give to the students, but students are responsible for making sure they let the chaperone know when it is needed.

**Students ARE permitted to carry EPI-PENS and INHALERS ONLY!!**

Students **ARE NOT** permitted to carry any other medication. **If your student will need any prescription medication the day of the trip that the school does not already have, please Scan the QR CODE below to print the prescription medication form or contact Laura Miller at 330-830-8034, ext 3408 or [lmiller@jackson.sparcc.org](mailto:lmiller@jackson.sparcc.org) before May 2, 2025.**



**SCAN FOR PRESCRIPTION MEDICATION FORM**

THIS FORM IS TWO SIDED - PLEASE COMPLETE BOTH SIDES

## Cleveland Bus Request Form

**DUE: FRIDAY April 25th**

Please indicate your bus partner and T- Shirt Size below.

T-Shirt Size (**Adult Size**) \_\_\_\_\_

### BUS PARTNER REQUEST

1	Your Name _____
2	Bus partner : _____ No Preference <input type="checkbox"/>

### REMINDER

You need to check with your partner that you both are putting each other down on your own respective forms. We will not be changing partners so choose wisely. Your bus partner will also be in your trip group.

**NO** requests other than your bus partner, including no request to be on the same bus or group as others. **NO EXCEPTIONS!!**

If you do not have a bus partner preference, you will be paired up with another student on the trip.

**Jackson Local Schools**  
Over-the-Counter Medication Authorization  
Field Trip Form (JMMS)

**◆DEMOGRAPHIC INFORMATION◆**

Student Last Name:	Student First Name:	Student Middle Name:	
Street Address:		City:	Zip Code:
School:	Grade:	Birth Date:	
Emergency Telephone Number(s):			

**Does this student have any allergies to foods/medications or dietary restrictions?**

☐ yes      ☐ no

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

**◆OVER-THE-COUNTER MEDICATION◆**

The Jackson Local Schools staff members accompanying students on the trip will have a limited supply of the following medications available. Please review the list and **INITIAL** next to the medication that you consent to be administered to your child.

Parent Initial	Medication	Parent Initial	Medication
	Acetaminophen (ex. Tylenol)		Ibuprofen (ex. Advil, Motrin)
	Antidiarrheal (ex. Imodium)		Motion Sickness Medication
	Antihistamine (ex. Benadryl/Claritin)		Cough drops/Throat lozenges
	Antidiarrheal (ex. Imodium)		Antacids (ex. Tums)
	If there are other OTC medications that your child might need, please <b>list them below</b> and initial the box. (Note: Parent is responsible for providing medication indicated)		

**◆PARENT/GUARDIAN AUTHORIZATION◆**

Authorization to administer the above listed over-the-counter medication lasts for the duration of the trip only.

With full knowledge of emergencies, dangers, and risks related to the administration of such medication by Jackson Local Schools' district employees, officers, or agents, we the undersigned, hereby waive all claims, which might arise from said administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Jackson Local Schools' employees, officers, or agents, from any and all liability relative to the administration of such medication.

I understand I must submit a revised statement and sign it if any information changes prior to the departure of the trip.

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

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

Contact Phone #1: \_\_\_\_\_

Contact Phone #2: \_\_\_\_\_