



# North Hills School District

## North Hills High School

53 Rochester Road, Pittsburgh, PA 15229-1189

Phone: 412.318.1400 Fax: 412.318.1403

[www.nhsd.net](http://www.nhsd.net)



Shaun Cloonan, director, ext. 2731

[www.nhchoiranddrama.net](http://www.nhchoiranddrama.net)

April 2, 2019

Dear Choir Families,

Our performance tour to NYC & Messiah College is a week away! We are looking forward to our upcoming performances and the opportunity to get feedback from professional musicians while also enjoying sightseeing and enjoying a Broadway show in New York City. In anticipation of the trip, the following packet of information has been prepared for all families of students traveling with the choir. All information in the packet will be reviewed at this evening's meeting.

Attached, please find:

- **Final Itinerary**
- **Packing List & Reminders**
- **NHSD Overnight Field Trip Form:** due by Thursday, April 11 (can be completed today)
- **NHSD Overnight Medical Form:** due Thursday, April 11 (can be completed today)
- **Teacher Permission Slip:** to be signed by all teachers for missing school on Monday, April 15. Also due by Thursday, April 11
- **NHSD Social Media Form:** for chaperones to be able to contact your cell phone, due Thursday April 11
- **Procedure for Administering Medication at School Form:** any medication that will be needed on the trip that is not part of the NHSD standing order (even OTC), should be provided with this form. Medications for the trip can be turned into our nurse at luggage drop-off on Friday, April 12 from 6:00-7:00PM in the Choir Room

As always, forms can be turned into the appropriately labeled drawer in The Unit at the front of the Choir Room.

If you have any questions, feel free to contact me. I'm looking forward to another successful time making music and memories together as a North Hills Choir family!

Musically yours,

Mr. Shaun Cloonan



CLASSIC TRAVEL AND TOURS LLC  
 ARTISTIC AMBASSADORS  
 795 Pine Valley Drive; Suite 16  
 Pittsburgh, PA 15239  
 Phone: 724-733-8747  
 Toll Free: 800-411-8747  
 info@ArtisticAmbassadors.com  
 www.ArtisticAmbassadors.com

TOUR ESCORT: Lauren Campolongo  
 EMERGENCY CONTACT CELL NUMBER: 412-638-2309 as of: 29March2019

**NORTH HILLS HIGH SCHOOL CHOIR**  
**NEW YORK CITY – APRIL 13 – 15, 2019**  
**FINAL TOUR ITINERARY**

**Day 1 – Saturday, April 13, 2019**

4:00am	Buses arrive at:	North Hills High School 53 Rochester Road, Pittsburgh, PA 15229
4:30am	Bus Transfer:	North Hills High School to New Jersey
TBA	Rest Stop – En Route – Driver Switch	
	Provided Packed Breakfast from North Hills Choir Parents	
	Provided Packed Lunch from North Hills Choir Parents	
12:30pm	Buses Arrive:	Liberty State Park 1 Audrey Zapp Drive, Jersey City, NJ 07305
1:00pm	Reserve ticket to go through security	
	Ferry from Liberty State Park to Liberty Island: Statue of Liberty	
3:45pm	Group meets to depart on ferry from Liberty Island to Battery Park	
4:30pm	Walk Transfer:	Battery Park to the 9/11 Memorial 180 Greenwich Street, New York, NY 10007
4:30pm – 5:15pm	Touring time with Chaperones at Ground Zero	
5:15pm	Group goes up to One World Observatory	
6:30pm	Group meets at Trinity Place to get on buses	
	Meeting Spot:	Trinity Place (between Rector and Thames)
6:45pm	Bus Transfer:	Financial District to Times Square Drop at: 8 <sup>th</sup> Avenue and West 44 <sup>th</sup> Street
	Walk Transfer:	John's of Times Square Pizzeria 260 West 44 <sup>th</sup> Street, New York, NY 10036
7:30pm – 9:00pm	Provided group dinner John's of Times Square Pizzeria	
9:15pm	Group meets back at 8 <sup>th</sup> Avenue and West 44 <sup>th</sup> Street to get on buses	
9:30pm	Bus Transfer:	Manhattan to Hotel Holiday Inn Express & Suites Meadowlands 100 Paterson Plank Road, Carlstadt, New Jersey 07072 Phone: (201) 460-9292
10:00pm	Check-in to Hotel	
11:00pm	Lights Out	
Overnight in New Jersey		

## Day 2 – Sunday, April 14, 2019

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7:00am – 8:30am Breakfast provided at hotel – Eat at leisure  
8:30am Bus Transfer: Hotel to Brooklyn Bridge (Brooklyn Side)  
Walk across the Brooklyn Bridge to Manhattan  
Group meets at Trinity Place – behind Trinity Church  
(between Rector and Thames) to get on buses  
11:30am Bus Transfer: Trinity Place to Times Square  
Drop at: 8<sup>th</sup> Avenue and West 44<sup>th</sup> Street  
11:30am – 2:30pm Touring time with Chaperones in Times Square  
12:30pm Group Meets at Bleachers in Times Square for group photo  
1:00pm Provided Lunch at: Patrick's  
259 West 42<sup>nd</sup> Street, New York, NY 10036  
2:30pm Group meets: Broadway Theatre  
1681 Broadway, New York, NY 10019  
3:00pm Broadway Show: King Kong  
(DURATION: 2 hrs/30 mins with 1 Intermission)  
5:30pm Walk to buses parked on 8<sup>th</sup> Avenue  
5:45pm Bus Transfer: Times Square to Chelsea Piers  
Pier 61, New York, NY 10011  
6:30pm Board the Spirit of Manhattan Cruise  
7:00pm – 9:30pm Dinner Dance Cruise around Manhattan  
9:30pm Boat Docks in New Jersey: 1500 Harbor Blvd, Weehawken, NJ 07086  
9:45pm Bus Transfer: Jersey Pier to Hotel  
11:00pm Lights Out  
Overnight in New Jersey

## Day 3 –Monday, April 15, 2019

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6:00am – 7:15am Breakfast provided at hotel – Eat at leisure  
7:15am – 7:45am Check out of hotel and load buses  
7:45am Bus Transfer: Hotel to Messiah College  
One College Avenue, Mechanicsburg, PA 17055  
Calvin and Janet High Center  
11:00am Arrive at Messiah College, Marching Band Warms up  
11:30am – 12:00pm Choir Observes Marching Band  
12:00pm – 12:45pm Provided Lunch – at High Center  
12:45pm All Choirs Warm up in Parmer Hall  
1:00pm – 1:30pm North Hills Singers, Symphonic Choir, and Women's Choir Perform  
1:30pm – 5:45pm Band and Orchestra Performances (Choir will watch)  
5:30pm Subway Delivered to Messiah College  
5:50pm Final Session in Parmer with all NHHS Music Students and MC Music Faculty  
6:00pm Bus Transfer: Messiah College to North Hills High School  
Provided Dinner – En Route from Subway  
10:00pm Arrive at North Hills High School  
WELCOME HOME!

# **Choir Performance Tour to NYC 2019**

## **PROCEDURES AND PACKING LIST**

**LUGGAGE CAN BE DROPPED OFF FRIDAY NIGHT, APRIL 12<sup>TH</sup>, FROM 6:00-7:00PM IN THE HIGH SCHOOL CHOIR ROOM.**

### **Performance Attire**

All performing students in every ensemble will wear their tour t-shirt on Monday, April 15 at Messiah College. Since we have so many different groups performing during the day, it was easiest to have everyone wear the same outfit to avoid extra time between groups for changing clothes. Plan to wear your red shirt with black dress pants and black dress shoes.

**STUDENTS MAY BRING 1 SMALL SUITCASE AND 1 CARRY ON WITH THEM ON THE TRIP. It may be dropped off Friday night or brought with you early Saturday morning. All items dropped off will be stored in the High School Choir Room Friday night.**

**When packing, consider the following:**

### **NYC Weather**

- As of 4/2/19, Weather.com lists weekend weather in New York City as high 58°, low 45°, mostly cloudy, 40% chance of rain.
- Students usually do not bring enough warm clothing/layers on trips!

### **Day 1 – Saturday: Bus Ride, Statue of Liberty, Ground Zero, One World Observatory**

- Dress in layers if it is cooler, and dress comfortably for the bus ride. You may do a quick change at one of the rest stops closest to NYC.
- Make sure to pack comfortable walking shoes...we are walking A LOT on this trip!
- Consider wearing a jacket with a hood in the event it rains since we will be outside for most of the day once we get off the buses.

### **Day 2 – Sunday: Brooklyn Bridge, Times Square, King Kong, Cruise**

- This day is a tough call for clothing if you were planning to be “dressier” for the cruise or the show. We will be walking a good bit in the morning. Students should combine nicer clothes with comfortable walking shoes (ex: collared shirt, khakis and a jacket for guys) since we will be attending the show and cruise. It will be cool on the water in the evening.

### **Day 3 – Monday: Performances at Messiah**

- We will wear our tour t-shirts with black pants and black shoes when we depart the hotel.

**Carry-on Item:** Back pack OR small duffle bag with items for the ride, including:

- Pillow, sweatshirt, layers
- Homework: students are to keep up with their class assignments while on this trip
- Cell phones, MP3 players/iPods, and other electronics should be kept to a minimum. These items are the students’ responsibility to take care of and keep track of. These items can be broken or lost. Students cannot be reimbursed for damage or loss of any of these items.
- Snacks – avoid anything with nuts for those with allergies (make sure to clean up after yourself)
- Movies: G or PG, to be played on bus system at the director/chaperone discretion

## Medical Information

For any medications or issues that we need to be made aware of, please talk with our trip nurse, Mrs. Geyer, immediately. This information should also be included on the NHSD Overnight Medical Form, which will be in a binder that she will have with her during the trip.

## NHSD Standing Order

The North Hills School District standing orders apply on this trip, as it is a school function. Approved medication (Acetaminophen [325 mg], antacids, Bacitracin ointment) will be administered by our trip nurse as if the students were in school.

## Other medications

For a student to receive any other medication (including OTC), you should have completed and turned into the school nurse the **Procedure for Administering Medication at School** form filled out by your doctor (usually done at the beginning of the year). If this has not been completed and is not already on file, it must be submitted before departure Saturday. Extra forms are available on the choir website [www.nhchoiranddrama.net](http://www.nhchoiranddrama.net) under "Forms & Handouts."

Any medication to be administered or handled by the tour nurse should be brought **in the original container** to luggage drop-off on Friday night, April 12.

## Items for packing consideration:

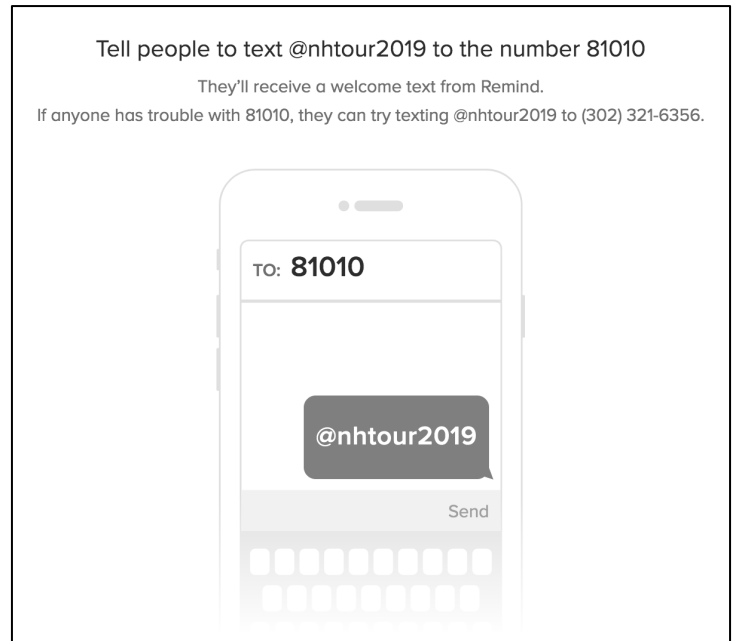
- Layered clothing for traveling and sightseeing, sneakers for walking
- All necessary personal hygiene items
- Extra supplies such as contacts, contact solution, glasses, etc.
- Black concert shoes, black socks, black pants, tour t-shirt for performance day.

## Communication

Announcements will be made using the Remind app (course code @nhtour19) and through chaperones, mostly by cell phone. In order for chaperones to contact students according to NHSD policy, all students on the trip must complete the NHSD Social Media Form and return it ASAP. Even if it has been completed for another activity/teacher, we must have our own on file.

If there is an extreme emergency and you need to reach us, contact Artistic Ambassadors Tour Escort Lauren Campolongo at 412-638-2309 or Mr. Cloonan's "trip phone," which is 412-600-7773 (not currently active, but will be for the tour!).

We will continue to provide updates throughout the trip on our social media platforms: Facebook, Twitter, and Instagram, which are all linked to the choir website. Thank you!





# North Hills School District Overnight Student Field Trip Form



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

Field Trip Dates: **Saturday-Monday, April 13-15, 2019**

Field Trip Title: **Music Department Performance Tour to NYC & Messiah College**

This activity will take place away from your child's school; there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

NHSD is not liable for injuries or any damages your child may incur. All NHSD school board policies apply while on the field trip. If your child fails to abide by District rules of conduct and teacher/sponsor/coach instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field trip. I hereby release and hold harmless the NHSD, its Directors, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above reference field trip.

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

## Medical Emergency/Consent for Overnight Field Trip

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I confirm to the North Hills School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

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

My student has the following medical condition(s), which may require emergency care (include allergies):

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

Insurance information/group number/plan/phone number:

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

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

## Emergency Contacts for Overnight Field Trip

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Mother/Guardian Cell # \_\_\_\_\_ Father/Guardian Cell # \_\_\_\_\_

**North Hills School District  
Overnight Student Trip  
Medication Form**

**Dear Parent/Guardian:**

Your child is participating in \_\_\_\_\_ on \_\_\_\_\_.  
In order for your student to self-administer prescription medicine during the trip, or over the counter medication during this trip, this completed form and medication must be returned by the parent to the sponsor/coach.

- I am requesting medical personnel accompany my student on the trip due to medical need.
- My student is under the care of a physician for prescription medication but I am not requesting medical personnel accompany my student on the trip due to medical need .
- My student is not under the care of a physician for prescription medication.

All prescription medication must be in the **ORIGINAL, PHARMACEUTICAL** container. OTC medications must be in their original container. NO medication will be accepted in any other containers or without THIS signed form. NO hand written notes will be accepted. **Only the amount of medication needed for the length of time the student will be away from school, should be sent.**  
The sponsor/coach will keep all medication in a sealed container. When student needs to take the medication, he/she will self-medicate under the supervision of the sponsor/coach.

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**LICENSED HEALTHCARE PROVIDER STATEMENT**

I am the licensed healthcare provider/physician for \_\_\_\_\_ and have  
Student  
prescribed the following medication(s): \_\_\_\_\_  
in the amount/dosage and time of administration as prescribed.

- 
- The student is qualified and able to self-administer the prescribed medication.
  - The student is qualified and able to self-administer over the counter headache or pain medication.
  - The student has demonstrated proper knowledge and responsibility for taking the medication as prescribed.
  - The following side effects may occur: \_\_\_\_\_

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**Physician/Licensed Healthcare Provider Date**

**I give my consent for the medication prescribed by the physician to be self-administered by my child during the noted field trip. I release the North Hills School District and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with appropriate school and medical personnel.**

**Parent/Guardian Signature Date** \_\_\_\_\_ -



# North Hills School District

## Consent form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Activity or Sport: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

Please note any additional information:

By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.

Optional Information:

Participants e-mail: \_\_\_\_\_

Participants cell phone: \_\_\_\_\_

### **Sharing of minors contact information:**

**If the following statement is not checked, the information will not be shared.**

\_\_\_\_\_ I give my permission for **my child's** email and cell phone number to be shared with adult leaders who are associated with the activity or sport of the NHSD.

\_\_\_\_\_ I give my permission for **my child 's and my email/cell phone number** to be shared with adult leaders who are associated with the activity or sport of the NHSD.

\_\_\_\_\_ I give my permission for **only my child's and my email** to be shared with adult leaders who are associated with the activity or sport of the NHSD.

\_\_\_\_\_ I give my permission for **only my cell phone and email** to be shared with adult leaders who are associated with the activity or sport of the NHSD.

**Name of Parent or Guardian**

(Please print)

**Signature of Parent or Guardian**

**Date:**



**NORTH HILLS HIGH SCHOOL MUSIC PERFORMANCE TOUR 2019  
PARENTS AND STUDENT CONSENT AGREEMENT  
PART 1**

The undersigned student(s) and parent(s) hereby consent to the participation of:

(Name of Student) \_\_\_\_\_

in the North Hills High School Music Performance Tour to New York City and Messiah College on April 13-15, 2019.

We understand that the chaperones are volunteering their time to assist the director in monitoring the students during the trip and that the director and chaperones cannot assume any responsibility for the behavior of individual students.

We hereby waive any claims against, and release, and forever discharge any liabilities of any and all director and chaperones for any damage or injury to the student or his or her property, which may occur during the trip, except for willful misconduct or recklessness.

We acknowledge and understand that our personal policies for liability and medical insurance shall be the primary insurance coverage.

We certify that the student has no known medical problems or allergies, is not taking any medications and has not been recently exposed to any communicable diseases except as described on the attached Student Medical Information Form. We understand that if a medical problem or condition arises, every reasonable attempt will be made to contact the parent(s) or other responsible adults designated.

We agree that the determination to send the student home due to a medical condition, if necessary, will be made by a director, one or more staff members, and a physician.

We, the parent(s), acknowledge our responsibility for any problem created by the student during the trip, including any disciplinary or other non-medical problem. In the event that a serious disciplinary or other non-medical problem exists, we consent to the administration's decision to send the student home by the quickest available means.

We further understand that if any Federal, State or local authorities should take the student into custody for any violation or alleged violation of Federal, State or local law or ordinance, it shall become the responsibility and obligation of the parent(s) to secure the student's release.

**PARENTS AND STUDENT CONSENT AGREEMENT**  
**PART 2**

If the student must be sent home for any of the above reasons, we, the parent(s) agree to pay for airline tickets, and/or other special transportation costs, or to reimburse others for any such costs incurred on behalf of the student.

In the event of a medical emergency, we, the parent(s), acknowledge our financial responsibility for reimbursement of any expenses that may be incurred to provide care for the student.

If any emergency or problem of any kind arises concerning the student, every attempt will be made to reach the parents(s) or named responsible adult at the telephone numbers designated. If it is impossible to reach any parent(s), or responsible adult, we hereby consent and give authority to the chaperones and directors to take such action as is reasonably necessary under the circumstances. We do hereby release and forever discharge any and all chaperones and directors from any claims, liability, or causes of action whatsoever regarding any damages, suits, injury, demands whatsoever in law or in equity to the student or his or her property resulting from the acts or actions of chaperones and directors, except for willful misconduct or recklessness.

We, parent(s) and student, pledge that during the entire trip there will be no purchase, transportation or use of any tobacco products, intoxicating beverages, drugs or other hazardous, abusive or illegal substances or other illegal articles or property.

We understand that all school policies apply while on the trip.

Cellular telephones are permitted on the trip but will not be in use during our performances or performances that we may be attending.

We have signed our names hereto on (date) \_\_\_\_\_, intending to be legally bound.

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Student Signature

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Parent Signature

NORTH HILLS SCHOOL DISTRICT

**Procedure for Administering Medication at School**

It is required by the North Hills School District that the attending physician complete this form for any medication to be given during school hours. This form is only good for the school year in which it is signed. All medication must be sent to school in the original container bearing the medication name and, if prescription, the current dose.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_ to \_\_\_\_\_  
Duration of the medication course

Condition for which medication is prescribed \_\_\_\_\_

Possible side effects \_\_\_\_\_

Physician's signature \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Physician's Fax Number \_\_\_\_\_

*I agree that the North Hills School District and their assigned personnel shall not be held responsible for any untoward effects of this medication.*

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

Daytime phone number \_\_\_\_\_

Date \_\_\_\_\_

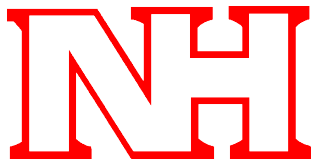
*Please return the signed form to:*

**Joan Kinder, RN**  
School Nurse

**Senior High School**  
53 Rochester Road  
Pittsburgh, PA 15229

**412-318-1417**  
Phone number

**412-318-1403**  
Fax number



# North Hills School District

## North Hills High School

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### STUDENT FIELD TRIP PERMISSION FORM Music Performance Tour to NYC & Messiah College

\_\_\_\_\_ will travel with the North Hills High School Music Department for their performance tour to New York City and Messiah College on Saturday-Monday, April 13-15, 2019. Students will be excused from class on **Monday, April 15, 2019** while the bands, choirs, and orchestras perform for the music faculty in clinics and workshops at Messiah College. Students are responsible for all missed work.

Period	Teacher's Signature	Comments (use reverse side if necessary)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

SPONSORING TEACHER'S SIGNATURE: 