

# 7<sup>th</sup> Grade Dauphin Island Sea Lab Camp

*September 26-September 29, 2023*

Leave LMS: Tuesday 12:00 P.M.

Return LMS: Fri ~ 8:00 P.M.

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, Al



**Contact Info:** Coach Hopper [ghopper@madisoncity.k12.al.us](mailto:ghopper@madisoncity.k12.al.us);  
Nurse Tunstill [bjtunstill@madisoncity.k12.al.us](mailto:bjtunstill@madisoncity.k12.al.us)  
Ms. Allen [bnallen@madisoncity.k12.al.us](mailto:bnallen@madisoncity.k12.al.us)

## *Need to know...*

Cost of the trip will be \$570.00 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 and for souvenirs.

## **Required to secure spot:**

- \*Check for \$570.00 made out to LMS including phone and DLic #
- \*Permission slip with email
- \*Copy of Insurance Card Front and Back
- \*Vessel release form - notarized
- \*Overnight Madison City Field trip Medical form - notarized
- \*Dauphin Island Sea Lab Paperwork signed and dated.

**\*\*\*\*\*Return completed packet to COACH HOPPER or MS. ALLEN**

The trip has a 30-student limited space so have *your money and completed paperwork* in as soon as possible. Spaces are available on a 1<sup>st</sup> come basis and cannot be reserved. If space permits, reservations will be accepted through Friday, September 8, 2023. Please be aware that no money can be refunded after September 15, 2023.

# Madison City Schools Field Trip Permission Slip

School: Liberty Middle School Grade: 7 Date: 8/11/2023

**Memorandum to Parents:**

On 9/26 our class will be taking a field trip to Dauphin Island Sea Lab  
Date Name of Place

At Dauphin Island, Alabama at approximately 12:00 o'clock.  
Location Time

To Madison, Alabama at approximately 7:00 o'clock  
Place of Return Time

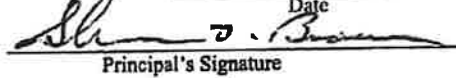
Mode of Transportation: Charter Bus

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 9/15/2023  
Date

  
Teacher's Signature

  
Principal's Signature

## Madison City Schools Field Trip Permission Slip

Teacher Name Wes Hopper School Liberty Middle School

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 Sea Lab  
Name of Place

At Dauphin Island on 9/26  
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

Revised 2/28/19

PARENT EMAIL

## **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\_\_\_\_.

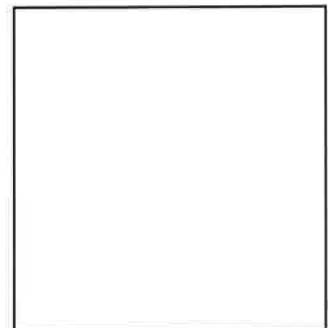
Notary Public \_\_\_\_\_

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

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

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

Affix seal here



**MADISON CITY SCHOOLS  
OVERNIGHT OR OUT OF STATE FIELD TRIP FORM  
MEDICAL RELEASE FORM**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

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

Mother Cell# \_\_\_\_\_ Father Cell# \_\_\_\_\_

If unable to reach parents, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

**Student's General Health Information**

The Madison City School district requires 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 student's parent/guardian. List any medications for which 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 must be verified and signed by the student's parent/guardian.

Does the student have any allergies of medication, food, etc.  Yes  No

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

Does the student wear contact lenses?  Yes  No

Does the student have asthma?  Yes  No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Insurance Company: \_\_\_\_\_

**Authorization of Treat/Administer Medication:**

I hereby authorize medical and/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 Schools' representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, 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 Expire