

Trip Cost - \$70.00 All are welcome! Scholarships available.



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

**EXTENDED FIELD TRIP -
NATIONAL/INTERNATIONAL TRAVEL
STUDENT AGREEMENT FORM**

Your Name (please print)

Lake Harriet Upper
Name of School Sponsoring Trip

Your Student ID No.

6th grade Camp St. Croix
Title of Trip

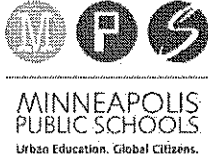
6th Grade
Sponsoring Teacher/ Group

Student Agreement:

1. I agree that this planned trip experience is an extension of my school classroom.
2. I agree that the chaperones are responsible for helping me make the best of this learning experience.
3. I understand and agree that chaperones will make decisions regarding my daily schedule, my permitted activities and my behavior while on this trip.
4. I agree to follow the directions given me by the chaperones on this trip.
5. I agree to meet the expectations for appropriate student behavior and to abide by all Minneapolis Public School policies, including the Citywide Discipline Policy, and policies regarding controlled substances and weapons, bullying, hazing, harassment and violence.
6. I agree that I will not use alcohol or any other controlled substance while I am a participant on this trip even though the location of the trip might permit others of my age to use these substances legally.
7. I understand and agree that my failure to follow the directions of my chaperone, or failure to follow district policies may result in my being sent home at my parent's expense, and that my family will not be entitled to any reimbursement for any amounts we have paid for me to participate in this trip.
8. I understand that I may not make any individual excursions during the term of this trip.
9. I understand that I must remain with my assigned group and chaperone at all times.
10. I agree that I will ask the sponsoring teacher or staff for help to resolve any issues I encounter that might prohibit my successful completion of this trip.
11. I understand that I represent myself, my family, my school and my community on this trip, and will strive to represent them honorably at all times.
12. I affirm that the sponsoring teacher or staff member has reviewed this agreement with me and answered all of my questions regarding it.

Student signature

Date



**EXTENDED FIELD TRIP –
NATIONAL/INTERNATIONAL TRAVEL
PARENT/GUARDIAN AGREEMENT FORM**

Lake Harriet Upper

Student's Name (please print)

Name of School Sponsoring Trip

Camp St. Croix

Student's ID No.

Title of Trip

6th Grade

Sponsoring Teacher/ Group

Parent or Guardian Agreement:

1. I understand that my student will be under the care and control of the chaperones on this trip, and that those chaperones will make decisions regarding the daily schedule, permitted activities and the educational experiences offered by this trip.
2. I understand and agree that my student will be expected to abide by Minneapolis Public Schools expectations for appropriate student conduct at all times. I understand that my student's conduct must comply with district policies regarding behavior, including the Citywide Discipline Policy and policies regarding controlled substances, weapons, bullying, hazing, harassment and violence. I have reviewed these expectations with my student and we agree to abide by these policies and expectations.
3. If this trip includes leaving the United States I agree that my student will be supplied before departure with the necessary travel documents, such as a passport, visas, and immigration status materials required to enter and leave countries, including the United States, at my own expense. My failure to provide the necessary documentation may result in forfeiture of deposits made or payment of fees charged to change arrangements.
4. I agree that inappropriate behavior of my student may result in him or her being sent home from the trip at my expense.
5. I agree that my student will make no personal excursions during the term of this trip and is expected to travel with the group at all times.
6. I agree that any expenses for emergencies for my student will be paid by me. This includes, but is not limited to, long distance phone call charges incurred by or on behalf of my student, extra land transportation costs including taxis, legal fees, medical fees, extra hotel or accommodation expenses and airline fees should the student be sent home before the rest of the group, or because the student's condition does not allow the student to leave the destination with the group.
7. I understand the arrangements made for this trip including any home-stays planned.
8. I affirm that the sponsoring teacher or staff member has reviewed this agreement with me and answered my questions regarding it.

Parent/ Guardian Signature

Date

I am: Parent to this student

Guardian of this student



MINNEAPOLIS
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Minneapolis Public Schools Health Related Services



Overnight Field Trip Student Health Information Form

Field Trip & Destination: Camp St Croix - Lake Harriet Upper
Teacher/Grade Level: 6th Grade Date(s) of trip: 4/29/19 - 5/1/19

Dear Parent/Guardian: Please complete the following health information form. This information will help field trip staff be aware of the health concerns & needs of participating students.

Name of Student: _____ Home Phone: () _____

Home Address: _____

Parent/Guardian: _____ Work Phone: () _____

Cell Phone: () _____

Alternate Emergency Contact: _____ Phone: () _____

Insurance Company: _____ Policy Number: _____

Health History Information: Please check all that apply:

- | | | |
|---|--|--|
| Asthma <input type="checkbox"/> | Nightmares <input type="checkbox"/> | Heart condition <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Bed Wetting <input type="checkbox"/> | Stomach aches <input type="checkbox"/> |
| Seizures <input type="checkbox"/> Type: _____ | Sleepwalks <input type="checkbox"/> | Ear infections <input type="checkbox"/> |
| ADHD <input type="checkbox"/> | Faints easily <input type="checkbox"/> | Other: _____ |

Allergies: _____

Sensitivity to Poison Ivy, Sumac or Oak: _____ Date of last tetanus shot: _____

Is there any reason to limit your child's activity? Yes No

If yes, please explain: _____

Has your child been recently exposed to any communicable diseases? Yes No

If yes, please explain: _____

Please describe any other special medical conditions, information or directions: _____

Is your child currently taking any medication? Yes No

If yes, specify: _____

If your child requires ANY MEDICATION on the field trip, that is not already given at school, the backside of this form must be completed and returned 5 school days prior to the departure date with parent and physician signatures.

***911 or emergency medical services will be called in the event of a medical emergency and the student will be transferred to the nearest medical facility.**

Please Turn Over and Complete Back Side for Medications ➔



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**Minneapolis Public Schools
Health Related Services**



Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their child must provide (written) permission every school year that has been signed by parent/guardian **and** the child's health care provider.

Student: _____ BD: _____ ID#: _____
School: _____ School year: _____ Grade/Rm: _____

Physician/licensed prescriber's order for Administration of Medication by School Personnel

Medical Condition	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					

Other considerations/directions: _____

Start date: _____ Stop date: _____
(All authorizations expire at the end of the school year or following the summer school session.)

Signature of Physician/Licensed Prescriber Print name of Physician/Licensed Prescriber Date

Clinic address Phone Fax

Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
- I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc.).
- I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
- Legally, I may refuse to sign for the medication. If I refuse to sign, we will not be able to administer the medication at school.
- This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

Parent/Guardian Signature Date Relationship to Student

NOTE: Medication must be supplied in original/prescription bottle.

Permission for Release of Information

- I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
- I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
- I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature Date Relationship to Student

Return to: _____ **Phone:** _____ **Fax:** _____
RN, Licensed School Nurse

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence YMCA Greater Twin Cities (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian Authorization Section Transportation/Medical

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

General

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

What To Bring

The majority of your or your child's time will be spent outside, so old comfortable clothing is recommended (please do not send new or favorite items). Please be aware of the weather forecast and pack accordingly. We hold programs outdoors during all seasons and all types of weather, including rain and snow.

<p><u>Clothes for All Seasons:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Shirts (long and short sleeve) <input type="checkbox"/> Sweater or Sweatshirt <input type="checkbox"/> Jacket <input type="checkbox"/> Pants <input type="checkbox"/> Shorts (if warm enough) <input type="checkbox"/> Socks <input type="checkbox"/> Underwear <input type="checkbox"/> Pajamas <input type="checkbox"/> Rain Poncho or Rain Coat <input type="checkbox"/> 2 pairs of Shoes (sturdy, close-toed) <input type="checkbox"/> Waterproof mud boots <p><u>Sleeping Gear and Toiletries:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pillow <input type="checkbox"/> Sleeping Bag <input type="checkbox"/> Comb or Brush <input type="checkbox"/> Deodorant <input type="checkbox"/> Hair Ties <input type="checkbox"/> Shampoo <input type="checkbox"/> Soap <input type="checkbox"/> Toothbrush and Toothpaste <input type="checkbox"/> Towel and Washcloth <p><u>Additional Items for Winter Programs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Winter Boots (with liners) <input type="checkbox"/> Wool Socks (at least 2 pair) <input type="checkbox"/> Clean shoes or slippers for indoors <input type="checkbox"/> Long Underwear (top and bottom) <input type="checkbox"/> Mittens (2 pair) <input type="checkbox"/> Scarf <input type="checkbox"/> Snowsuit or snow pants <input type="checkbox"/> Stocking Cap (not earmuffs) <input type="checkbox"/> Sweater, Turtleneck, or Vest <input type="checkbox"/> Winter Coat or Parka <p>Remember: In wintertime, wool or fleece is best! Layers of clothing will keep you warmer. Wet cotton clothes will make you cold.</p>	<p><u>Personal Items:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Water Bottle <input type="checkbox"/> Sunscreen <input type="checkbox"/> Day Pack or Waist Pack <input type="checkbox"/> Hat <input type="checkbox"/> Travel/Coffee Mug (Adults Only) <p><u>Optional Items:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Binoculars <input type="checkbox"/> Disposable Camera <input type="checkbox"/> Flashlight <input type="checkbox"/> Insect Repellent (Non-aerosol) <input type="checkbox"/> Laundry Bag (recommended) <input type="checkbox"/> Sunglasses <input type="checkbox"/> Journal, Pencils <input type="checkbox"/> Book to read <p><u>Please Leave At Home:</u></p> <ul style="list-style-type: none"> ✓ CELL PHONES ✓ Candy, Food, Gum, Pop, Snacks ✓ CD/MP3 Players ✓ Curling Irons and Hair Dryers ✓ Electronic Games ✓ Fireworks ✓ Knives (including pocket knives) ✓ Anything considered a weapon ✓ Pets ✓ Radios ✓ TVs ✓ Anything else not allowed at school
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Packing: Students will carry luggage from the drop-off point to their cabins. Please pack in something easy to carry - such as a backpack, duffel bag with shoulder strap, or luggage with wheels.

Please be sure that ALL belongings have your or your child's name or initials on them, so we can return them if they are lost and found.

YMCA Camp St. Croix is not responsible for lost or stolen items.

Youth Expectations and Responsibilities

Please share this information with students and chaperones prior to your trip.

One of the goals of the Outdoor Education experience is to build social skills, including cooperation and interdependence. We have found that responsibilities for the youth in the daily routine are important in reaching this goal.

Camp St. Croix requests all students to assist in the following duties:

Study Sessions: Our study sessions are fun and interactive and students should consider this part of a school experience. Students should give the same energy, listening skills, and respect to Camp St. Croix staff as they do to their teachers at school. Any serious discipline problems will be referred to the school teachers.

Kitchen Patrol: Cabin groups will be selected for each meal to have KP. They will arrive 15 minutes before the meal to set the tables and will clean up after the meal. St. Croix staff will supervise the students during this time.

Table Clean-Up: Everyone at each table will assist in table clean-up including taking food back to the service window, scraping plates clean, and wiping down the table.

Cabin Clean-up: Each cabin group is responsible for daily cleaning of their living area (trash emptied, floors swept, heat turned down, lights turned off, etc.). When checking out, you are responsible for leaving a clean cabin.

Sports Balls: If a ball is borrowed during recreation time, please return it to the bin when finished.

The Outdoor Education Program Coordinator has the right to remove any individual or, if necessary, an entire group, if they are not abiding by the established rules.

Thank you teachers, chaperones, and students for your participation! YMCA Camp St. Croix depends on your enthusiasm and exceptional energy in order to provide the best possible outdoor educational experiences for all. We appreciate your time and effort, and believe you will surely benefit from the experience