

# 5<sup>th</sup> Grade Field Trip 2017

## AstroCamp

October 18<sup>th</sup> -20<sup>th</sup>

Dear Parents:

We're happy your child will be attending the 5<sup>th</sup> grade 3 day, 2 night field trip! All forms are posted on Edlio (under the Student section) and need to be printed, completed and turned into your child's teacher by **Friday, September 22<sup>nd</sup>**. The cost per student is **\$268.00**. Please make your checks out to The Dapplegray Elementary School Booster Club (DESBC).

Here is a checklist of what needs to be filled out:

1. PVPUSD Off-Campus Field Trip Authorization
2. AstroCamp Student Health Form
3. PVPUSD Health Form

**\*Please note**, ALL 3 forms must be filled out completely. If **NO** medications are required, the PVPUSD Health Form still needs to be filled out with **N/A notated and signed**.

***Please return all 3 forms & payment to your child's teacher.***

Chaperones will be selected soon and will be notified separately. The Chaperone Waiver is also posted on Edlio. The cost per chaperone is also \$268.00. **If you are selected as a chaperone**, please fill out the waiver and turn it into your child's teacher along with payment.

Mrs. Parsons along with the 5<sup>th</sup> grade teachers will host a parent information meeting regarding this trip (date/time to be announced). If you have any questions about the forms or payment, please contact me at the email below.

Sincerely,

Cathy Eades  
AstroCamp Trip Coordinator  
310-489-5735  
[cjprovine@hotmail.com](mailto:cjprovine@hotmail.com)



**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
ELEMENTARY OFF-CAMPUS FIELD TRIP AUTHORIZATION –  
PARENT PERMISSION FORM**

DEAR PARENT:

A trip is planned on (date) Oct. 18-20, 2017 to visit (destination) AstroCamp. If you wish your son/daughter to attend, please sign and return this consent slip to the school office prior to (date) 9/22/17. Transportation will leave (school) Dapplecraay at (time) 7:00am and return at approximately (time) 4:00pm. If further information is desired regarding this trip, please contact (Name of Sponsor) Cathy Eades at (310) 489-5735 (x \_\_\_\_\_).

I give (student name) \_\_\_\_\_ permission to attend the activity. In case of emergency, I may be contacted at ( \_\_\_\_\_ ) \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**METHOD OF TRANSPORTATION**

- Bus
- \_\_\_\_\_ No District transportation provided (NOTE: It will be the obligation of the parent/guardian to provide transportation to and from the activity )
- \_\_\_\_\_ Automobile, driven by one of the following (check one):
- \_\_\_\_\_ Parent; \_\_\_\_\_ Guardian (Parent/Guardian will only be driving this student)
- \_\_\_\_\_ Volunteer (Parent/Guardian is a Volunteer for the field trip and will be driving other students as well. Volunteer Forms 604(a) and 604(b) must be completed – see attached)

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT**

**Acknowledgement of Student Understanding**

As a student participating in an extra- or co-curricula program/activity sponsored by the Palos Verdes Peninsula Unified School District, I agree to comply fully with all school district, and state regulations pertaining to pupil behavior/conduct.

I understand that the school administration and/or faculty advisor/coach/sponsor has responsibility for supervision and control of all student participants in the specified program/activity and agree to follow their direction during the full duration of the participation period.

I further understand that I will be subject to immediate suspension, administrative transfer, and/or expulsion for any narcotics or alcohol involvement – whether it be for possession, use, and/or sale – as well as for violation of any school district, *Education Code, Administrative Code, or Penal Code* provision relating to my behavior or conduct. In addition, I am aware that a violation(s) on my part will result in my being referred to the athletic or activity council at my assigned school for additional disciplinary action as appropriate.

I acknowledge that I have been given a copy of the current disciplinary guidelines governing student behavior and am aware of the consequences contained herein for the specified violations.

Student Participant's Full Name (please print): \_\_\_\_\_ Signature of Student Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Acknowledgement and Authorization**

The above student is hereby authorized to participate in the field trip(s) scheduled by the (Full Name of Group, Including School) \_\_\_\_\_ on the following date(s) \_\_\_\_\_

I have read the above acknowledgement of student understanding and, as the parent/guardian, am aware that violation of rules and regulations relating to student conduct and/or reasonable directives given by the faculty advisor and/or adult chaperone(s) will result, not only in corrective actions outlined above, but, in the case of out-of-the-area and/or out-of-state field trips, immediate parent/guardian notification and return of the student at parent/guardian notification and return of the student at parent/guardian expense to his/her home via the next available transportation.

Permission is hereby granted to the faculty advisor and adult chaperone(s) to obtain medical or surgical care from a licensed physician for the student in the event of a serious accident or illness. I understand that every attempt will be made to contact me in any such emergency.

Pursuant to Education Code Section 35330, I hereby waive any claim(s) against the Palos Verdes Peninsula Unified School District for injury, accident, or illness occurring during or by reason of the field trip or activity specified above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(NOTE: Out-of-state field trips require parent/guardian signature in presence of a school administrator)

Signature of Principal/Designee Nancy Parsons Date: \_\_\_\_\_



# STUDENT HEALTH FORM

School: \_\_\_\_\_

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Student Age: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

**Health Insurance Co:** \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Last Tetanus: \_\_\_\_\_

**IMPORTANT: A signature at the bottom of this form by a parent or legal guardian is required for participation at AstroCamp.**  
**EMERGENCY MEDICAL CONSENT:** The Student's medical conditions and information stated on this application is complete and correct. I give permission to the AstroCamp camp staff and School chaperones to, (1) administer the Student's routine medications listed in this Application, as well as needed medications and over-the-counter medications for minor illness or discomfort; (2) in case of a medical emergency to provide appropriate first aid for minor injuries; and (3) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the physician selected by AstroCamp or the School chaperone to examine, diagnose, and treat or secure proper treatment for the Student and hospitalize, and to order injection and/or anesthesia and/or surgery for the Student, as the physician shall determine proper and necessary under the circumstances. A photocopy of this Authorization shall be as valid and may be accepted as the original. This completed Application may be photocopied by AstroCamp and released to the physicians or hospitals if requested. This Consent is given pursuant to the provisions of California Family Code §6910.

**CONSENT AND RELEASE OF LIABILITY:** I have been informed of the nature of the AstroCamp program in which the Student is enrolling. I understand that there are risks associated with the Student's participation in camp programs and activities and transportation to and from camp, which can pose a threat of injury or illness. I am familiar with outdoor sports and activities and the Student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risk of harm involved in the Student's participation in AstroCamp camp activities. I also recognize that AstroCamp cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have or will instruct the Student in the importance of knowing and abiding by the AstroCamp camp rules and regulations. I agree to direct the Student to comply with all AstroCamp rules and policies, and to cooperate with AstroCamp personnel. I understand and agree that if the Student fails to comply with AstroCamp rules or policies, he or she may be expelled from camp and sent home at my, the parent or legal guardian's, expense.

With this knowledge and understanding, I grant permission for the Student to participate in all AstroCamp camp activities and on behalf of the undersigned and the Student, I accept and assume the risk and full responsibility for injury and illness or loss of personal property or other damage, and medical or other expense that may result from the Student's presence or participation in the activities at AstroCamp camp.

I hereby release and discharge Guided Discoveries, Inc., AstroCamp, and their agents and employees from liability to us and to the Student for any and all loss, damage, and expense and any illness or injury to person or property, resulting from the Student's travel to or from AstroCamp and participation in the camp activities and programs.

I give permission for AstroCamp to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise AstroCamp or Guided Discoveries programs or camps.

**SIGNATURE:** \_\_\_\_\_

Parent/Legal Guardian

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Rules for acceptance and participation in Guided Discoveries, Inc. programs are the same for everyone without regard to race, color, national origin, sex, or handicap.

**DIETARY NEEDS:**  
 Vegetarian \_\_\_ Vegan \_\_\_ Lactose-Intolerant \_\_\_ Gluten-Free \_\_\_ Other \_\_\_

**FOOD ALLERGIES:** Please Describe: \_\_\_\_\_

**CHECK OFF: All applicable health issues:**

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies*    | <input type="checkbox"/> Allergy - Bee Sting*         |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Backaches/Weak Back          |
| <input type="checkbox"/> Car/Sea Sick  | <input type="checkbox"/> Bowel/Bladder Problems       |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Epilepsy/Convulsive Disorder |
| <input type="checkbox"/> Hay Fever     | <input type="checkbox"/> Headache                     |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Poison Oak                   |
| <input type="checkbox"/> Sinus Issues  | <input type="checkbox"/> Respiratory Problems**       |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Vomiting                     |

\*Has your child been prescribed an EpiPen for allergies? YES \_\_\_ NO \_\_\_. If YES, the EpiPen must accompany your child to camp in order to participate in activities.

\*\*Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? YES \_\_\_ NO \_\_\_. If YES, the inhaler(s) must accompany your child to camp in order to participate in activities.

Please specify with YES or NO for each medication that can be administered to your child.

- \_\_\_\_\_ Pepto Bismol (upset stomach)
- \_\_\_\_\_ Milk of Magnesia (for constipation)
- \_\_\_\_\_ Ibuprofen (minor aches/pains; fever)
- \_\_\_\_\_ Throat Lozenge/Cough Drop
- \_\_\_\_\_ Benadryl (allergy)
- \_\_\_\_\_ Caladryl (for skin rash)
- \_\_\_\_\_ Acetaminophen (headaches/elevated temperatures)

**Is the student required to take regular medication?**

YES \_\_\_\_\_ NO \_\_\_\_\_

☆ All medications are administered by the chaperones from the student's school. Please provide instructions (dose) for administration of medication.

**WHAT IMPORTANT MEDICAL NEEDS SHOULD ASTROCAMP BE AWARE OF? PLEASE EXPLAIN IN DETAIL.**  
 (Attach additional sheet if necessary.)

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Health Services  
REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS**

***TO BE COMPLETED BY LICENSED PHYSICIAN***

\_\_\_\_\_  
Last Name of Student      First      Sex      Date of Birth      School      Grade

\_\_\_\_\_  
Diagnosis/Purpose of Medication      Name of Medication

\_\_\_\_\_  
Dosage Prescribed      Time Schedule      Dose Form (Tablet, Liquid)

\_\_\_\_\_  
Date of Prescription      Length of Time Medication Will Be Necessary

Possible Side Effects: \_\_\_\_\_

Action to be taken to Case of Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I verify that this student is under my care and requires this medication be taken during school hours.

\_\_\_\_\_  
Printed Name of Physician      Signature of Physician

\_\_\_\_\_  
Street Address      Telephone

\_\_\_\_\_  
City      State      Zip Code      Date

***TO BE COMPLETED BY PARENT/GUARDIAN***

I request that my child, \_\_\_\_\_, be assisted in taking the above prescribed medication at school by authorized persons, and will comply with the school's policies and procedures. If this request is granted, I agree to hold the school district and its employees harmless to providing this service to my child. I hereby give consent to the school nurse to communicate with my physician and to counsel with school personnel regarding the possible effects of the drug on my child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.

I understand that my child may not have or take medication at school unless the appropriate form is completed and on file in the health office.

\_\_\_\_\_  
Date      Day Telephone      Home Telephone      Signature of Parent or Guardian

# CHAPERONE WAIVER for ALL ADULT ATTENDEES

**WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.**

We are pleased that you have volunteered to be a chaperone for your group's upcoming trip to a Guided Discoveries program. We are looking forward to your visit and are confident that you will find the experience worthwhile. Chaperones are critical to the success of the program. While you will have a lot of fun, being a chaperone is hard work and is a big responsibility.

Safety is of paramount concern, but despite training, safety measures and emergency procedures, many of the activities in and around camp carry some inherent risk. It is for this reason that we must insist that each chaperone read the enclosed Release and Waiver of Liability, agree to its terms, sign and date the form. The completed form should be returned to the group leader well in advance of your trip.

Following is information describing the nature of the activities of our various programs, and of your responsibilities as a chaperone. Should you have any questions or need any additional information about the risks involved, skills or physical demands required, please call the Program Director of the facility you will be attending.

We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

\*\*\*\*\*GUIDED DISCOVERIES, INC.\*\*\*\*\*  
**CAMP PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY**

This Release and Waiver of Liability is made in consideration of Guided Discoveries, Inc., ("GDI") consent to my request to be present, participate in and use the equipment at a GDI camp and programs, (the "Program").

I have been informed of the nature and activities of the Program in which I will participate which include camping, hiking, swimming, diving, boating and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which may pose a threat of serious injury, illness or death. I understand these risks are a part of engaging in the type of outdoor sports and activities which are a major component of the Program. I further understand that it is not possible to list all potential risks that I may encounter while present, participating or using the equipment of the Program, but I am familiar with outdoor sports and activities and my abilities and limitations. I have investigated the Program and know the types of activities in which I will engage and I am not aware of any physical, emotional or mental problem or limitation that would prevent or impair my participation or increase the risks involved.

With this knowledge, I accept and Assume the Risk and Full Responsibility for illness, injury and death, loss of personal property and other damage and expense which may result from my presence, participation and or use of equipment in the Program, whether caused by the negligence of GDI, its agents, employees, landlords, lessors, or representatives, (the "GDI Parties"), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the GDI Parties, and each of them for any liability to me, my heirs, next of kin and personal representatives, arising from any loss, damage claim or cause of action that may result from my presence, participation and or use of equipment in the Program or activities incidental thereto, and any injury to my person or property, including death, whether caused by the negligence of the GDI Parties or otherwise.

I further agree to indemnify, save and hold harmless the GDI Parties and each of them, from and against any loss, liability, damage or expense, including attorney's fees, they may incur as the result of my breach of this Agreement.

This Agreement is intended to be as broad and inclusive as permitted by, and shall be construed and governed under, the law of the State of California. If any part of this Agreement is held to be invalid the remaining terms shall remain in full force and effect.

### PERTINENT MEDICAL INFORMATION

Please list any medical conditions that may be important during your stay at Astrocamp:

DIETARY RESTRICTIONS:

Vegetarian\_\_\_ Vegan\_\_\_ Lactose-Intolerant\_\_\_ Gluten Free\_\_\_ Other\_\_\_

FOOD ALLERGIES/OTHER: Please Describe:

Please list any Medications that are pertinent to your time at Astrocamp:

Emergency Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I Have Read and Understand this Agreement and its Legal Consequences and Agree to Be Bound by its Terms.**

\_\_\_\_\_  
Participant's Name (Print) Participant's Signature Date

\_\_\_\_\_  
School Name TO Dates of Attendance