

## 9<sup>th</sup> Grade Retreat: August 21-23, 2019

Location: Mother Lode River Center  
P.O. Box 456  
Coloma, CA 95613  
[www.malode.com](http://www.malode.com)

Dear 9<sup>th</sup> Grade International High School Families and Students,

Our annual 9<sup>th</sup> grade Retreat will take place again this year at the Mother Lode River Center in Coloma, California, on the South Fork of the American River. This community-building event is a three-day, two-night outdoor educational experience. The retreat is a wonderful opportunity for students to bond with each other and their advisors and build community. It fosters teamwork, trust, communication, problem-solving and leadership through the means of outdoor activities such as camping (with campfire and s'mores), ropes courses, hiking, role-playing, yoga, team games – and rafting! The experienced staff at Mother Lode organizes and supervises the activities, supported by International High School faculty members and 12<sup>th</sup> grade student leaders.

**The retreat will take place from Wednesday through Friday, August 21-23.**

**We will meet at school at 7:00 a.m. on Wednesday.**

**We will return back to school at approximately 6:00 p.m. on Friday.**

**There is no additional charge to families for this activity.**

**We do expect all students to participate.**

Please find enclosed a medical release form and a liability waiver for each student. Please return these forms by **Friday, May 24<sup>th</sup>** to Jesse Wagner. They must be returned in order for students to participate. You can scan and email them to Jesse at [jessew@frenchamericansf.org](mailto:jessew@frenchamericansf.org) or mail them to:  
c/o Jesse Wagner  
150 Oak Street  
San Francisco, CA 94102

Please note that the retreat is viewed as part of the core curriculum and all students are required to participate, except in the event of injury or illness. Elections for 9<sup>th</sup> grade class representatives will also take place during the retreat. Lastly, please note that school rules apply during the retreat!

If you have any questions, please do not hesitate to contact me at [jessew@frenchamericansf.org](mailto:jessew@frenchamericansf.org) or by phone at 415-558-2089.

We look forward to a stimulating, enriching and fun time! Thank you in advance for your support.

Sincerely,

Jesse Wagner  
Dean of Students / Retreat Coordinator



[www.MaLode.com](http://www.MaLode.com)

Dear Parent/Guardian/Caregiver,

We are pleased that your 9<sup>th</sup> grader has the opportunity to participate in an experiential learning program with Mother Lode River Center. The purpose of this letter is to provide information about our program, enabling your child to get the most out of this experience.

Children are the most important people in our lives; please be assured that we take great care in hiring staff with experience in education and safety skills training. When your student arrives he/she will participate in a comprehensive orientation which will cover safety and behavior expectations.

All of our experiential programs are in an outdoor setting and students should come prepared with the clothing and items that reflect this environment. The following list will help you in packing; feel free to add items (within reason) that will make your child more comfortable. **Students sleep in tents and it can get chilly at night so please pack accordingly.**

WHAT TO BRING:

- appropriate seasonal clothing
- flip flops
- lace up shoes that can get wet
- dry shoes and extra socks
- WATER BOTTLE**
- sunscreen
- any necessary medications  
(in pharmacy container)
- playing cards and/or board games for free time
- FLASHLIGHT!
- sleeping bag + **pad to sleep on**
- toiletries and towel
- change of clothes
- insect repellent
- swimsuit + shorts + bag for wet suit
- sunglasses + hat or visor
- waterproof camera (optional)

\*\*First lunch is A BROWN BAG that students bring with them. Food is provided by Mother Lode for the remainder of the program.

**It is important that you fill out the medical and release forms. Please include any food allergies or special food requirements (vegetarian, wheat allergy, etc.), medications that must be taken, etc.**

Please visit our website, [www.MaLode.com](http://www.MaLode.com), if you have any questions about our program offerings or call us at 1-800-427-2387.

Sincerely,  
Mother Lode River Center

**P.O. Box 456**

**Coloma, CA 95613**

**(800) 427-2387**



# Medical Release Form

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

## Emergency Medical Information

**All items must be filled out or the person listed above will not be allowed to participate.**

**Write No or None if question does not apply to you (do not leave blank):**

1. List allergies, if any: ( i.e. bee stings, drugs, food etc. Note that counteractive medication should be carried at all times.) \_\_\_\_\_  
\_\_\_\_\_
2. List any medications currently taken: \_\_\_\_\_  
\_\_\_\_\_
3. List any serious illness, injury, or surgery occurring in the past three years: \_\_\_\_\_  
\_\_\_\_\_
4. List any current medical conditions: (i.e. asthma, diabetes, epilepsy, heart conditions, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Are you currently under a Doctors care? If so for what? \_\_\_\_\_  
\_\_\_\_\_
6. List any other conditions that may affect your ability to participate: \_\_\_\_\_  
\_\_\_\_\_

**Your Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Medical Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

## In Case of Emergency Contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone: (day)** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

### AUTHORIZATION TO TREAT A MINOR (required for all participants under 18 years of age)

I, the undersigned parent, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective through \_\_\_\_\_, 200\_\_ (date of Outdoor Education or Ropes Program)

\_\_\_\_\_  
**Parent or Guardian (printed name)**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**