

09/21/2021

Dear parent/guardian:

As part of the sixth grade experience, Asa Low Intermediate School is proud to offer an outdoor education opportunity. The outdoor education program is a one day outdoor learning opportunity at Camp Lakeview, located in Waxahachie. We are very excited to bring this to our students this year.

We will have COVID protocols in place.

- They wipe down shared items more often than usual...after each group
- Dining hall staff still wears masks
- Nothing is self-serve in the dining hall except drinks (we as teachers always monitor that)
- We can spread out in the cafeteria and use more cabins with less kids per cabin
- They also tell the kids to sleep head to foot...basically so they are not breathing on each other
- Parents are asked to keep students home if they have been exposed or are displaying symptoms
- Staff at Lakeview are screened when they come into work
- Sanitizing stations are available all over the camp before using equipment
- Students who exhibit symptoms will be placed in isolation until a parent or guardian can pick them up within a reasonable amount of time.

This camping experience allows students to utilize and gain new skills, bond with new classmates, and make connections with their teachers and administrators. It is a very exciting opportunity that we sincerely hope your student will be able to be a part of. The students will be participating in many activities which include, but are not limited to: team building activities, zip line, and various others. Students and chaperones will be outdoors 90% of the day.

Beginning today, your student may begin making payments for the trip to one of the teachers on your team. The total cost of the day trip is \$50.00. All money is due to Asa Low, **Friday, October 22, 2021**. We prefer payment by credit card, however, if you need to pay by cash or check, you can. To pay by credit card, please visit <https://www.ticketracker.com/store?schoolid=1651>. Additionally, we will also be accepting donations to help students who may otherwise not be able to attend. If you could help send another student to camp we would gladly accept this donation. Please contact Mrs. Cannaday at the school if you have any questions.

We are searching for parents to volunteer their time to help us have a great camp experience. Adult chaperone fee is \$20.

We want to make sure that you are aware of your responsibilities at camp. You will be with your group of children all day. Please know that you will be responsible for interacting with all of the children in your group, not just your own child. It will be your responsibility to make sure they get to their designated activities on time. While we are at camp, 90% of the time you will be outside and walking. There will be a golf cart available to the teachers in order to get to the different areas in a hurry because they might need to find a student for various reasons. There is a liability issue with the golf cart so only teachers and camp personnel are allowed to drive the cart and only students and parents can ride in an emergency situation.

If you are interested in being a parent chaperone, please go online and fill out your chaperone background check. **This is a requirement by MISD and must be completed by October 15, 2021.** This **MUST** be done online at <https://www.mansfieldisd.org/parents-students/campus-volunteers>

At the end of the day, we will have a campfire and s'mores. Parents are welcome to join us for that and then take your student home with you. If you are unable to come, students will ride the bus back to the school and you will need to pick them up at that time. We will let you know of the times closer to camp.


**Lakeview Camp and Retreat Center
5128 FM 66, Waxahachie, TX 75167**

- 287 South, 16.5 miles
- Take I-35E S, about 1.5 miles
- Take Exit 399A to FM 66, turn right, about 7 miles
- Lakeview Camp will be on your right

Please contact Mrs. Cannaday by email lynncannaday@misdmail.org or at (817) 299-3640 if you have any further questions.

Sincerely,

Lynn Cannaday
Camp Coordinator, Asa Low IS



Jason Short
Principal, Asa Low IS

Camp Lakeview COMMITMENT FORM - RETURN THIS FORM by October 18, 2021

Circle your team below

Duke (10/25)

Princeton (11/3)

Stanford (11/8)

Student Name _____

ALL PAPERWORK FOR STUDENTS AND CHAPERONES NEEDS TO BE TURNED IN BY Oct. 18.

ALL MONEY FOR STUDENTS AND CHAPERONES NEEDS TO BE TURNED IN BY Oct. 22.

____ **Yes**, my child will attend the Outdoor School to Camp Lebanon

Is your child a vegetarian? Yes ____ No ____

Is your child allowed to eat pork? Yes ____ No ____

Is your child lactose intolerant? Yes ____ No ____

Does your child have a Gluten allergy? Yes ____ No ____

Is your child allergic to insect bites? Yes ____ No ____ If yes, please list: _____

Is your child allergic to any foods? (Allergic or can't eat due to religious reasons, not that they don't like it)? Yes ____ No ____ If yes, please list: _____

____ **No**, my child will not attend the Outdoor School to Camp Lebanon

I will be picking my child up at 8:00 pm.

Student Name _____

Parent Name _____

Parent Signature _____

Phone Number Parent can be reached at while child is at camp: _____

Lakeview Camp and Retreat Center
5128 FM 66, Waxahachie, TX 75167

287 South, 16.5 miles
Take I-35E S, about 1.5 miles
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Lakeview Camp will be on your right

Chaperone: (Check only if it applies)

_____ I would like to chaperone this trip. I understand that a background check is required by MISD policy

This MUST be completed by October 15, 2021. I understand it must be completed online at <https://www.mansfieldisd.org/parents-students/campus-volunteers> and if I do not complete it by October 15, 2021 I can't chaperone the trip.

We prefer payment by credit card, however, if you need to pay by cash or check, you can. To pay by credit card, please visit <https://www.ticketracker.com/store/category?schoolId=1651&catalogCategoryId=13190>.

We will need lots of chaperones so please consider going with us!

Parent/Guardian Signature: _____

Print Name: _____

Parent Email: _____



Day Trip Student Code of Conduct Agreement

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT PRIOR TO TRAVEL

Students may be removed immediately from the trip for issues that are illegal or jeopardize the safety of any student or “Chaperone”. Failure to follow other items in the Mansfield ISD Student Code of Conduct or the directives of “Trip Coordinator” or “Administrator” will be communicated to parents, and campus administration in a timely manner, and may be sent home. If student is sent home it shall be at the expense of the parent.

- Students must follow the MISD Student Code of Conduct for the entirety of the trip. <http://www.mansfieldisd.org/uploaded/main/departments/student-services/assets/SCOCfinal.pdf>
- There shall be absolutely no possession or use of alcohol, tobacco, or drugs. If probable cause is given, the person or person’s property will be searched.
- Students will use appropriate language and behavior at all times while showing respect to everyone with whom they come in contact with.
- Students will dress appropriately and respectfully for the entirety of our trip.
- Students will be respectful on the bus of the driver and tour guide. When they talk, students will be attentive and quiet.
- Students must follow the itinerary provided by the “Trip Coordinator” at all times.
- Students must follow any additional rules and regulations set forth by the field trip destination.

I understand the expectations and guidelines outlined above. I understand that if any of these guidelines are violated that I can be sent home at my parent’s expense. I also understand that additional disciplinary actions may occur based on my behavior.

Parent/Guardian Printed Name Student Printed Name

_____/_____
Parent/Guardian Signature date Student Signature date

[This form must be completed and returned to the Field Trip Coordinator]



Student Trip Permission Form

Student Trip Permission Form

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.

Student Trip Disclaimer

- A student trip has been scheduled for your child. Although the location is not associated as a water based venue there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim in an ocean, sea, lake, river or pond.
- Students may swim at the hotel swimming pools if: there are certified life guards supplied or the Trip Coordinator and/or Administrator is monitoring. They will set any restrictions for swimming based upon the number of students, size of the pool, time available, etc...
- Any student who violates water instructions may be sent home at the parents' expense.
- In some experiences, hands-on learning includes animal encounters – such as, viewing animals in their habitat, feeding/water animals, and at times, touching. In the event, that you do not wish for your student to participate in an animal encounter, please contact your learner's teacher and an administrator.
- The Trip Coordinator and Administrator reserve the right to search the rooms, luggage, personal belongings, and persons of any student at any point before, and during a school-related trip. By signing this form, you acknowledge that you received notice prior to the trip and acknowledge that students and their belongings are subject to random search during the trip.

This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.

Campus/Class: _____ Destination: _____

Departure Date/Time: _____ Return Date/Time: _____

Return the Form to: _____ Date Form is due: _____

Student Last (print) _____ First _____ MI _____ Student's Date of Birth _____ Student Grade _____

I hereby grant permission for (student name) _____ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release, indemnify, and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), staff or chaperones to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian Last (print) _____ Phone # _____ Cell # _____ Doctor Name and Phone # _____

Parent/Guardian (signature) _____ Alternate Emergency Contact Name and Phone# _____



Formulario de Permiso de Viaje Para Estudiantes

Student Trip Permission Form

TODAS LAS SECCIONES Y LA INFORMACIÓN DEBEN SER COMPLETA Y PRECISAMENTE LLENADAS PARA APROBAR EL ESTUDIANTE.

Descargo de Responsabilidad de Viaje Estudiantil

- Un viaje de estudiantes se ha programado para su hijo(a). A pesar de que el lugar no se conoce como destino acuático, puede que haya sitios designados para nadar, pescar o pasear en canoa. A los estudiantes no se les permite nadar ni en el océano, el mar, un lago, un río ni en un estanque.
- Los estudiantes pueden nadar en la piscina de un hotel siempre y cuando hay socorristas presentes o si el coordinador del paseo o administrador está monitoreando la actividad. Ellos establecerán las restricciones para nadar basado en el número de estudiantes, el tamaño de la piscina, el tiempo disponible, etc.
- Cualquier estudiante que viole las instrucciones del agua puede ser enviado a casa a expensas de los padres.
- En algunas experiencias, el aprendizaje práctico incluye encuentros con animales, como observar animales en su hábitat, alimentarlos y, a veces, tocarlos. En el caso de que no desee que su estudiante participe en un encuentro con animales, comuníquese con el/la maestro/a y el administrador de su hijo/a.
- El coordinador del paseo y el administrador reservan el derecho de revisar las habitaciones, las maletas, las pertenencias personales y la persona de cualquier estudiante en cualquier momento antes y durante un paseo escolar. Por medio de firmar este documento, usted afirma que ha recibido este aviso antes del paseo y que los estudiantes y sus pertenencias están sujetos a revisiones aleatorias durante el paseo.

Esta parte del formulario debe ser completada por la escuela antes de su distribución al padre o tutor.

Escuela/Clase: _____ Destino: _____
 Fecha de Salida/Hora: _____ Fecha de Regreso/Hora: _____
 Devolver el Formulario a: _____ Fecha de entrega del formulario: _____

Estudiante: Apellido (letra imprenta) _____ Primer nombre _____ MI _____ Fecha de Nacimiento _____ Grado _____

Por la presente doy permiso a (nombre del estudiante) _____ para participar en el viaje estudiantil mencionado arriba y he leído el Descargo de Responsabilidad de Viaje Estudiantil arriba. También entiendo que, al firmar este formulario, yo estoy indicando que tanto mi hijo(a) como yo entendemos el Descargo de Responsabilidad de Viaje Estudiantil y aceptamos sus estipulaciones.

Reconozco, sin embargo, que situaciones y problemas imprevistos pueden surgir en cualquier viaje, los cuales no son razonablemente dentro del control del maestro(s) responsable, el personal o los chaperones. Estamos de acuerdo en liberar y eximir de responsabilidad al Mansfield ISD, sus agentes, maestro(s), el personal o los chaperones, de cualquier y toda responsabilidad, reclamos, demandas, costos y gastos (incluyendo honorarios y costos de abogados) que surjan de tales actividades, incluyendo cualquier accidente o lesión al estudiante y los costos de los servicios médicos.

En el caso de que ocurre una lesión que requiere atención médica, doy permiso a que los maestros, empleados del distrito o chaperones que supervisan la actividad atiendan a mi hijo(a). Si la lesión requiere atención médica adicional, espero que se haga todo esfuerzo para comunicarse conmigo para recibir mi autorización específica antes de actuar. Si los esfuerzos para comunicarse conmigo resultan sin éxito, doy permiso a los maestros, empleados de distrito o chaperones para llevar a mi hijo(a) al doctor o al hospital en caso de que sufre un accidente o enfermedad grave durante el paseo y no es posible localizarme.

En el caso de que un estudiante debe volver a Mansfield ISD de forma independiente por razones de salud, accidentes, falta de conformidad a las reglas establecidas por el maestro responsable, etc., estoy de acuerdo en aceptar la responsabilidad completa y para pagar el costo de la atención médica, transporte y otros gastos incidentales.

Padre/Tutor (letra imprenta) _____ Número de Casa _____ Número Celular _____ Nombre del Doctor y
 Número Telefónico _____

Padre/Tutor (firma) _____ Nombre de Contacto de Emergencia Alternativo y Número Telefónico _____

**LAKEVIEW CAMP AND RETREAT CENTER OF THE ASSEMBLIES OF GOD
EVENT WAIVER AND RELEASE**

Participant _____ ("Participant") plans to and will attend the Lakeview Camp and Retreat Center of the Assemblies of God ("LCRC") events or activities associated with:

_____ [name of LCRC event]

on these dates, unless extended: _____ (the "Event"). In consideration of being allowed to participate in the Event held at or by the LCRC, Participant or his/her Parent or a legal guardian ("Parent"), if Participant is not 18 years of age, acknowledges and agrees as follows:

1. Participant, or if Participant is a minor, Parent, individually and as legal guardian of Participant, and on behalf of Participant's and Parent's heirs, assigns, and personal representatives, WAIVES, RELEASES, AND AGREES TO HOLD HARMLESS LCRC AND NORTH TEXAS DISTRICT COUNCIL ASSEMBLIES OF GOD AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS, WHETHER OR NOT SPECIFICALLY NAMED HEREIN (COLLECTIVELY, "RELEASEES"), FROM AND AGAINST ALL LIABILITY, BODILY INJURY, DEATH, DAMAGES OF ANY KIND, CLAIMS, CAUSES OF ACTION, AND EXPENSES (INCLUDING ATTORNEY'S FEES) THAT MAY ARISE FROM OR RELATE TO PARTICIPANT'S PARTICIPATION IN THE EVENT AND/OR ANY ACT, OMISSION, NEGLIGENCE OR COMPARATIVE FAULT OF RELEASEES OR THIRD-PARTIES; PROVIDED, THAT RELEASEES ARE NOT RELEASED FROM ANY SUCH LIABILITY OR DAMAGE ARISING FROM THEIR GROSS NEGLIGENCE OR WILLFUL CONDUCT.
2. Participant, or Parent, individually and as legal guardian of Participant, understand that there is risk of injury from the activities involved at LCRC, including bodily injury, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury cannot be eliminated. Participant or Parent KNOWINGLY ASSUMES ALL SUCH RISKS, both known and unknown, even if arising from the negligence of Releases, and assume full responsibility for injuries that may occur because of Participant's participation in LCRC Events.
3. If Participant observes any significant hazard during the Event, Participant agrees to immediately remove himself/herself from participation and will immediately notify a LCRC official or volunteer.
4. Participant, or Parent, individually and as legal guardian of Participant, agree that if any provision herein shall be for any reason unenforceable, then that provision shall be severed from this Release and does not affect the validity and enforceability of any remaining provisions. I have read this Event Waiver and Release and understand its terms, and I sign it voluntarily.

Participant's Signature

Participant's Printed Name

Date

Parent Signature - Required if Participant is Under 18 Years of Age

I certify that I am a parent or legal guardian of Participant, and that Participant is fully capable of participating and is permitted to participate in the LCRC Event. The "EVENT WAIVER AND RELEASE" shall be fully enforceable as between LCRC and Participant and me, individually and as legal guardian of Participant.

Parent's Signature

Parent's Printed Name

Date

*Only fill this out if your child will take meds while at camp.



*Do not bring meds until the morning of camp

Extended Field Trip Medication Authorization Form

(Duration Longer than One Normal School Day, Overnight, or Multiple Days)

When a field trip extends beyond the normal school day, it may become necessary for a student to be given a medication that is normally given at home. The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for field trip attendance. Please provide any information and medication needed for the field trip.

Name of School: Asa Low Intermediate School School Year: 2021-2022 Destination: Lakeview Camp & Retreat Center

Field Trip Start Date/Time: _____ End Date/Time: _____

Prescribed medication:

- No medications new to the student are to be sent on trips.
- Only the number of doses of medication to be used during the duration of the field trip must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian.
- Medication must be turned in to the event sponsor, with the exception of inhalers/epi pens/diabetic supplies that physician may deem necessary for student to carry on their person. In this case, a medication permit signed by the physician must already be on file in the school health clinic. All rules regarding medication given at school still apply. The sponsor and parent/guardian will count medication together and initial the count.

Over-the-counter medications:

The medication can only be given as directed by the manufacturer and must be FDA approved. Medication must be sent in the original, properly labeled container. Medication must be age/weight appropriate. Please do not send large bottles of medication.

End of the field trip:

All left over medication must be picked up from the event sponsor by the parent or designated adult. Any medication that is not picked up after the field trip will be disposed of by the school nurse.

STUDENT INFORMATION

Name _____ DOB _____ Grade _____ Teacher/Advisor _____

MEDICATION

1. Medication Name _____ Diagnosis/Reason for Medication _____ Count _____ Initials _____

Medication Dose _____ Route _____ Time _____ Time _____ Time _____

2. Medication Name _____ Diagnosis/Reason for Medication _____ Count _____ Initials _____

Medication Dose _____ Route _____ Time _____ Time _____ Time _____

3. Medication Name _____ Diagnosis/Reason for Medication _____ Count _____ Initials _____

Medication Dose _____ Route _____ Time _____ Time _____ Time _____

4. Medication Name _____ Diagnosis/Reason for Medication _____ Count _____ Initials _____

Medication Dose _____ Route _____ Time _____ Time _____ Time _____

PARENT AUTHORIZATION

Date: _____

I request that the above medication(s) be administered by school personnel to my child, _____.

PARENT/GUARDIAN SIGNATURE: _____ Phone # _____

ALTERNATE CONTACT: _____ Phone # _____

