

PLEASE JOIN US FOR AN INFORMATIONAL, ONLINE MEETING THIS THURSDAY 9/29 AT 6:00. INFORMATION YOU LEARN AT THIS MEETING, COULD CHANGE YOUR MIND ABOUT ALLOWING YOUR STUDENT TO GO. IT IS SO PIVOTAL IN THEIR TRANSITION TO 5TH GRADE. CHECK MR. SHORT'S NEWSLETTER FOR THE LINK.

08/23/2022

Dear parent/guardian:

As part of the fifth-grade experience, Asa Low Intermediate School is proud to offer an annual outdoor education opportunity. The outdoor education program is a two-day, one-night camping opportunity at Camp Lakeview, located in Waxahachie.

This camping experience allows students to utilize and gain new science skills in a hands-on manner, 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, science experiments, zip line, rock climbing and various others. Students and chaperones will be outdoors 90% of the day.

The total cost of the two-day, one-night trip is \$130.00. The full amount is due to Asa Low, Monday, October 10, 2022. Payments must be made by credit card. As soon as we have the link for that, we will send it out. 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 \$70.

We want to make sure that you are aware of your responsibilities at camp. You will be with your group of children 24/7. 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. You will be in a cabin with them at night. 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 3, 2022. This MUST be done online at

https://mansfield.quickapp.pro/apply/applicant/new/5108?ref=gap_session_728a9ce12559ae2c14166bc419140b536a45a280b69ebb13cd5bad04621eea05 The QR code below will also take you to the background check.

The 2nd night, 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 lvnncannadav@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

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Camp Lakeview COMMITMENT FORM - RETURN THIS FORM by Oct. 10, 2022

Vanderbilt Camp dates are 10/20-10/21

Student Name _____

ALL PAPERWORK FOR STUDENTS AND CHAPERONES NEEDS TO BE TURNED IN BY Oct. 10.

____ Yes, my child will attend the Science Outdoor School to Camp Lakeview

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 Science Outdoor School to Camp Lakeview

Parent Signature _____

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

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 3, 2022. I understand it must be completed online at the above link or using the QR Code and if I do not complete it by October 3, 2022, I can't chaperone the trip.

Payment must be made by credit card. Chaperone fee is \$70 and must be paid by Oct. 10, 2022. (Link to pay will come at a later date.)

We need a lot of chaperones, so please consider going with us! As long as you pay and pass the background check, you are accepted to chaperone!

Parent Signature _____

Printed Parent Name _____

Student Name _____



Date Reminders - KEEP THIS

Chaperone Background Check:

Completed by October 3, 2022

All Paperwork:

Completed and back to the school by October 10, 2022

Student Payment:

Payment in full of \$130 due October 10, 2022

Chaperone Payment:

Payment in full of \$70 due October 10, 2022

Vanderbilt Camp Dates: 10/20-10/21



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 [ie. Six Flags, Sandy Lake, Fort Worth Zoo. etc...] there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim, stand, wade, or walk in the water. Additionally, there will be no beach or shoreline activities unless the trip has been specifically approved for a specified curricular reason [ie. Science Lab testing for microbes in a pond].
- The specified venue and/or hotel swimming pools are off limits as well, unless there is a lifeguard supplied by the venue or hotel and on duty. In this case, the school official will set parameters.
- Any student who violates these instructions will be sent home at the parents' expense.

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

Campus/Class: ALIS/Vanderbilt Destination: Camp Lakeview

Departure Date/Time: Oct. 20 / 9:00am Return Date/Time: Oct. 21 / 9:00pm

Return the Form to: Ms. Holovach Date Form is due: Oct. 14, 2022

Student Last (print)	First	MI	Student's Date of Birth	Student Grade
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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 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 #
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Parent/Guardian (signature)	Alternate Emergency Contact Name and Phone#
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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:

Outdoor Camp Team Vanderbilt [name of LCRC event]

on these dates, unless extended: 10/20/22 - 10/21/22 (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



*Bring this with medications the day you leave for camp.

Vanderbilt

STUDENT HEALTH SERVICES

Extended Field Trip Medication Administration Permit

(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: ALIS School Year: 22/23 Destination: Camp Lakeview

Field Trip Start Date/Time: Oct. 20 / 9:00am End Date/Time: Oct. 21 / 9:00pm

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.
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.

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 # _____

Activity Sponsor: Lynn Cannaday School Nurse: Lauren Collyard Clinic Phone # 817-299-3650
10/2013

