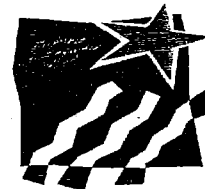


HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT  
Newton Middle School



*A California Distinguished and Gold Ribbon School*  
15616 NEWTON ST • HACIENDA HEIGHTS, CALIFORNIA 91745 • (626) 933-2401  
WWW.FACEBOOK.COM/NEWTONMIDDLESCHOOL  
WWW.NEWTON.HLPSCHOOLS.ORG



*Mr. Dan Ma, Principal*  
*Ms. Kim Lee, Assistant Principal*

## CIMI CONTRACT 2015-16

I have read ALL of the information carefully regarding the CIMI Field Trip and understand the following expectations and requirements. The following boxes must be checked and signed with a \$50.00 check/cash/money order in order to validate and reserve a spot for your child.

I understand that the initial deposit of \$50.00 is **NON-REFUNDABLE** under any circumstances. **NO EXCEPTIONS**. The balance of donation (\$330 per student) will be due on **March 1<sup>st</sup>, 2016**.

However, at any time the Newton Administration reserves the right to determine a student's ineligibility due to serious academics, behavioral and safety concerns.

Student's Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Vision Statement:*

*The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people, apply decision-making skills leading to responsible actions, and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.*



**STUDENT HEALTH FORM**  
Cherry Cove Fox Landing

School: \_\_\_\_\_  
Toyon Bay Tall Ship

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 CIMI.**

**EMERGENCY MEDICAL CONSENT:** The Student's medical conditions and information stated on this application is complete and correct. I give permission to the CIMI 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 CIMI 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 CIMI 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 CIMI 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 CIMI camp activities. I also recognize that CIMI 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 CIMI camp rules and regulations. I agree to direct the Student to comply with all CIMI rules and policies, and to cooperate with CIMI personnel. I understand and agree that if the Student fails to comply with CIMI 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 CIMI 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 CIMI camp.

I hereby release and discharge Guided Discoveries, Inc., CIMI, 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 CIMI and participation in the camp activities and programs.

I give permission for CIMI to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise CIMI 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)  
 Bonine/Meclazine/Dramamine (motion sickness)

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 CIMI BE AWARE OF?**  
 PLEASE EXPLAIN IN DETAIL.  
 (Attach additional sheet if necessary.)



**SOLICITUD ESTUDIANTIL – FORMULARIO MEDICO**  
 Cherry Cove Fox Landing Toyon Bay

**Escuela:** \_\_\_\_\_  
 Tall Ship

**Apellido del Estudiante:** \_\_\_\_\_ **Nombre:** \_\_\_\_\_ **Sexo:** \_\_\_\_\_  
**Dirección:** \_\_\_\_\_ **Ciudad:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código postal:** \_\_\_\_\_  
**Padre/Madre/Tutor:** \_\_\_\_\_ **N° de Celular:** \_\_\_\_\_ **N° del Trabajo:** \_\_\_\_\_  
**Lugar del Trabajo:** \_\_\_\_\_ **Dirección:** \_\_\_\_\_ **Ciudad:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código postal:** \_\_\_\_\_  
**Estatura** \_\_\_\_\_ **Peso** \_\_\_\_\_ **Edad del estudiante:** \_\_\_\_\_ **Fecha de nacimiento:** \_\_\_\_\_

**Contacto de emergencia:** \_\_\_\_\_  
**Dirección:** \_\_\_\_\_  
**Cuidad:** \_\_\_\_\_ **Estado:** \_\_\_\_\_  
**Teléfono:** \_\_\_\_\_  
**Relación al estudiante:** \_\_\_\_\_

**Compañía de seguro médico:** \_\_\_\_\_  
**N° de póliza:** \_\_\_\_\_  
**Teléfono:** \_\_\_\_\_  
**Médico de la familia:** \_\_\_\_\_ **Teléfono:** \_\_\_\_\_  
**Fecha de la última vacuna contra el Tétanos:** \_\_\_\_\_

**IMPORTANTE:** El padre/madre/tutor debe firmar este formulario para autorizar la participación de su hijo/a en CIMI.  
**AUTORIZACION PARA LOS CASOS DE EMERGENCIA MEDICA:** La información sobre el Estudiante y sus afecciones médicas que se encuentra en este formulario es correcta y completa. Autorizo al personal de CIMI y a los chaperones de la Escuela a (1) administrar los medicamentos regulares alistados aquí, así como los medicamentos sin receta y otros medicamentos para dolores o enfermedades leves, de ser necesarios, (2) en casos de emergencia médica, de proporcionar primeros auxilios para las lesiones leves, y (3) de buscar tratamiento adicional de médicos u hospitales locales si la afección médica lo requiere. En el caso de que no pueden comunicarse conmigo durante una emergencia, autorizo al médico seleccionado por CIMI o por el chaperón de la Escuela a examinar, diagnosticar, tratar o elegir el tratamiento apropiado para el Estudiante, de hospitalizar, ordenar inyecciones, anestesia o cirugía para el Estudiante según lo que las circunstancias exigen. Una fotocopia de esta Autorización será tan válida como la original y debe ser aceptada. CIMI puede fotocopiar esta Autorización y facilitarla al médico o al hospital si es necesario. Doy mi consentimiento conforme con las disposiciones del artículo 6910 del Código de Familias de California.  
**RENUNCIA A LA RESPONSABILIDAD:** Se me han informado de la índole del programa de CIMI en el que el Estudiante se inscribe. Entiendo que existen ciertos riesgos asociados con la participación del Estudiante en las actividades del campamento y con el transporte que pueden llevar a lesiones o inclusive la muerte. Estoy familiarizado/a con los deportes/las actividades al aire libre y de las capacidades del Estudiante y no estoy consciente de ningún problema ni deficiencia física, emocional ni mental del Estudiante que impediría, limitaría o incrementaría el riesgo de daño si el Estudiante participara en las actividades de CIMI. Asimismo reconozco que CIMI no puede garantizar que los participantes, el equipo, el terreno o las actividades serán libres de accidentes y lesiones. Estoy consciente de y le he instruido al Estudiante de la importancia de conocer y acatar el reglamento y las normas de CIMI. Me comprometo a instruir al Estudiante a acatar las normas y políticas de CIMI y de colaborar con el personal del mismo. Entiendo que si el Estudiante no acata las normas de CIMI el Estudiante puede ser expulsado del campamento y regresado a su casa con el padre/madre/tutor a cargo de los gastos. Teniendo este conocimiento, doy mi autorización para la participación del Estudiante en todas las actividades de CIMI y en nombre del suscrito y del Estudiante acepto y asumo plena responsabilidad en el caso de lesiones, enfermedades, pérdida de propiedad personal u otros daños, así como los gastos médicos que podrían resultar de la presencia o participación del Estudiante en las actividades de CIMI.  
 Por la presente Autorización libero a Guided Discoveries, Inc., CIMI, y sus agentes y empleados de la responsabilidad de cualquier pérdida, daño, gasto, lesión, o enfermedad derivado de la participación del Estudiante en las actividades o en el transporte de CIMI.  
 Yo doy mi autorización a CIMI de usar fotografías, videos o entrevistas grabadas en el campamento para ilustrar, reportar, promover o promocionar los programas de CIMI o Guided Discoveries.  
**FIRMA:** \_\_\_\_\_  
 Nombre en letra de molde: \_\_\_\_\_ **Padre/Madre/Tutor** Fecha: \_\_\_\_\_  
*Las normas de participación en los programas de Guided Discoveries, Inc. son iguales para todos sin tomar en cuenta cuestiones de raza, color, origen nacional, sexo o discapacidad.*

**NECESIDADES DIETARIAS:**  
 Vegetariano/a \_\_\_\_\_ Vegan \_\_\_\_\_ No tolera productos lácteos \_\_\_\_\_ Sin gluten \_\_\_\_\_ Otra \_\_\_\_\_  
**ALERGIAS A LA COMIDA:** Describa por favor:

**MARQUE:** Cualquier problema médico que aplica:  
 Alergias\*  Alergia a las picaduras de abeja\*  
 Asma  Dolor de espalda, espalda débil  
 Mareos  Problemas intestinales  
 Diabetes  Epilepsia/Trastorno de ataques  
 Alergia al polen  Dolor de cabeza  
 Problemas cardíacos  Roble venenoso  
 Problemas sinusales  Problemas Respiratorios\*\*  
 Camina sonámbulo  Vómitos  
 \*¿Se le ha recetado a su hijo/a alguna vez una EpiPen para las alergias? Sí \_\_\_\_\_ No \_\_\_\_\_ Si la respuesta es sí, su hijo/a debe traer su EpiPen al campamento.  
 \*\*Requiere su hijo/a un Inhalador a diario o para participar en las actividades basadas en el ejercicio? Sí \_\_\_\_\_ No \_\_\_\_\_ Si la respuesta es sí, su hijo/a debe traer su inhalador al campamento.

**Especifique con un Sí o No cada medicamento que se le puede administrar a su hijo/a.**  
 Pepto Bismol (nauseas/dolor de estómago)  
 Leche de Magnesia (para el estreñimiento)  
 Ibuprofeno (dolores leves, fiebre)  
 Caramelos/Pastillas para la garganta/la tos  
 Benadryl (alergia)  
 Caladryl (para el sarpullido de piel)  
 Paracetamol (dolores de cabeza/fiebre)  
 Bonine/Meclazine/Dramamine (mareos)

¿Es necesario que el estudiante tome medicamentos regularmente?  
 Sí \_\_\_\_\_ No \_\_\_\_\_

☆ Todos los medicamentos serán administrados por los chaperones de la escuela. Favor de proporcionar las instrucciones (dosificación) para los medicamentos.  
**EXPLIQUE CON DETALLE LAS NECESIDADES MEDICAS DE LAS QUE CIMI DEBE ESTAR CONSCIENTE.**  
 (Agregue otra hoja si es necesario.)

### VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

Dear Parent/Guardian:

Kindly complete and return this form to **Teacher** \*  
\_\_\_\_\_  
Name of Teacher (Homeroom) \_\_\_\_\_ Name of School Newton Middle School  
\* (Student Name) has my permission to participate in the

following voluntary activity:  
CIMI: enrichment field trip  
Destination: CIMI  
Departure Date & Time: 5/9/16 Return Date & Time: 5/11/16  
6:30 AM 4:30 PM

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**As stated in California Education Code Section 35330, I understand that I hold the Hacienda La Puente Unified School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.**

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip as outlined in the "Annual Handbook" distributed in August/September. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

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

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

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Carrier	Policy No.	Address

*A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) L) Check here if there are special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drugs are to be taken by student, list them here: (Name of drug and reason)*

*If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.*