

# YMCA Camp Orkila Overnight Fieldtrip Packet

**Due: September 27, 2017 at the latest**

The eighth graders of Eckstein will take a fieldtrip to Camp Orkila October 11-13, 2017. Camp Orkila has been a setting for outdoor adventure since its conception in 1906. It is quite possible that some of your parent, grandparents, or even great-grandparents attended Orkila as a child. Set on the northwest corner of Orcas Island in the San Juan Island, Orkila enjoys a beachfront view overlooking President Channel and the Canadian Gulf Islands.

From Eckstein the trip to camp includes a 90-minute bus ride to the Anacortes ferry terminal, a one-hour ferry ride to Orcas Island, and a twenty-minute drive to camp. Orkila is set on 265 beautiful acres of forest, fields, and beachfront.

Camp Orkila is dedicated to the YMCA mission of building a community where individuals are encourage to develop to their fullest potential. As part of this tradition, students and chaperones are housed in rustic cabins. Each cabin has 10-12 built in bunks and open windows and doorways. Bathhouses with toilets and shower facilities are located throughout camp.

Approximately 16 staff members will be going as teacher-chaperones; however, we will also need 30 parent chaperones. If you are interested in helping out with this, please contact Mrs. Young at [llyoung@seattleschools.org](mailto:llyoung@seattleschools.org)

## **REQUIREMENTS:**

In order for your student to go on the trip, this entire packet must be completed AT LEAST two weeks before the trip (by September 27). The price of the trip will be **\$200.00**. Checks should be made out to *Eckstein Middle School*.

**These are legal documents, so please use your child's full legal name and write legibly.**

This year, in an effort to spread out the workload, we would like to have all the signed paperwork **returned by June 2**. However, if needed, you can wait until later to pay for the trip (Payment or arrangements should be made by September 27.)

Eckstein would like to make sure that all eighth graders have the opportunity to go, so if you need a scholarship, please indicate that on your paperwork.

Mrs. Sterk

Ms. Alsept

# Chaperones Needed

In order to make this trip happen we **MUST** have enough chaperones to safely supervise all students for the three days. Parent chaperones will be assigned, by gender, to cabins with 10-11 students.

General responsibilities include:

- Supervise their assigned students
- Know the schedule
- Make sure students are in their cabin by 9 pm and lights are out by 10:00
- Wake up campers and help them get ready for the day
- During classes (study groups) monitor student behavior and assist Orkila staff.
- Communicate with the Eckstein teacher who is assigned to help you. (Each teacher will be assigned to two parent chaperones and will give them breaks through out the day.)

Day of Departure:

- Arrive at Eckstein at 7:00am to attend the Chaperone Briefing
- Find out who your teacher-chaperone contact is. Trade cell phone numbers.
- Assemble your students as they arrive and help them get their bags into the U-Haul.
- Introduce yourself to your students and try to learn their names.
- On the way to Orkila, keep students occupied and well behaved and quiet on the bus and ferry.

## PLEASE MARK ONE OF THE FOLLOWING:

**YES I can help chaperone:** \_\_\_\_\_

Please provide a good contact number and email: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MAYBE I can help:** \_\_\_\_\_

Please provide a good contact number and email: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NO I cannot help:** \_\_\_\_\_

# Eckstein Middle School Parent/Guardian Authorization for Overnight Field Trip

You must turn this into your teacher *by June 2<sup>nd</sup> (September 27 at the latest)*

<b>Student Name:</b> _____	<b>Fieldtrip Supervisor:</b> Teresa Alsept
<b>Date(s) of Trip:</b> October 11-13, 2017	<b>Destination:</b> YMCA Camp Orkila, Orcas Island, WA
<b>Purpose(s):</b> Science and Team Building Activities	
<b>List of Activities:</b> Outdoor Environmental Education, Garden Sustainability, and Forest Aquatic Ecology	
<b>Supervision: (Check One)</b> <input checked="" type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions: _____	
<b>Costs, Lunch &amp; Transportation:</b> (Field Trip supervisor, please check off the boxes that apply for lunch and transportation)	
<p><b>Cost:</b>                  The cost for the field trip is <b>\$200.00</b>                  *Please make checks payable to Eckstein Middle School                  I am enclosing \$ _____.                  *If you are able to contribute more than the cost for your student, it would help accommodate students in need of financial assistance.                  My child needs help with cost (Please circle one):    Yes    No</p>	
<p><b>Lunch during ferry ride:</b></p> <p><input type="checkbox"/> My child will bring money to buy lunch on the ferry  <input type="checkbox"/> My child will bring lunch  <input type="checkbox"/> My child needs a sack lunch provided by school</p>	
<p><b>Mode of Transportation:</b> (Check all that apply.)</p> <p><input type="checkbox"/> school bus    <input checked="" type="checkbox"/> charter bus    <input type="checkbox"/> scheduled airlines    <input checked="" type="checkbox"/> boat/ferry    <input type="checkbox"/> train    <input checked="" type="checkbox"/> Other Orkila Bus</p>	
<p><input type="checkbox"/> I would like to chaperone and I will contact Laura Leigh Young at <a href="mailto:llyoung@seattleschools.org">llyoung@seattleschools.org</a>.                  My Name is _____ Email: _____</p>	
<p><b>Students will leave from:</b> _____ <b>Eckstein Middle School</b> _____ at <b>7:30am</b> _____                  (where) (time)</p>	
<p><b>Students will return to:</b> _____ <b>Eckstein Middle School</b> _____ at about <b>4:00pm</b> _____                  (where) (time)</p>	
<p><b>Chaperone(s) in Charge:</b> _____ <b>Mrs. Sterk, Ms. Alsept, and</b> _____</p>	
<p><b>Chaperone/Student Ratio:</b> _____ <b>10:1</b> _____ (maximum ratio 10:1)</p>	

**STUDENT AGREEMENT**

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' *Student Rights & Responsibilities Code of Conduct*.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date

TO BE COMPLETED BY THE STUDENT

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT

## AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my / my child's participation in this field trip, from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct* and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

## MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and "Medication Administration Form" attached to this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility

***If the applicant is at least 18 years of age, the following statement must be read and signed by the student:***

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:*** I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ to participate in all aspects of this trip.  
(student)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***The student, if at least 18 years of age, or parent/legal guardian must complete the information below:***

Print First and Last Name: \_\_\_\_\_

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

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #s: \_\_\_\_\_

## Important Medical Information Form

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**Student Name:**

**Date of Birth:**

**Parent/ Guardian Name(s):**

**Telephone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Telephone: (Cell)** \_\_\_\_\_ **(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Emergency Contact Information: (other than parent/guardian)**

(1) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_   
Phone Number Other Contact Information

(2) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_   
Phone Number Other Contact Information

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**Primary Care Physician's Name and Contact Information (in case of an emergency):**

**Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):**

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**Insurance Provider Claim Instructions/Procedures (in case of emergency):**

Student has the following health issues and/or allergies of which SPS should be aware:

Health Issues:

Allergies (food, medication, insects, plants, animals, etc.):

Student takes the following medications and/or prescriptions of which SPS should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?

If yes, specify the ways in which you wish his/her program limited:

Additional information of which SPS should be aware concerning student's health:

**I authorize the release of the information given above to other school staff in order to coordinate services.**

\_\_\_\_\_  
Student Signature, if at least 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if student is under 18 years of age

\_\_\_\_\_  
Date

\* If necessary, attach doctor's letter to this form.

\* If necessary, attach copies that document student's shots and immunizations to this form.



## Student Health Services

### STUDENT USE OF SUNSCREEN

#### Parent Consent

I, \_\_\_\_\_  
(full name of parent/guardian)

of \_\_\_\_\_  
(address)

give permission for:

\_\_\_\_\_ (full name of student) \_\_\_\_\_ (school)

to use the sunscreen I am providing for their use while at school. By giving consent, I agree to the following:

- I have tested the sunscreen on my student and no allergic reaction occurred.
- I have informed my student to not share their sunscreen with others.
- I understand and accept the risks of allergic reaction that are associated with the use of sunscreen.

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Signature

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(Date)



# Seattle Public Schools AUTHORIZATION FOR MEDICATIONS TO BE TAKEN AT SCHOOL

The following section is to be completed by the PARENT/GUARDIAN: (please print)

School _____	Fax# _____	Grade _____
Student's Name _____	Initial _____	
Birth Date _____	ID# _____	Gender _____
_____	_____	_____
(Health Care Provider's Name)	(Address)	(Phone & Fax)
<b><u>Please check only one box:</u></b>		
<input type="checkbox"/> I request that authorized persons at school assist my child in taking the medicine(s) described below. I also give my permission for exchange of information between the school district staff and the health care provider.		
<input type="checkbox"/> I request that my child be allowed to self-administer medication. I also give my permission for exchange of information between the school district staff and the health care provider. I shall hold harmless and indemnify the school and Seattle Public School District's officer, employees and agenda against all claims, judgments, or liability arising out of the self-administration and carrying of medication of my child.		
<input type="checkbox"/> I am 18yo or older & am signing this form on my own behalf (RCW 26.28.015 or RCW 70.02.130). I also give my permission for the exchange of information between the school district staff and the health care provider.		
_____	_____	_____
(Date)	(Parent/Guardian/Student Signature)	(Home Phone)      (Emergency Phone)

The following section is to be completed by the HEALTH CARE PROVIDER: (please print)

I have determined that the medication named below is advisable during the school day.	
Diagnosis for which medication is given: _____	
Name of medicine: _____	Dose: _____
Route: _____	
If medicine is to be given DAILY, at what time: _____	
If medicine is to be given WHEN NEEDED, describe indications: _____	
_____	
How soon can it be repeated: _____	
Is child authorized to medicate herself/himself? (circle)    YES      NO	
If "Yes", student has been trained by health care provider and is safe to self-administer? (circle) YES    NO	
Length of time this treatment is recommended: _____	
Possible side effects: _____	
Emergency procedure in case of serious side effects: _____	
Date: _____	Health Care Provider's Signature: _____





# Seattle PUBLIC SCHOOLS

## FIELD TRIP BEHAVIOR AND EXPECTATIONS AGREEMENT

**STUDENT BEHAVIOR:** I understand that if my behavior, at the end of year or in September before the trip, is such that I need direct supervision, then the school will insist that a parent/guardian accompany me to Orkila. **Initial here:** \_\_\_\_\_

**STUDENT AGREEMENT:** Read and initial all ten statements indicating that you have read and understood them. Then sign the agreement.

I, \_\_\_\_\_ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to CAMP ORKILA ON ORCAS ISLAND ON OCTOBER 11-13, 2017.

1. I understand that this is a school approved field trip and I agree to follow the *Basic Rules of Seattle Public Schools – Code of Prohibited Conduct* while on the field trip. I understand that I may be sent home or disciplined upon my return if I violate these rules while on this trip. **Initial here:** \_\_\_\_\_

2. I will conduct myself with maturity, courtesy, and respect toward all parties including, but not limited to, my classmates, chaperones, teachers, and the Camp Orkila personnel. **Initial here:** \_\_\_\_\_

3. I realize that the chaperones and teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times. **Initial here:** \_\_\_\_\_

4. I acknowledge that this is an educational trip. I realize my participation in all group meetings, meals, and scheduled events is **mandatory**. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone or teacher to miss an event.

**Initial here:** \_\_\_\_\_

5. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will keep a chaperone or teacher informed of my whereabouts at all times. **Initial here:** \_\_\_\_\_

6. I will promptly tell any adults my name when asked. **Initial here:** \_\_\_\_\_

7. I will remain at my assigned cabin from 9:00 pm to sunrise. I will not leave my assigned lodgings after curfew unless I inform my chaperone AND I am accompanied by a buddy. **Initial here:** \_\_\_\_\_

8. I will respect all public and personal property. I understand that any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand that Seattle Public Schools is not liable for any damage that may occur to my personal property on the field trip.  
**Initial here:** \_\_\_\_\_

9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items. I will also NOT bring my cell phone or food to camp as this violates Camp Orkila's rules. **Initial here:** \_\_\_\_\_

10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand that my parents will be financially responsible for making arrangements to send me home. This means that your parent/guardian will have to pick you up at the Anacortes ferry terminal. **Initial here:** \_\_\_\_\_

I, \_\_\_\_\_ (print student name), have read the rules and expectations listed above and agree to abide by them and I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT AGREEMENT

I/We, \_\_\_\_\_ (print parent name/s), have read the rules and expectations listed above. I/We accept the above described behavior and expectations agreement and the following provisions as a condition for my/our child's participation in the field trip:

**Initial here:** \_\_\_\_\_

1. I/We agree to take financial responsibility for my/our child's early return from the field trip, if a chaperone or teacher deems that necessary. **Initial here:** \_\_\_\_\_

2. If my/our child is returned early, I/we release Seattle Public Schools from responsibility for him/her from the moment of his/her departure from the trip location by a regularly scheduled ferry or cab. **Initial here:** \_\_\_\_\_

3. If my/our child is arrested for any illegal activity, I/we accept full responsibility for him/her and release Seattle Public Schools from all supervising responsibility. **Initial here:** \_\_\_\_\_

4. I/we realize that there will not be any money refunded if my/our child is sent home early or misses one of the scheduled activities for any reason, including illness. **Initial here:** \_\_\_\_\_

5. I/We acknowledge that my/our child will be expected to behave in a mature and appropriate fashion at all times. **Initial here:** \_\_\_\_\_

6. I/We understand that Seattle Public Schools is not liable for any damage to public or personal property caused by my/our child during the field trip and that Seattle Public Schools is not liable for any damage to my/our child's personal property that may occur during the field trip. **Initial here:** \_\_\_\_\_

7. I/We recognize that there are certain risks associated with travel and specifically consent to my/our child assuming these risks. **Initial here:** \_\_\_\_\_

8. If your child has any medical issues, 504 issues, or any special accommodations needed for overnight camping in cabins without doors, then it is your responsibility to let the nurse and councilor know about this at the time you sign the permission slip OR at least two weeks prior to the trip. **Initial here:** \_\_\_\_\_

9. Due to the nature and size of Camp Orkila, if your child needs an Epi-pen, then they will be required to carry it themselves. It is your responsibility to ensure that your child's medication consent form states that they are allowed to self-carry their medications. **Initial here:** \_\_\_\_\_

**Parent #1:** \_\_\_\_\_

I, \_\_\_\_\_ (print parent name) agree to the above conditions and expectations. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent #2:**

(Leave blank if not applicable) I, \_\_\_\_\_ (print parent name) agree to the above conditions and expectations. Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

