6TH GRADE OUTDOOR EDUCATION TRIP
Aprende Middle School

This paperwork is due______________ Team _____ travels on _______________________

Please be sure to carefully review all of the information presented in this packet. If you can comply with the requirements and desire to go on the trip, you must return the packet as completed documentation. Your application is not complete and your student will not be allowed to travel until all of the attached paperwork is completed, signed, and submitted.

<table>
<thead>
<tr>
<th>OUTDOOR EDUCATION BEHAVIOR EXPECTATIONS AND GUIDELINES</th>
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<tbody>
<tr>
<td>Print Student Name:____________________________________</td>
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<tr>
<td>Print Parent/Guardian Name:______________________________</td>
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In order for Aprende Middle School students to participate in this trip, they will act as representatives of Aprende and must make the following necessary commitments to ensure the success of the program. Read each requirement and sign at the conclusion of the form. Both parent and student signatures are required.

1. “Three Strikes, You’re Out” Policy
   1st Strike: Warning, including discussion with chaperone and director.
   2nd Strike: Call home to a parent and loss of free time.
   3rd Strike: Call home. All participation privileges will be revoked. Student will walk with a designated adult. Consequences may include being sent home and/or disciplinary action upon return to Aprende.

   Note: ANY rule infraction that jeopardizes the safety of the student or the group (such as possession of illegal items, fighting, or leaving the room for non-emergency reasons at any time after lights out) is considered an automatic third strike. This will result in immediate parent notification, and the student may be sent home.

2. Female students may not be in the room of a male student for any reason. Male students may not be in the room of a female student for any reason. Not following this rule results in an immediate third strike.

3. Students will observe all camp rules as presented by the camp director at the beginning of the trip as well as all school rules as presented in the Kyrene Family Handbook.

4. Students’ cell phones will be turned off and collected before arriving at camp.

As a student, I have read the stated rules and I agree to abide by them on the field trip. I understand that the rules and expectations are for the safety and enjoyment of everyone participating, and agree to comply fully.

Student Signature __________________________ Date Signed ______________

As a parent or guardian, I have read the stated rules and I understand clearly that my child may be sent home for failing to obey the required rules for safety and behavior on this trip. In this case, I understand that I would be notified and arrangements would be made for my child to return home. I understand that the rules and expectations are for the safety and enjoyment of everyone participating, and agree to comply fully.

Parent/Guardian Signature __________________________ Date Signed ______________

Please fill out both sides of this paper.
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STUDENT EMERGENCY INFORMATION

Student Legal Name: ____________________________________________

Sex: _____ F _____ M  Date of Birth: _____________________________

Parent/Guardian Name: ________________________________________

Daytime Phone: (_____) _____________________ Evening Phone: (_____) ________________

Parent Home Address: _________________________________________

Secondary Parent/Guardian Name: _________________________________

Daytime Phone: (_____) _____________________ Evening Phone: (_____) ________________

Alternative Emergency Contact: _________________________________

Relationship to Student: __________________ Phone Number: (_____) ________________

STUDENT HEALTH INSURANCE INFORMATION

Health Insurance Company: ______________________________________

Customer Service Phone Number: (_____) ____________________ Policy Number: ______________

Policy Holder: ________________________________________________

Is this student eligible for care with the AHCCCS program?  Y / N  AHCCCS#: ______________________

Is this student eligible for care with Indian Health Services?  Y / N  I.H.S.#: ______________________

Primary Care Physician: __________________ Phone Number: (____) ________________

Dentist: __________________ Phone Number: (____) ________________

Date of Last Tetanus Shot: ______________ Date of Birth: ______________

Drug Allergies: ______________________________________________

Other Allergies (food, insect stings, etc.): __________________________

If your child has specific dietary restrictions due to medical or religious needs, please go online and submit a dietary request form at least one week in advance of arrival: https://prescottpines.org/dietary-request-form

This student has permission to take Tylenol, if needed, as given by the nurse.  YES  /  NO

My signature below indicates my desire to have my child accompany Aprende Middle School on the 6th grade Outdoor Education Field Trip. I realize that Kyrene School District’s liability insurance covers injury only if negligence is proved against the District and that in all other circumstances, the student’s insurance covers. I also understand that student disobedience to any rule will result in appropriate discipline and consequences, possibly including the loss of privileges or return home.

Parent/Guardian Signature ___________________________ Date Signed ________________

Please fill out both sides of this paper.