

# 6<sup>TH</sup> 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.*

OUTDOOR EDUCATION BEHAVIOR EXPECTATIONS AND GUIDELINES
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Print Student Name: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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.

**6<sup>TH</sup> GRADE OUTDOOR EDUCATION TRIP**  
**Aprende Middle School**

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: \_\_\_\_\_ 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 6<sup>th</sup> 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.