



## 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: DSL A Destination: SKY Ranch  
Departure Date/Time: February 7<sup>th</sup>, 2022 Return Date/Time: February 9<sup>th</sup>, 2022  
Return the Form to: Mrs. Valentine Date Form is due: November 12, 2021  
(room 102)

Student Last (print) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_ Student Grade \_\_\_\_\_

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 # \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Alternate Emergency Contact Name and Phone# \_\_\_\_\_

## SKY RANCH PARTICIPANT AGREEMENT

Group Name (if applicable): \_\_\_\_\_

Participant/Employee Name: \_\_\_\_\_

Parent/Guardian Name (if Participant/Employee under age 18): \_\_\_\_\_

For purpose of this Agreement, Participant/Employee and Parent/Guardian will be referred to collectively as "Participant.")

In consideration of the opportunity to participate in any activity at (please check one):

\_\_\_\_\_ Sky Ranches Inc. (Texas) \_\_\_\_\_ Sky Ranch Cave Springs \_\_\_\_\_ Sky Ranch Ute Trail \_\_\_\_\_ Sky Ranch Horn Creek

hereinafter "Sky Ranch"), Participant acknowledges and agrees to the following:

I. **Acknowledgment and Assumption of Risks.** Participant understands that Sky Ranch's activities range from mild to strenuous and, like all recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses, exposure to a communicable disease such as COVID-19, the novel SARS-2 coronavirus, or similar contagion, and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of Sky Ranch staff regarding risks or dangers associated with Sky Ranch's activities and environment (which may be the premises of a hosting church or school). Participant's participation in any activity is voluntary and Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

**COVID-19 Exposure:** The spread of the novel SARS-2 coronavirus, and the COVID-19 illness that results from that viral infection, has become widespread during 2020 within the United States and across the world. While Sky Ranch takes numerous safety and cleaning precautions and follows federal, state and local government guidelines, restrictions and policies with respect to limiting the spread of the virus, this virus has been shown to be highly infectious and can be spread between people who are not even aware they have been infected. Therefore, Sky Ranch cannot guarantee that guests will not become exposed to the virus while at one of our events, nor that they will not become ill during or after such events due to such exposure. While it appears that most people, including most children, experience mild, if any, symptoms from COVID-19, the virus can cause severe medical issues and even death in certain people, and medical professionals are generally not accurately able to predict how a COVID-19 infection would affect any specific individual. At the current time, the United States Centers for Disease Control and Prevention (the "CDC") has noted that some of the people who are most vulnerable to severe reactions to the virus include: older adults, people with chronic or underlying cardio-pulmonary conditions (i.e., heart or lung issues), people with blood disorders (such as diabetes or kidney and liver issues), and people with other immunity-compromising conditions (such as those undergoing radiation or chemotherapy, those who are HIV positive, etc.). If you or your family members fit into any of these categories, or if you have any other medical concerns related to COVID-19, we strongly urge you to contact your doctor and discuss your individual situation with your personal doctor or medical professional before attending any Sky Ranch event. If warranted, we would ask you to consider not attending such event until you and your doctor are comfortable the unavoidable risks related to attending Sky Ranch events.

II. **Activity Permission.** Participant understands and agrees that, in addition to traditional camping activities, Sky Ranch's activities include, but not limited to sports, crafts, inflatables, indoor/outdoor games and activities and traveling to the locations of various activities. Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a location without onsite medical facilities. Participant understands that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of Sky Ranch staff to receive a full and complete understanding of any such risk or danger associated with any activity. Participant may decline to participate in any activity. Participant grants permission to participate in and be transported to all Sky Ranch activities unless specified in a written note to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

III. **Acknowledgement of Sky Ranch Purpose.** Participant acknowledges and understands that Sky Ranch is organized and operated exclusively for Christian purposes. We treat all guests with respect and dignity, regardless of their religion or beliefs and we request our guests respect our beliefs as stated in the Sky Ranch doctrinal statement while on Sky Ranch property or participating in Sky Ranch activities. Participants who engage in disrespectful or harmful behavior or who refuse to abide by the Instructions provided by Sky Ranch staff, while on Sky Ranch property or participating in Sky Ranch activities are subject to removal from the property or program at Sky Ranch's discretion.

IV. **AGREEMENTS OF RELEASE AND INDEMNITY.** FURTHER, IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN A SKY RANCH ACTIVITY, TO THE MAXIMUM EXTENT ALLOWED BY LAW, PARTICIPANT RELEASES, AND AGREES NOT TO BRING ANY CAUSE OF ACTION AGAINST SKY RANCH, ITS OWNERS, MANAGERS, EMPLOYEES, MEDICAL PERSONNEL, CONTRACTORS OR ANY RELATED PARTIES (THE "RELEASED PARTIES") FOR LIABILITY OR CLAIMS OF ANY NATURE, INCLUDING LOSS OR DAMAGE TO PROPERTY, PERSONAL INJURY, EXPOSURE TO COMMUNICABLE DISEASE, SUCH AS COVID-19, NOVEL SARS-2 CORONAVIRUS, OR SIMILAR CONTAGION, OR DEATH, SUFFERED BY PARTICIPANT IN ANY WAY RELATED TO PARTICIPANT'S ENROLLMENT, PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. IN ADDITION, PARTICIPANT AGREES TO INDEMNIFY THE RELEASED PARTIES (THAT IS DEFEND THEM, INCLUDING SATISFACTION OF LIABILITIES; COSTS AND ATTORNEY'S FEES) FROM CLAIMS BROUGHT BY PARTICIPANT, MEMBERS OF PARTICIPANT'S FAMILY AND ANY OTHER PERSON ARISING OUT OF PARTICIPANT'S PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. THE CLAIMS WHICH ARE THE SUBJECT OF THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE THOSE ARISING FROM THE NEGLIGENCE OF ANY RELEASED PARTIES, EXCEPT NOT WHERE CAUSED BY ANY GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASED PARTIES. THE ACTIVITIES INTENDED TO BE COVERED BY THIS AGREEMENT OF RELEASE AND INDEMNITY INCLUDE ACTIVITIES ON OR OFF SKY RANCH PREMISES, INCLUDING TRANSPORTATION TO AND FROM SKY RANCH ACTIVITIES AND ON THE SKY RANCH GROUNDS OR ANY PREMISES UTILIZED BY SKY RANCH FOR ANY OF ITS ACTIVITIES.

V. **No Tobacco Products or Use of Alcohol, Marijuana, Fireworks, Firearms, or Illegal Drugs.** The use of tobacco products (smoking cigars, cigarettes, vapes, e-cigarettes, pipes, or smokeless tobacco) and using or having alcohol, marijuana, fireworks, firearms, or illegal drugs is strictly prohibited on camp and/or in camp facilities at all times.

VI. **Injury/Illness.** Should Participant become ill or injured while participating in a Sky Ranch activity, parents/guardians will be notified if, at the sole discretion of Sky Ranch staff, such notification is necessary. Notification is usually reserved for emergency situations. Parent/Guardian may contact Sky Ranch if at any time a parent/guardian has a question or concern regarding the health status or safety of Participant.

**Medical Costs.** Participant understands that Participant and its health insurer are primarily responsible (i.e. 'primary'), while the Sky Ranch policy is secondary or any required medical services that Sky Ranch's staff and facilities cannot accommodate. These services include (but are not limited to) prescriptions, x-rays, physical therapy, lab work, dental and orthodontia work and emergency room visits. Participant is also responsible for the cost of any emergency transportation / ambulance or air flight.

**Medical Release.** Participant understands that Sky Ranch is not obligated to provide on-site medical care or facilities. In the event that Sky Ranch does provide on-site medical care or facilities, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In the event that Sky Ranch does not provide on-site medical care or facilities, it is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor cannot be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. Guest Services can provide information regarding the availability of on-site medical care upon request. Please contact our office at GuestServices@sky ranch.org or calling 903-266-3300.

**HIPAA & TMRPA Authorization.** IN THE EVENT THAT THE PARTICIPANT REQUIRES MEDICAL ATTENTION WHILE PARTICIPATING IN AN ACTIVITY AT SKY RANCH, PARTICIPANT AUTHORIZES AND DIRECTS EACH COVERED ENTITY (AS THAT TERM IS DEFINED BY HIPAA AND TMRPA 181.001) TO DISCLOSE TO SKY RANCH ANY AND ALL PROTECTED HEALTH INFORMATION ('PHI') THAT SKY RANCH MAY REQUEST. PARTICIPANT ALSO AUTHORIZES AND DIRECTS EACH COVERED ENTITY, TOGETHER WITH ITS EMPLOYEES AND OTHER AGENTS, TO DISCUSS PARTICIPANT'S PHI WITH SKY RANCH AND TO ANSWER QUESTIONS ABOUT PARTICIPANT'S PHI THAT SKY RANCH MAY ASK, WHETHER OR NOT PARTICIPANT IS INCAPACITATED AT THE TIME. THIS AUTHORIZATION IS VOLUNTARY AND IS ONLY VALID DURING THE PERIOD OF TIME WHEN PARTICIPANT IS PARTICIPATING IN AN ACTIVITY AT SKY RANCH. NOTHING IN THIS AUTHORIZATION ALLOWS FOR SKY RANCH TO REQUEST PHI CONTAINING MENTAL HEALTH INFORMATION, HIV/AIDS-RELATED INFORMATION, DRUG, ALCOHOL, OR SUBSTANCE ABUSE TREATMENT INFORMATION, OR GENETIC (INHERITED) DISEASES OR TESTS (COLLECTIVELY, 'SPECIAL INFORMATION') AND PARTICIPANT SPECIFICALLY DOES NOT AUTHORIZE ANY OF THESE TYPES OF SPECIAL INFORMATION TO BE DISCLOSED, USED, OR DISCUSSED TO OR WITH SKY RANCH. PARTICIPANT UNDERSTANDS THAT HE/SHE MAY REVOKE THIS AUTHORIZATION EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN BASED ON THIS AUTHORIZATION. PARTICIPANT ACKNOWLEDGES THAT THE PHI USED OR DISCLOSED UNDER THIS AUTHORIZATION MAY BE SUBJECT TO RE-DISCLOSURE BY SKY RANCH, AND THE PHI ONCE DISCLOSED MAY NO LONGER BE PROTECTED BY HIPAA, THE RULES PROMULGATED UNDER HIPAA, AND THE TMRPA.

**Use of Personal Information/Images.** Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

**Applicable Venue and Law.** Any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity shall be brought in the courts of Smith County, Texas. Furthermore, the laws of the state of Texas shall govern and control any such lawsuit, litigation, or dispute between participant and Sky Ranch or any related or released party. Participant hereby consents to venue in Smith County, Texas and to the governing authority of Texas law for any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity, regardless of where this agreement is executed or performed or where such Sky Ranch activity may occur.

**Modification.** No amendment of this Agreement will be effective unless it is in writing and signed by the parties.

**Waiver.** No waiver of satisfaction of a condition or a failure to comply with an obligation under this Agreement will be effective unless it is in writing and signed by the party granting the waiver, and no such waiver will constitute a waiver of satisfaction of any other condition or failure to comply with any other obligation.

**Severability.** The parties intend as follows: (a) that if any provision of this agreement is held to be invalid, illegal or unenforceable, then that provision will be modified to the minimum extent necessary to make it enforceable, unless that modification is not permitted by law, in which case that provision will be disregarded; (b) that if an unenforceable provision is modified or disregarded according to this Section 14, then the rest of the agreement will remain in effect in writing; and (c) that any unenforceable provision will remain as written in any circumstances other than those in which the provision is held to be unenforceable.

**Entire Agreement.** This Agreement constitutes the entire understanding between the parties regarding the subject matter of this Agreement and supersedes all other agreements, whether written or oral, between the parties.

I HAVE READ THE ABOVE POLICIES, CONSENTS, PERMISSIONS, ASSUMPTIONS OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY AND AGREE TO ABIDE BY THEM TO THE FULLEST EXTENT ALLOWED BY LAW. FURTHER, I HAVE READ THE HIPAA & TMRPA AUTHORIZATION PROVISION AND AGREE TO THE USES AND DISCLOSURE OF THE INFORMATION AS DESCRIBED.

Printed Name of Participant/Employee

Signature of Participant/Employee

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

IF SIGNING ON BEHALF OF A MINOR PARTICIPANT, I AM PROVIDING THE EXPRESS AUTHORITY OF MY CO-PARENT, CO-GUARDIAN, OR ANY OTHER PARTY WHOSE CUSTODIAL RIGHTS AND RESPONSIBILITIES COVER THE MINOR PARTICIPANT ON WHOSE BEHALF I AM ENTERING INTO THIS AGREEMENT.

Universal Participant Agreement 05062020

## Payment Information

The online payment portal will be open to accept payments for Sky Ranch starting on November 1<sup>st</sup>. You will need to have your students name, ID#, and grade to submit a payment.

### Payment Options

1: You can make one payment for the entire amount from November 1<sup>st</sup>, to December 14<sup>th</sup>. Cash, checks, money orders, and online payments will be accepted.

2. You can split the payments into 2 installments. The first installment in the amount of \$110.00 is due by November 15<sup>th</sup>. The second half can be paid any time between November 16<sup>th</sup> and January 14<sup>th</sup>. Cash, checks, money orders, and online payments will be accepted.

The balance must be paid in full no later than January 14<sup>th</sup>. All money paid towards this trip is non-refundable after November 15<sup>th</sup>. We have to send Sky Ranch our final numbers and we will be officially under contract with them at that point.

### Paying with Check or Money Order

If you are paying by cash or money order; make them out to Donna Shepard Leadership Academy, write "Sky Ranch" at the top and make sure to have your students name, ID#, and grade level somewhere on the check or money order.

### Paying with Cash

If you are paying with cash; please enclose the cash in a Ziploc baggie or envelope and either have a sticky note inside the baggie or write on the outside of the envelope your students name, ID#, and grade level. Additionally, please send the exact amount. Teachers will not be able to make "change."

### Who Do We Turn Money Into?

Cash, checks and money orders should be turned into either Mrs. Valentine (room 102), Mrs. Kelley (6<sup>th</sup> grade Guidance Counselor) or Mrs. Lodatto (5<sup>th</sup> grade Guidance Counselor)

### Online Payments

The online payment portal can be accessed by visiting

<https://www.ticketracker.com/store/category?schoolId=1656&catalogCategoryId=12902>

You can also go to <https://www.ticketracker.com/>. Once there, type Mansfield ISD – Donna Shepard Intermediate, after you hit enter a screen should come up that will have all the different things that you can pay online. One line item should say "Sky Ranch." This will not show up on the online payment portal until November 1<sup>st</sup>.

### Payment Detail Slips

If paying with cash, check or money order you can detach the Student Information tags below and either staple it to your payment or include them in the envelope or baggie to ensure proper processing.

#### 1<sup>st</sup> Payment

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Team: \_\_\_\_\_

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

Amount Paid: \$ \_\_\_\_\_

#### 2nd Payment

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Team: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_



## Overnight Student Code of Conduct Agreement

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT PRIOR TO TRAVEL

Students may be removed immediately from the trip for issues that are illegal or jeopardize the safety of any student or "Chaperone". Failure to follow other items in the Mansfield ISD Student Code of Conduct or the directives of "Trip Coordinator" or "Administrator" will be communicated to parents, and campus administration in a timely manner, and may be sent home. If student is sent home it shall be at the expense of the parent.

- Students must follow the MISD Student Code of Conduct for the entirety of the trip.  
<http://www.mansfieldisd.org/uploaded/main/departments/student-services/assets/SCOCfinal.pdf>
- If bags are searched prior to any trip, then all bags will be searched. Bags of individuals may also be searched during travel when reasonable suspicion exists.
- There shall be absolutely no possession or use of alcohol, tobacco, drugs or weapons.
- Curfews will be enforced and room check will be made.
  - Students will be in their rooms and remain in their rooms during assigned times.
  - Should an emergency arise, the student must contact a chaperone immediately.
  - Student should not leave their rooms without talking to a chaperone or the "Trip Coordinator".
- Noise curfews will be strictly enforced by your chaperones and hotel management.
- Under no circumstance, should a male student be in a female's room or a female student in a male's room.
- Students will use appropriate language and behavior at all times while showing respect to everyone with whom they come in contact with.
- Students will dress appropriately and respectfully for the entirety of the trip.
- Students will be respectful on the bus of the driver and tour guides. When they talk, students will be attentive and quiet.
- Students must follow the itinerary provided by the "Trip Coordinator" at all times.

I understand the expectations and guidelines outlined above. I understand that if any of these guidelines are violated that I can be sent home at my parent's expense. I also understand that additional disciplinary actions may occur based on my behavior.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Printed Name

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

/\_\_\_\_\_  
date

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

/\_\_\_\_\_  
date

[This form must be completed and returned to the Field Trip Coordinator]

## Group and Cabin Preference Request

We want to all students that are attending Sky Ranch to have the best time possible. We understand that many students have friends they would like to "room" with, chaperones they would like to be with and groups they want to travel with. We will try to accommodate as many requests as we can but we cannot guarantee that you will be in a cabin or a group with everyone you request. Below you will be able to select up to 5 people that you would like to "room" with. You do not have to have a request for all 5 spots. Students may request friends that are on another team, but not students in a different grade. 5<sup>th</sup> graders will be grouped and housed with 5<sup>th</sup> graders and 6<sup>th</sup> graders will be grouped and housed with other 6<sup>th</sup> graders. Girls will only be rooming with other girls and boys will only be rooming with other boys. If your parent is attending the trip as a chaperone then please indicate that below so parent chaperones can be paired with their child. To ensure that you are paired with your first choices make sure that everyone you want to be paired with also requests to be paired with you.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**Will your parent/guardian be attending this field trip as a chaperone?** ☐ **Yes** ☐ **No**

**If so, please print their first and last name:** \_\_\_\_\_

**PRINT the FIRST and LAST name of up to 5 students that you would like to "room" with. All information must be filled out for each request to be considered.**

**1. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**2. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**3. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**4. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**5. First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

Make sure that all the information listed is correct. Incorrect information may keep you from being matched with the friends you request.



## Extended Field Trip Medication Authorization Form

(Duration Longer than One Normal School Day, Overnight, or Multiple Days)

\*Please do not bring vitamins or sleeping aides unless student has a diagnosed medical condition and doctors note. Also, please bring in medication prior to the day of field trip if possible!

Name of School: Donna Shepard School Year: 21-22 Destination: Skyranch

Field Trip Start Date/Time: \_\_\_\_\_ End Date/Time: \_\_\_\_\_

### 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. Parents must supply any special equipment necessary to administer medication.
- 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. In this case, a medication permit signed by the physician must already be on file in the school health clinic. All rules regarding medication given at school still apply. The sponsor and parent/guardian will count medication together and initial the count.

### 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 # \_\_\_\_\_

## Dietary Restrictions Request Form

The Sky Ranch food service team is skilled and trained to accommodate the following allergens: Milk, Egg, Soy, Wheat, Peanuts, Tree Nuts, Fish, Shellfish. They also provide a variety of options for special diets such as gluten-free, diabetic, vegetarian and vegan. To submit your dietary request, complete the form below. If you have any further questions or concerns please contact Sky Ranch food service team at: [FoodService@skyranch.org](mailto:FoodService@skyranch.org)

Location: Van, TX

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date Your Sky Ranch stay begins: February 7<sup>th</sup>

Name of the group you are attending with: Donna Shepard Leadership Academy

Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### Which of the following describes your need?

Please check all that apply.

- ☐ Food Allergy
- ☐ Dietary Preference
- ☐ Diabetic Diet

### Preference

Please check all that apply

- ☐ Vegetarian
- ☐ Vegan
- ☐ Pesca-Vegetarian
- ☐ No Pork
- ☐ No Beef

### Allergy

Please check all that apply.

- |  |   |  |                                 |
|--|---|--|---------------------------------|
| <input type="checkbox"/> Celiac            | <input type="checkbox"/> Gluten Free Diet | <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Peanut |
| <input type="checkbox"/> Shellfish allergy | <input type="checkbox"/> Egg              | <input type="checkbox"/> Fish          | <input type="checkbox"/> Wheat  |
| <input type="checkbox"/> Tree Nuts         | <input type="checkbox"/> Soy Bean         |  |                                 |

Sky Ranch will do their best help with carb counting for diabetic students. If you would like a copy of the diabetic menu please check the box below and give us the best email address to send the menu.

☐ Yes Best Email Address: \_\_\_\_\_



## Chaperones/ Parents or Guardians Attending Sky Ranch

Parents or guardians that wish to attend the Sky Ranch field trip with their student are welcome to do so. You can choose to come as an adult participant with your student or a chaperone. All parents/guardians that are attending, whether as a chaperone or just attending with your child, will be housed in cabins with your student. Please indicate below whether you would like to attend as a chaperone or an adult participant. Adult participants will pay \$220.00. Approved chaperones will pay \$200.00. We have limited space for chaperones. Chaperones will be selected on a "first come, first serve" basis and will be required to attend a chaperone informational meeting on February 1<sup>st</sup> at 4:15pm.

**Please PRINT your first and last name below.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Please PRINT your student's first and last name below.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

☐ I wish to attend the Sky Ranch field trip as a chaperone.

☐ I will be attending the Sky Ranch field trip with my student as an adult participant.



## Overnight Travel Chaperone Agreement

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT PRIOR TO TRAVEL

**Chaperones are an important part of student trips and can help to ensure the safety and protection of the student travelers.**

- Chaperones should understand that student trips are about the students,
  - should not have a personal agenda during the trip,
  - must follow the itinerary provided by the trip coordinator at all times,
  - may be expected to supervise a reasonable number of students, and
  - should be flexible and available to meet the needs of students.
- Chaperones must submit information for a criminal history background search,
  - may not possess or use alcohol, illegal substances, or weapons during the trip,
  - will use appropriate language and behavior at all times, and
  - will dress appropriately and respectfully for the entirety of the trip.
- Chaperones will be asked to provide a cell phone number for emergency purposes.
- Chaperones may be assigned other duties as needed during the trip.
- Chaperones must follow any additional rules and regulations set forth by the trip destination.

**I understand the expectations and guidelines outlined above and agree to chaperone the field trip with these parameters.**

\_\_\_\_\_  
Chaperone Printed Name

\_\_\_\_\_  
Chaperone Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

**[This form must be completed and returned to the Field Trip Coordinator]**