



TRINITY OUTDOOR EDUCATION
TRINITY VALLEY SCHOOL
FOOT WORTH, TX

8th Grade Parent Packet 2016

This informational packet includes:

- Trip details (with DC recommended attire)
- Packing List (outdoor portion)
- General Trip Release
- TVS Medications Form (fill out only if necessary)
- Grand Classroom Medical Release
- Grand Classroom Behavior Guidelines
- River and Trail Outfitters Release Form

With our eighth grade Washington D.C./Harpers Ferry trip on the horizon, this informational packet should help you as we prepare to depart.

Further specific details will be given at our upcoming parent meeting on **October 4th, in the MS Assembly Hall at 6:00 pm.**

Please complete the following pages, clip them together and either drop the completed packet off with Mrs. Vasquez in the MS office, or have your student return it to their Humanities teacher.

If your student has any dietary restrictions, please email those to us ASAP.

As always, do not hesitate to contact us with any questions or concerns about our trip. This is always one of the most enjoyable and exciting trips as we explore the DC Area!

Jeff Snyder
Assistant Head of Middle School
snyderj@trinityvalleyschool.org
817.321-0130

Blake Amos
Director of Experiential Education
amosb@trinityvalleyschool.org
817.321-0155

Trip Details (with DC Recommended Attire)

Our buses will depart for Dallas Love Field Airport at 6:00 a.m. on Saturday, October 15, so students will need to arrive at TVS by 5:45 a.m. This early departure assured that we would all be on the same flight, and it will allow us to maximize our time in the D.C. area. We will return to TVS on Friday, October 21 at 7:30 p.m. This will give students the opportunity to attend the Homecoming Game. The specific flight information is below:

- Outbound Flight: Southwest Airlines Flight 3577 (departs at 8:55 a.m. and arrives at 12:45 a.m.)
- Return Flight: Southwest Airlines Flight 4817 (departs at 3:55 p.m. and arrives at 6:10 p.m.)

A number of our activities help dictate appropriate attire for each day. These details are outlined below:

- **October 15 – Jeans or Khakis and TVS Spirit Shirt**
 - This makes it easy to identify students as we travel, and it will be appropriate for our visit to the Newseum, as well as our play attendance at the Kennedy Center. Ideally students will wear their 7th Grade TOE shirt or a Blue TVS Shirt.
- **October 16 – Casual Attire**
 - Today we visit the National Holocaust Museum and will include our “Choose your Own Adventure” time and a walking tour of the monuments. The day will conclude with either a trip to the skating rink, or a specialized DC ghost tour. T-shirts and sweatshirts are acceptable. A fleece or similar jacket will be necessary for the group at the ice skating rink (this can be the jacket for the Harper’s Ferry portion of the trip too).
- **October 17 – Memorial Service Dress**
 - This is a day of reverence as we visit Arlington Cemetery, lay a wreath at the Tomb of the Unknown Soldier, and experience the changing of the guard. That afternoon, students will visit the Smithsonian museum. Boys should wear khakis or slacks with a button-down shirt and tie. Girls should wear a dress, skirt and top, or slacks and top. School out of uniform/dance guidelines apply.
- **October 18 – Comfortable Outdoor Attire**
 - This day will begin with a tour and lunch at Georgetown University, include a visit to Roosevelt Island, and conclude with Antietam Battle Field and our arrival at Manidokan Camp. Shorts may be worn by boys and girls, but the length requirements of our out of uniform/dance guidelines apply.
- **October 19 and 20 – “TOE Attire”**
 - Typical TOE attire may be worn these two days. We will be hiking, canoeing, and white water rafting. Specifics will be outlined in the student and parent meetings.
- **October 21 – Jeans or Khakis and TOE T-shirt**
 - TOE t-shirts will be provided for students to wear on our return travel day. This makes it easy to keep up with everyone through the airport.

8th Grade TOE Harpers Ferry, WVA Packing List

This pack list is for the **OUTDOOR** portion of the trip and does not include items or dress code for the history part.

Required Clothing:

- +Comfortable Shoes (please don't buy anything new...old running shoes will do).
- +Water Shoes (something that straps/ties on, but can get wet...no flip-flops).
- +2 days of comfortable camping/hiking attire.
- +Rain Jacket
- +Pants (Denim is discouraged)
- +Fleece Jacket or similar

Required Equipment:

- +Day Pack (an old backpack will work)
- +Headlamp
- +Sheets/Pillow/Blanket or a Sleeping Bag
- +Water Bottle (Nalgene or similar preferred, needs to be a minimum of 32oz.)
- +Towel
- +Toiletries

Please Leave the Following at Home:

- +Knives
- +Chewing Gum
- +Anything that can start a fire (matches/lighter/flint/etc).

Remember we will be staying in bunk houses that have bathrooms (but no toiletries or towels) and beds (but no sheets/blankets/pillows).

The weather could be brisk and wet. Think in layers!



TROSA OUTDOOR ENRICHMENT
TRINITY VALLEY SCHOOL
FORT WORTH, TX

General Trip Release Form 8th Grade 2016

Student Name: _____

- _____ I have read the trip details and informational packet.
- _____ I have completed and attached the Medications Form (if necessary)
- _____ I have logged on to RenWeb to be sure all of my students' medical/insurance data is current and correct.
- _____ I have completed the Grand Classroom Medical Release
- _____ I have read and signed (with my student) the GC Behavior Guidelines
- _____ I have signed and attached the River & Trail Outfitters Release Form

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date Signed: _____



Medication Authorization and Administration Agreement for TOE

In order to maintain a safe and enjoyable trip, it is essential that the TOE Medical Supervisor is aware of all medication(s)—over-the-counter and prescription—that your student may be taking during the trip (e.g., antibiotics, allergy medications, asthma medications, sleep aids, pain killers, antidepressants, etc.). To confirm that this medication is safely administered during the trip, **please complete this page and the next, and sign** where indicated below. It is necessary that you specify your instructions regarding each medication (as some medications may be administered differently). Students will not be allowed to carry on their person any controlled substances (e.g., Dexedrine, Ritalin, Codeine, Dextromethorphan, OxyContin, Vicodin, etc.). Any other medications that you wish your student to carry on his/her person must be listed on this form. Please provide **ONLY** the amount of medication required for the duration of the trip. All medication that we will manage and administer should be clearly labeled and placed with this form in a clear Ziploc bag with the students name written on the outside.

Trip dates:

Student's Name (as listed on medical records) _____

Student's date of birth: Month _____ Date _____ Year _____

- Please fill out section I if we will be dispensing the medication for your student and put it in a clear Ziploc bag with the meds for drop off on day of departure. Please fill out section II and return if prior to departure if your student will be self-administering:

I. TVS WILL DISPENSE:

I/We, the undersigned parent(s)/guardian(s) of the student listed above, request that the TVS TOE medical staff or representative carry the following medication(s) and supervise my/our student's self-administration of this medication. I/We agree to provide the medication in a pharmacy-labeled container with only the amount of medication required for the duration of the trip. I/we acknowledge that this is **mandatory for all controlled substances** but subject to my/our preference for other medications.

Name of medication	Dosage	Time(s) of administration	Prescriber's Name Contact #	Special Instructions
1 _____				
2 _____				
3 _____				
4 _____				



II. MY STUDENT WILL SELF-ADMINISTER:

I/We, the undersigned parent(s)/guardian(s) of the student listed above, believe that s/he is competent to carry and self-administer the following medication(s) (*excluding controlled substances*) at the appropriate times and in the appropriate way(s)/amount(s) during this trip. I/We agree to provide the medication in a pharmacy-labeled container with only the amount of medication required for the duration of the trip. I/We understand that TVS TOE medical staff or representative will have no responsibility for monitoring my/our student's self-administration of medication and that s/he will be responsible for keeping up with his/her medications for the duration of the trip.

Name of medication	Dosage	Time(s) of administration	Prescriber's Name Contact #	Special Instructions
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				

Parent/Guardian signature _____

Parent/Guardian printed name _____

Date: Month _____ Day _____ Year _____

Approved by TVS TOE Medical Staff or Representative:

By: _____

Title: _____

Date: _____





MEDICAL RELEASE AND HISTORY FORM

School Name _____ Tour Leader Name _____

Student Name _____ Birth Date _____

Parent/Legal Guardian Information:

Parent/Legal Guardian _____ Address _____

City, State, Zip _____ Home # _____

Cell # _____ Work # _____ Office # _____

Student Information:

Family Physician _____ Phone _____

Alternative Emergency Contact _____ Phone _____

Please list any known Allergies: _____ List of current Medications: _____

***Allergies:** Please ensure your child has an epinephrine pen – as this is an outdoor adventure.

***Asthma:** Please ensure your child has two (2) inhalers, one for your child to carry and one for the trip leader to carry.

***Diabetes:** Please check with your child's physician on insulin levels as there will be elevated activity throughout the trip.

Does your child have any medical implants? _____ Wear Contacts? _____ Pregnant? _____

Circle and explain all of your child's medical history (including but not limited to):

Asthma Angina Altitude problems Allergic reactions Back problems

Blackouts Chest pains Concussions Diabetes Drug reactions

Dislocations Epilepsy Heart conditions Seizures Unusual blood pressure

Please Explain: _____

Please explain any conditions that may limit participation? _____

As the parent/legal guardian of _____, I request in my absence the above student be admitted to any hospital, dentist, and staff of duly licensed as Doctors of Medicine or Dentistry or licensed nurses or medical technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor in the event of an emergency or necessary medical situation as deemed by attending medical care professional.

Parent/Legal Guardian Signature & Date: _____

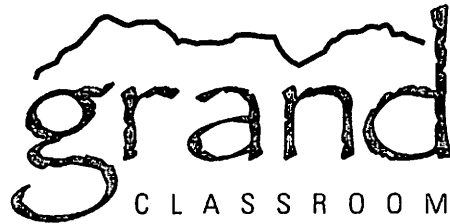
By signing the medical release and history form you agree that you have accurately read and completed the above guidelines.

PLEASE RETURN TO TRIP LEADER

P.O. Box 7166 Charlottesville, VA 22906 434-975-2629

Fax 434-975-0709

www.grandclassroom.com customerservice@grandclassroom.com



BEHAVIOR GUIDELINES

1. Curfew typically is at 10:00 PM. Students may stay inside of their rooms after that point and socialize with roommates or watch television at a reasonable sound level. All ice, drinks and laundry should be done before this time. Disobeying curfew is a serious infraction that can result in expulsion from the trip.
2. At no time should any person from outside the group be in a student room.
3. Students must remain under the supervision of the group leader at all times when touring.
4. Students must employ the buddy system during periods of free time with permission of the group leader. There is never a time when a student should be alone, and everyone should be carrying their emergency contact cards every day (provided by Grand Classroom) as well as a wristwatch.
5. Itinerary stops are not optional.
6. Housekeeping will generate room reports every morning. If any damage is done to the hotel room or if it is in disarray, the group leader will be informed immediately and will address the problem. Students are financially responsible for any damage done to hotels, transportation or tour stops while on the trip.
7. Students are responsible for keeping buses/vans free of trash. Please use garbage cans/bags and do not leave trash on or underneath the seats. In addition, the group will be eating outside for many meals. Students are responsible for throwing away all trash.
8. Students should not break any laws, including stealing, drug and alcohol use. Grand Classroom staff will cooperate with local authorities if needed and will send the student home during the trip if necessary at the family's expense.
9. Students are responsible for their own personal property including money.

By signing the behavior contract, you agree to all of the behavior guidelines.

Behavior Contract

I, _____, (print student's name) understand that traveling with my classmates is a great opportunity and responsibility. As I travel with my peers, I agree to behave in a mature way at all times. I will abide all rules as set by my tour leaders. In addition, I will adhere to local laws. If I break the rules, as determined by my tour leader, I understand that I can be sent home before the end of the trip at the expense of my parent/guardian.

I have read the terms and conditions of travel (in the registration brochure or on www.grandclassroom.com) and have read the Grand Classroom Behavior Guidelines sheet and agree to the terms.

Student Signature

Parent Signature

Date

PARENT/GUARDIAN PERMISSION FORM
(This form to be used for minors only)

I hereby grant permission for my child, _____, to participate in whitewater rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing, with River & Trail Outfitters Inc. And I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing equipment and my child's participation in rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of, from, or during a raft, kayak, canoe, tube, bike, portable rock climbing wall, hiking or cross country skiing and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during his/her scheduled activities. Any claims or dispute arising from my child's participation in River & Trail Outfitters' activities or use of River & Trail Outfitter's equipment shall be venued in the Washington County District Court for the State of Maryland.

My child is in good health and is at or above the minimum age stated in River & Trail Outfitter's advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. Information on my child's physical handicaps or medical problems which I feel River & Trail Outfitters should know about will be given in writing in advance of the scheduled trip. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Furthermore, I permit the use of any photos, slides, films, or sketches, of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RIVER & TRAIL OUTFITTER'S RAFTING, KAYAKING, CANOEING, TUBING, BIKING, CAMPING, PORTABLE ROCK CLIMBING WALL AND HIKING OR CROSS COUNTRY SKIING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) _____

Parents Name (Print) _____ Signature _____

Street and Apt. Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Age: _____ Trip Date: _____

Child's Signature: _____

DO NOT LOSE—PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER