



# CIMI TRIP RESPONSE SHEET

Trip Date: October 08-10, 2010

To Mrs. Imboden and Mrs. May,

1. \_\_\_\_\_ I would like to register my child, \_\_\_\_\_, for the trip to CIMI on October 08-10, 2010. Attached is my deposit (cash, check, money order, \_\_\_paid on-line) for \$85.00.

2. \_\_\_\_\_ If space is available, I would like to be considered as a chaperone for the trip. I realize if I am selected as a chaperone, I will need to pay \$220.00 for camp. Below is my information for you...

- Parent's name: \_\_\_\_\_
- Male \_\_\_\_\_ or Female \_\_\_\_\_
- Best phone number to reach me at: \_\_\_\_\_

3. Child's name: \_\_\_\_\_ Male \_\_\_ or Female \_\_\_  
Current 4th grade teacher: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Best phone number to reach me at: \_\_\_\_\_

# CLARK COUNTY SCHOOL DISTRICT FIELD TRIP PERMIT

Last Name of Pupil \_\_\_\_\_ First Name \_\_\_\_\_

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away, I understand that the chaperon will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Phone and Name: \_\_\_\_\_

Please note any medical information which would be of help: (i.e., allergies, medications to avoid, current medications, etc.)

I do not wish my child to take part in the school field trips.

\_\_\_\_\_  
Signature of Parent or Guardian Date

## Student Application and Medical Form continued

Is the student required to take regular medication? Yes \_\_\_ No \_\_\_ (all medications are administered by the chaperones from the students' own school)

Please provide instructions (dose) for administration of medication:

Check those nonprescription medications we may have permission to give your child under the supervision of your child's classroom teacher

YES	NO		YES	NO	
___	___	Kaopectate (for diarrhea)	___	___	Sudafed (Pseudoal)
___	___	Pepto Bismol (for upset stomach)	___	___	Advil (Ibuprofen)
___	___	Milk of Magnesia (for constipation)	___	___	Nyquil
___	___	Chloraseptic Spray (for sore throat)	___	___	Cepacol
___	___	Caladryl (for skin rashes)	___	___	Benadryl
___	___	Acetaminophen (Tylenol generic for headaches or elevated temperatures)	___	___	Dramamine (seasickness)

### Medical Consent

The student's medical conditions stated on this application are complete and correct. I hereby give permission to the Catalina Island Marine Institute (CIMI) camp personnel to administer First Aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by CIMI camp personnel to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

### Parental Authorization

I have been informed of the nature of the CIMI program in which the student is enrolled. I understand there are risks associated with the student's participation in the program activities generally described in this pamphlet and transportation to and from the camp, which pose a threat of injury, illness or loss of life. The undersigned is familiar with outdoor sports and activities and the student's abilities, and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation in CIMI activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student I accept and assume the risk and full responsibility for injury, illness, loss of life or loss of personal property or other damage, and medical or other expense resulting from the student's presence at CIMI.

I hereby release and discharge Guided Discoveries, Inc., CIMI and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including loss of life, resulting from the student's travel to or from CIMI and participation in the program.

I agree to direct the student to comply with all CIMI rules and policies and to cooperate with CIMI personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from CIMI and sent home at my, the parent's or legal guardian's expense. Also, I give permission to CIMI to use photographs or video taken of my child in their promotional literature and other printed materials

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

Parent or Legal Guardian

*Rules for acceptance and participation in Guided Discoveries programs are the same for everyone without regard to race, color, national origin, sex or handicap.*

# CATALINA ISLAND MARINE INSTITUTE at TOYON BAY

## STUDENT APPLICATION-MEDICAL FORM SCHOOL: \_\_\_\_\_

### STUDENT INFORMATION (COMPLETE IN FULL)

<input type="checkbox"/> Male				Female <input type="checkbox"/>			
Student's Last Name		First		Middle Initial			
Street Address (Home)							
City		State		Zip Code		Home Phone#	
Parent or Guardian							
Street Address (work)							
City		State		Zip Code		Work Phone#	
Emergncy Contact Other Than Parent							
Name							
Street Address			City		State		Zip
Home Phone		Work Phone			Relationship		
Name of Your Insurance Company					Policy Number		
Address of Insurance Company					Phone #		
Family Physician					Phone #		
Student Age		Height			Weight		

Check all applicable conditions of student and explain below

- Allergies (General)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Car/sea sickness
- Epilepsy or convulsive disorder
- Hay fever
- Headache
- Heart trouble or murmur
- Poison oak
- Respiratory problems
- Sinus trouble
- Sleep Walking
- Vomiting
- Diabetes
- Other

Explain:

Is student capable of participating in strenuous activities?

Yes No

Explain:

Any other important medical needs?

Any food allergies? Yes No

Explain:

Date of last Tetanus:

**Additional Information And Signature Required On Reverse Side**