



MINNEAPOLIS PUBLIC SCHOOLS
Urban Education. Global Citizens.

EXTENDED FIELD TRIP – NATIONAL/INTERNATIONAL TRAVEL PARENT/ GUARDIAN AUTHORIZATION FORM

Student Full Name

Student ID No.

Parent or Guardian Name(s) PLEASE PRINT

A field trip to: Concordia Language Villages

Is planned by: Kathryn Kerkes, Washburn HS

For the purpose(s) of: Learning & Practicing Spanish

On: 12pm Nov 8 To 4pm Nov 11
Time of Beginning Date Beginning Time Ending Date Ending

The undersigned parent(s) or guardian(s), on behalf of the above named student in consideration of participation by the student in the described trip herewith declare(s):

- 1) That I have disclosed all special health problems or disabilities of my child that may require special attention or supervision on this field trip, and made provision for the safe handling of any medication required by my child;
- 2) That the necessary arrangements, plans, supervisory arrangements and precautions being taken on behalf of my child's safety and supervision for the described trip have been explained to me and accepted by me.
- 3) That by signing this authorization agree to assume all risks of said trip to my student and to hold harmless Special School District No. 1 for all damages from injury to person or property arising out of any act not under the direct control of said School District, including but not limited to the following:

a. Insurrection, Revolution, Civil War or rebellion	d. Any act of aggression by a foreign government or its citizens,
b. Abduction or kidnapping	e. Air piracy
c. Natural disaster	f. any act, whether accidental or otherwise perpetrated by anyone not under the direct control of the School District.
- 4) That the costs of said field trip have been explained to me and approved by me, including the liability for additional costs incurred by my student for early return or medical care or treatment, loss of travel documents or due to costs incurred due to acts of my student whether of intent or negligence.

On the basis of the above, I /We authorize the above named student to participate in the field trip described.

Parent/ Guardian Signature

Date

HOME (preferred contact number)
Telephone Numbers :

Alternate Phone (Work/ Cell)

Alternate Phone # 2 (Work/ Cell)

Address: HOME addresses of all signers

EMERGENCY Name and telephone contact if parent/guardian cannot be reached



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

Minneapolis Public Schools
Health Related Services



Overnight Field Trip Student Health Information Form

Field Trip & Destination: Concordia Language Villages
Teacher/Grade Level: Kerekes, Spanish Date(s) of trip: Nov 8-11

Dear Parent/Guardian: Please complete the following health information form. This information will help field trip staff be aware of the health concerns & needs of participating students.

Name of Student: _____ Home Phone: () _____

Home Address: _____

Parent/Guardian: _____ Work Phone: () _____

Cell Phone: () _____

Alternate Emergency Contact: _____ Phone: () _____

Insurance Company: _____ Policy Number: _____

Health History Information: Please check all that apply:

- | | | |
|---|--|--|
| Asthma <input type="checkbox"/> | Nightmares <input type="checkbox"/> | Heart condition <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Bed Wetting <input type="checkbox"/> | Stomach aches <input type="checkbox"/> |
| Seizures <input type="checkbox"/> Type: _____ | Sleepwalks <input type="checkbox"/> | Ear infections <input type="checkbox"/> |
| ADHD <input type="checkbox"/> | Faints easily <input type="checkbox"/> | Other: _____ |

Allergies: _____

Sensitivity to Poison Ivy, Sumac or Oak: _____ Date of last tetanus shot: _____

Is there any reason to limit your child's activity? Yes No

If yes, please explain: _____

Has your child been recently exposed to any communicable diseases? Yes No

If yes, please explain: _____

Please describe any other special medical conditions, information or directions: _____

Is your child currently taking any medication? Yes No

If yes, specify: _____

If your child requires ANY MEDICATION on the field trip, that is not already given at school, the backside of this form must be completed and returned 5 school days prior to the departure date with parent and physician signatures.

***911 or emergency medical services will be called in the event of a medical emergency and the student will be transferred to the nearest medical facility.**

Please Turn Over and Complete Back Side for Medications ➔



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PUBLIC SCHOOLS**
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**Minneapolis Public Schools
Health Related Services**



Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their child must provide (written) permission every school year that has been signed by parent/guardian **and** the child's health care provider.

Student: _____ BD: _____ ID#: _____
School: _____ School year: _____ Grade/Rm: _____

Physician/licensed prescriber's order for Administration of Medication by School Personnel

Medical Condition	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					

Other considerations/directions: _____

Start date: _____ Stop date: _____
(All authorizations expire at the end of the school year or following the summer school session.)

Signature of Physician/Licensed Prescriber Print name of Physician/Licensed Prescriber Date

Clinic address Phone Fax

Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
- I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc.).
- I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
- Legally, I may refuse to sign for the medication. If I refuse to sign, we will not be able to administer the medication at school.
- This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

Parent/Guardian Signature Date Relationship to Student

NOTE: Medication must be supplied in original/prescription bottle.

Permission for Release of Information

- I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
- I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
- I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature Date Relationship to Student

Return to: _____ **Phone:** _____ **Fax:** _____
RN, Licensed School Nurse



**EXTENDED FIELD TRIP –
NATIONAL/INTERNATIONAL TRAVEL
PARENT/GUARDIAN AGREEMENT FORM**

Student's Name (please print)	Washburn Name of School Sponsoring Trip
Student's ID No.	CLV Nov '18 Title of Trip
	Kerekes Sponsoring Teacher/ Group

Parent or Guardian Agreement:

1. I understand that my student will be under the care and control of the chaperones on this trip, and that those chaperones will make decisions regarding the daily schedule, permitted activities and the educational experiences offered by this trip.
2. I understand and agree that my student will be expected to abide by Minneapolis Public Schools expectations for appropriate student conduct at all times. I understand that my student's conduct must comply with district policies regarding behavior, including the Citywide Discipline Policy and policies regarding controlled substances, weapons, bullying, hazing, harassment and violence. I have reviewed these expectations with my student and we agree to abide by these policies and expectations.
3. If this trip includes leaving the United States I agree that my student will be supplied before departure with the necessary travel documents, such as a passport, visas, and immigration status materials required to enter and leave countries, including the United States, at my own expense. My failure to provide the necessary documentation may result in forfeiture of deposits made or payment of fees charged to change arrangements.
4. I agree that inappropriate behavior of my student may result in him or her being sent home from the trip at my expense.
5. I agree that my student will make no personal excursions during the term of this trip and is expected to travel with the group at all times.
6. I agree that any expenses for emergencies for my student will be paid by me. This includes, but is not limited to, long distance phone call charges incurred by or on behalf of my student, extra land transportation costs including taxis, legal fees, medical fees, extra hotel or accommodation expenses and airline fees should the student be sent home before the rest of the group, or because the student's condition does not allow the student to leave the destination with the group.
7. I understand the arrangements made for this trip including any home-stays planned.
8. I affirm that the sponsoring teacher or staff member has reviewed this agreement with me and answered my questions regarding it.

Parent/ Guardian Signature	Date
I am: <input type="checkbox"/> Parent to this student <input type="checkbox"/> Guardian of this student	



**EXTENDED FIELD TRIP –
NATIONAL/INTERNATIONAL TRAVEL
STUDENT AGREEMENT FORM**

Your Name (please print)

Washburn
Name of School Sponsoring Trip

Your Student ID No.

CLV Nov '18
Title of Trip

Kerekes
Sponsoring Teacher/ Group

Student Agreement:

1. I agree that this planned trip experience is an extension of my school classroom.
2. I agree that the chaperones are responsible for helping me make the best of this learning experience.
3. I understand and agree that chaperones will make decisions regarding my daily schedule, my permitted activities and my behavior while on this trip.
4. I agree to follow the directions given me by the chaperones on this trip.
5. I agree to meet the expectations for appropriate student behavior and to abide by all Minneapolis Public School policies, including the Citywide Discipline Policy, and policies regarding controlled substances and weapons, bullying, hazing, harassment and violence.
6. I agree that I will not use alcohol or any other controlled substance while I am a participant on this trip even though the location of the trip might permit others of my age to use these substances legally.
7. I understand and agree that my failure to follow the directions of my chaperone, or failure to follow district policies may result in my being sent home at my parent's expense, and that my family will not be entitled to any reimbursement for any amounts we have paid for me to participate in this trip.
8. I understand that I may not make any individual excursions during the term of this trip.
9. I understand that I must remain with my assigned group and chaperone at all times.
10. I agree that I will ask the sponsoring teacher or staff for help to resolve any issues I encounter that might prohibit my successful completion of this trip.
11. I understand that I represent myself, my family, my school and my community on this trip, and will strive to represent them honorably at all times.
12. I affirm that the sponsoring teacher or staff member has reviewed this agreement with me and answered all of my questions regarding it.

Student signature

Date

2018-19



CONCORDIA
LANGUAGE VILLAGES



Dear Parents or Guardians,

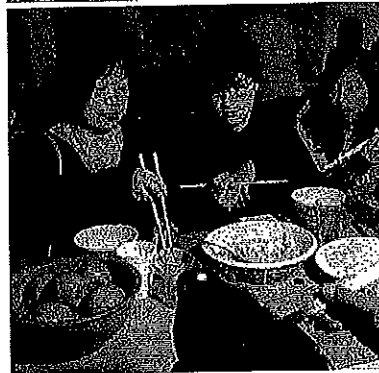
Welcome to Village Weekends, a high-energy, highly motivating enrichment program for language students attending with a school group!

Your child has been invited to participate in a language and cultural immersion experience at Concordia Language Villages, located near Bemidji, Minn. at our architecturally authentic sites on Turtle River Lake.

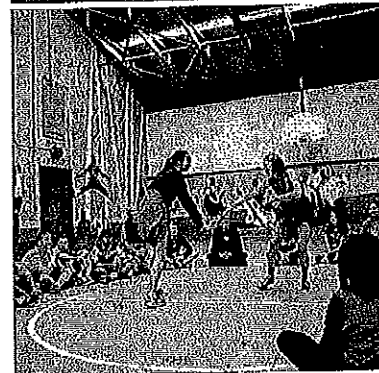
The mission of Concordia Language Villages is to inspire courageous global citizens. Immersed in another language and culture, students gain a deeper perspective of the world through activities and sports, games, arts and crafts, singing and dancing, authentic meals and conversation with fluent speakers of the language. Concordia Language Villages celebrates diversity, unity, peace, stewardship and justice. Students return to their home classrooms energized and increasingly motivated to actively engage in language learning.



Participating students attend a short program (an evening, one full day, and a morning) or a long program (an evening, two full days, and a morning). Our staff includes full-time deans, culture and language specialists, interns, native speakers, an on-call nurse, and language students from Concordia College in Moorhead, Minn., as well as other colleges and universities in the region.



Some parents become involved in Concordia Language Villages by becoming chaperones; ask your child's teacher if there are openings for your group. Chaperones supervise in cabins and may participate in all aspects of Village life.



Please contact us with any questions you may have before or after the program at 1 (800) 450-2214. We can also be contacted by email at weekends@cord.edu before or after the program. We encourage you to visit our website at www.ConcordiaLanguageVillages.org to learn more about all of our programs, including family and adult programs as well as our world-renowned youth summer camps.

We look forward to welcoming your child soon to a Village Weekend at Concordia Language Villages.

Sincerely,

Jennifer "Charlotte" Speir *Mark Kenji Chen*

Jennifer Charlotte Speir and Mark Kenji Chen,
Village Weekends Group Directors

A Division of
CONCORDIA
COLLEGE

REGISTRATION PROCEDURE

1. Family fills out entire registration form and health form.
2. Student returns completed application, health form and the non-refundable deposit to their teacher. (Deposit for programs is \$75)
3. Checks should be made payable to Concordia Language Villages. Please write the student's name on the check.
4. Teacher sends all applications and deposits to the address below.
5. Teacher collects remaining fees from students and sends to the address below 30 days before session.

IS MY CHILD READY TO PARTICIPATE?

In order to participate in a Village Weekends program, your child should be able to meet their personal needs such as showering, getting dressed and eating, moving independently from place to place, and effectively interacting and maintaining emotional resilience in our group-based and community living environment. By completing this registration form, you as a parent/guardian attest that your child meets these criteria.

HEALTHCARE

A person trained in first aid is on duty with each program. Medical care and emergency services are available through Bemidji's Sanford Health and local ambulance services. Healthcare received from a Bemidji provider is directly billed to and the responsibility of the villager parent(s)/guardian(s). Villagers are expected to arrive healthy and able to participate in the program; please do not send a sick or injured child. Should your child be unable to participate, you will be called and expected to pick up your child. Villagers are responsible for taking their own routine medications; the Language Villages does not administer routine medications to Villagers. Medications must be in their original container.

FOOD ALLERGIES

Eating culturally authentic foods is an essential element of a Language Villages Immersion experience. Some of these foods contain items to which a person may be allergic; consequently, our program is not appropriate for people whose food allergy is so sensitive that being around others eating that item triggers anaphylaxis.

HOUSING ASSIGNMENTS

Housing is in comfortable, winterized cabins and villagers are assigned according to gender and age. It is common for different school groups to share a cabin. Each cabin houses 10 to 14 villagers plus chaperones.

PHOTOGRAPHING VILLAGERS

During Village Weekends we often photograph or film Village life. Images may be used in displays, on our website, for publication or in advertisements. All photographs, video or audio are exclusive property of Concordia Language Villages. No compensation is paid to the villagers or staff whose photos are used. Villagers will never be identified by legal name or home address in any publications without prior parental consent.

CANCELLATION POLICY

Cancellations must be reported in writing to the Bemidji office.

- 15 days or more before program: all payments, less the nonrefundable deposit, will be refunded.
- 14 days or less before the program: full tuition due, no refunds given.
- No show/no notice of cancellation: full tuition for each student will be billed to the school.

WEATHER-RELATED CANCELLATIONS

If Concordia Language Villages cancels the weekend program, all payments will be refunded. If a group decides on its own it is unable to attend due to weather, payment will be refunded, less the deposits and up to 50% of the Concordia Language Villages charter transportation expenses.

If you have questions or comments, write, call or fax:

Village Weekends (800) 450-2214
 Concordia Language Villages E-mail: weekends@cord.edu
 8659 Thorsonwelan NE Fax: 1-800-455-3630
 Bemidji, MN 56601

The Concordia Language Villages program does not discriminate or deny benefits to its USDA Child Nutritional Programs on the basis of race, creed, color, national origin, age, sex, gender identity, or physical handicap and is in full compliance with Title IX of the Educational Amendments of 1972. © 2018 Concordia College, Moorhead, Minnesota 23568/1M/2017

Total cost: \$355
 checks to Washburn HS

NAME BELOW, DETACH AND RETURN TO THE TEACHER



**CONCORDIA
 LANGUAGE VILLAGES**

**2018-2019 VILLAGE WEEKENDS
 REGISTRATION FORM**

Office Use only
 HF _____ DP _____
 CK _____

Please complete this registration form and return it to your teacher with your deposit.
 PLEASE PRINT CLEARLY AND INCLUDE ALL INFORMATION.

Program language _____ Dates attending _____ School name _____

Student's name _____ Language teacher _____
First Middle Last

Birthdate _____ Age _____ Gender Male Female Grade (8,9,10,etc.) _____ Years of participation _____
Month/Day/Year

Home address _____ City _____ State _____ ZIP/Postal code _____

Home telephone (____) _____ Parent/Guardian Cell phone (____) _____ Parent/Guardian e-mail address(s) _____

Parent/Guardian name(s) _____ Parent/Guardian Signature _____
First Middle Initial Last *This is for housing assignment purposes.

Program Cost (see above) + \$ _____	Payment Method _____
Fees include room and board.	<input type="checkbox"/> Check enclosed (Please write the student's name on the check to help us credit the proper student account.)
Round-trip transportation (optional) + \$ _____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Subtotal = \$ _____	Card number _____ 3-digit CVV Code _____
Amount enclosed = \$ _____	Expiration date _____
A deposit must accompany application (see above)	Cardholder name _____
Balance due = \$ _____	Signature _____ Date _____
Due 30 days before the session.	

Must pay by check.

Health History Form

*for Youth attending Village Weekend Programs
in Bemidji, MN (3 Nights or Less)*

Due at least 4 weeks before program date.

School's Name: Washburn HS
 Village Weekend Date: Nov. 8-11
 Language or Program: Spanish

Villager Name: _____
First Middle Last

Birth Date: _____
Month Day Year

Villager Sex: Male Female

Custodial Adult: _____
First Middle Last

Preferred Phone: () _____

Email: _____

About healthcare for Village Weekend programs:

- A staff member with basic first aid and CPR skill is at the Village when villagers are present.
- The Village is at least 30 minutes from emergency services.
- Villagers should arrive ready to participate in the program. **Do not send a sick or injured child. Should your child be unable to participate, you will be called and expected to come for your child.**
- Villagers are responsible for taking their own routine medications; the Language Villages does not administer routine medications to villagers. Medications must be brought in their original container.
- Information about your child's health is shared with staff on a need-to-know basis.

Immunization: Date of your child's most recent tetanus immunization: (month & year) _____

Allergy: Is this child allergic to any food or medication? Yes No

- Mild/Moderate
- Anaphylaxis*
- Mild/Moderate
- Anaphylaxis*

If YES, name the item and describe the reaction: _____

Asthma: Does this child have asthma that requires a rescue-inhaler?* Yes No

If YES, what triggers your child's asthma? _____

***If emergency medication (rescue inhaler, Epi-Pen, etc.) is needed, please ensure that villager brings it with them.**

Medication(s): Does this child take medication on a routine basis? Yes No

Note: The Language Villages does not assume responsibility for your child's medications. This information is requested in case of emergency.

List the medication(s) that your child takes on a *routine* basis:

a. Medication: _____ Reason for taking this: _____
 b. Medication: _____ Reason for taking this: _____

What Have We Forgotten to Ask? *Please include any additional information about your child's health that may impact their participation in our program.*

Nutrition: Our kitchens prepare foods representing a variety of cultures; be sure your villager is ready to explore various foods. We work with some medically prescribed diets but do not cater to individual food preferences. Our kitchens are not kosher. If there is a faith-based reason for not eating a particular meat, please communicate that to us by selecting a vegetarian option below. Call if you have questions about your villager's diet.

Does your child need a vegetarian meal plan? (*Checking "Yes" means we will expect your child to eat this meal plan*) Yes No

If YES, check what kind of vegetarian plan is needed:

- No Pork
- Semi-vegetarian (*no pork or beef*)
- Pesco (*no pork, beef or chicken*)
- Lacto-ovo (*no pork, beef, chicken, fish, seafood*)
- Lacto (*no meat, fish, seafood, eggs*)
- Ovo (*no meat, fish, seafood, dairy*)
- Vegan (*no meat, fish, seafood, dairy, eggs*)

This villager is lactose-intolerant. **NOTE: It is our expectation that the villager self-manages lactose intolerance using products, i.e. Lactaid.**

Custodial Adult Authorization

This information is correct and the child described has permission to participate in all program activities except as noted on this form. I understand that the Language Villages has limited healthcare on site and that staff will call the indicated custodial adult (a) in an emergency, (b) if questions about my child's health arise, and/or (c) when my child is unable to continue because of injury or illness. I understand that it is my responsibility to ensure that my child brings any emergency medication with them. I understand that I will be billed directly for any healthcare received by the local Sanford Clinic/Medical Center, local ambulance service, or other Bemidji provider. I acknowledge that my child is responsible for taking his/her own routine medication(s) and that information on this form will be shared with Language Villages' staff on a need-to-know basis.

Signature of Custodial Adult: _____ Date: _____