

JAGS Field Trip Parental Consent Form

	(Parent / Guardian Name)	
permit my child		
	(Child's Name)	
to participate in the trip to:	Heifer Global Village, Sharpsburg, MD	Date(s): Sept 28-30th,2021
a learning experience of edfor Global Studies to educal further understand that the exercise the necessary and Education Policy #3213, in	s part of Jackson Local School District's educational value to my child. It is also a core ate through service, leadership, and travel. he staff member(s) who will accompany the stad appropriate duty of care for your child purshicluding, but not limited to, administering meded be. All necessary forms are attached.	value of the Jackson Academy tudent(s) on this field trip will uant to JLS Board of
(Paren	nt / Guardian Signature)	(Date)

Additional information regarding trip:

- Total Cost of trip: \$260.00
- Non-refundable Deposit Due: 8/31/21 of \$100, then the final payment of \$160 is due on 9/14/21 (please inform a JAGS teacher if you need accommodations for payment). Checks may be made out to: Jackson Local Schools
- Extension day activity to <u>Harpers Ferry, WVA</u>(Sept 28th, 2021)(Address: Park Visitor Center is 171 Shoreline Drive, Harpers Ferry, WV 25425) and Antietam National Battlefield, MD (Sept 29th, 2021) (Address: 5831 Dunker Church Rd. Sharpsburg, MD 21872 and Harpers Ferry National Park).
- Heifer International / Global Village simulation, (Sept 28th-30th) hosted at the Shepherd's Spring Outdoor Ministry & Retreat Center, 16869 Taylors Landing Rd, Sharpsburg, MD 21782, Tel: (301) 223-8193, Fax: (301) 223-6414
- Questions? Please see a JAGS Freshmen teacher, OR contact Joe Knopick, JAGS Coordinator, ijk2jc@jackson.sparcc.org, 330-837-3501 x1424
- Departure time from JHS: 9/28/21 @ 8:30am (approx.), Return time to JHS: 9/30/21 @7:00pm (approx.)
- Please return all forms and payments, including this permission slip by 9/14/21 to Mr. Preston or Mr. Knopick.

WAIVER & EMERGENCY INFORMATION FORM

All Shepherd's Spring Heifer Global Village Program Participants (including Chaperones) must complete this Waiver and Form. Group leaders will bring 2 copies: original goes to Shepherd's Spring Facilitation Team upon arrival and copy stays with leader during the program.

Group Name:		and the second s
Program Type:	☐ Gateway ☐ Explorers ☐ Other:	☐ Gateway – 2 night variant☐ Cultural Connections
Program Date:		
EMERGENCY M	EDICAL INFORMATION	
Participant Inform	ation:	
Name:	All Annual Market Control of the Con	Birth date:
Home Address (Inc		
Home phone: ()	
need to be known i	n case of emergency:	affect your participation in programming or would
·		
	::	
Date of last Tetanu	ıs shot:	
Emergency Conta	ct Information (other than tra	aveling companion):
Name:		Relationship to you:
Phone; Home:() Work:() Cell:()
Physician's name:		Office phone ()

(Parent or legal guardian signature required if participant is under 18 – signature represents compliance with both sides of this form)

DISCLOSURE & ACKNOWLEDGEMENT OF RISK

Shepherd's Spring and Heifer International's educational programs utilize experiential education to help participants "learn by doing". The program is facilitated by qualified instructors who have been trained in group facilitation techniques and approved safety procedures.

The program activities are designed to be within the capability of anyone who is in reasonably good health. Prospective participants who are not in good health, who have pre-existing conditions, or who have questions about the current status of their health should consult with their physician before participating. Consultation with a physician is recommended if you have any of the following conditions; nervous system disorders (epilepsy, seizures, etc.), heart disease, respiratory problems (asthma, emphysema, etc.), back or neck injuries, pregnancy, recent bone or joint injuries, recent surgeries, or judgment impairing medications.

The facilitators will take every reasonable precaution to assure participants' safety. However, any outdoor activity includes unforeseeable risks, including poisonous plants, wild or domestic animals, slips and falls, cuts, bruises, sprains, fractures and exposure to the elements. The nature of this program may also expose the participant to emotional risk. The undersigned knowingly and voluntarily assumes all risk of injury arising out of or in connection with the program, whether or not such risk are specifically foreseeable, including without limitation the following:

- 1. Physical exhaustion
- 2. Exposure to heat or cold
- 3. Ingress or Egress into or out of the Heifer Global Village area
- 4. Consumption of food prepared by group participation using ways and means authentic to Foreign Countries
- 5. All other conditions related to the program.

Parent/Guardian Signature _____

The undersigned warrants that he or she has undergone the necessary medical evaluation and certification that his or her physical condition and capabilities are sufficient to withstand the potential hazards and rigors of the program.

The undersigned waives any liability of Shepherd's Spring and/or Heifer International for participant/ group choices within the program. The undersigned covenants that he or she will not sue Shepherd's Spring or Heifer International or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the program. The undersigned agrees to indemnify Shepherd's Spring and Heifer International and provide a defense against any and all claims for any risks or injury arising out of or in connection with the program.

Further, Shepherd's Spring is hereby authorized to use the participant's likeness, through the use of, but not limited to photography, video, or film, for future promotional or public relation use, as deemed appropriate and beneficial to Shepherd's Spring and the undersigned releases any and all claims for compensation or damages for use of such images.

The undersigned hereby certifies that he or she releases any and all rights or claims for damages against Shepherd's Spring or Heifer International, its employees, agents, and all individuals assisting in instruction and conducting the programs, from all liability of any nature for any and all injuries, loss or damage suffered by the undersigned.

Participant Signature	Date	
Parent/Guardian Signature	Date	
INSURANCE		
Shepherd's Spring requests each participant to be covered by sufficient health a may be provided by a policy carried by the participant, a parent, a spouse, or the employer, etc.). Your signature acknowledges your understanding and compliance	sponsoring organization (church, schoo	
Participant Signature	Date	
Parent/Guardian Signature	Date	
MEDICAL RELEASE		
In the event of an emergency, I authorize the administration of any first aid, transtreatment that is deemed necessary by first responder or medical professional. Younderstanding and compliance of this request.	sport, examination, diagnosis, and Your signature acknowledges your	
Participant Signature	Date	

Date

Jackson Local Schools School Medication Administration Authorization Student's Name:_____ DOB: Building:_____ Teacher:_____ Grade: School Year:_____ Medication Allergies/Interactions: This form must be completed fully, in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of medication administration. Prescription medication must be in a container labeled by the pharmacist or prescriber. Non-prescription medication must be in the original packaging with the label intact and contain the student's name. A parent/quardian must bring the medication to school. Students are not permitted to bring medication to school. The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or child's medication. ◆PRESCRIBER'S AUTHORIZATION ◆ (this section must be completed by the prescriber) Condition for which medication is being administered: ______ Strength:_____ Dose:_____ Amount:_____ Route: _____ Time:_____ If PRN, frequency:_____ If PRN, for what symptoms: Relevant side effects: None expected Specify: Medication administration end date:_____ Medication administration begin date: *Note: orders are only valid for one school year Prescriber's Name/Title:_____ Telephone: Fax:______ Address: Prescriber's Signature: (Original signature or <u>signature</u> stamp ONLY) (Use for Prescriber's Address Stamp) A verbal order was taken by the school nurse, ______ for the above medication on _____ **♦PARENT/GUARDIAN AUTHORIZATION ◆** I/We authorize designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that the medication must be in the *original* container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug expiration when appropriate. I/We understand that at the end of the school year, an adult must pick up the medication; otherwise it will be properly discarded. I/We authorize the school nurse to communicate with the health care provider/prescriber or pharmacist to clarify the above listed medication order as allowed by HIPAA. Parent/Guardian Signature: Contact Phone #2:_____ Contact Phone #1: Relationship to Student: ☐ parent ☐ legal guardian ☐ other:______(needs written/verbal permission)

Signature

Order reviewed by the school nurse:

00117

9/28/21-9/30/21

Hello Heifer Global Village Humans!

We commend you on your intrepidness and bravery over the coming days as we prepare for our Heifer adventure!

PLEASE MEET AT THE FRONT OF JHS, TUESDAY, September 28th at 7:45AM, TO LOAD THE BUSES

A few last minute details for you:

- Weather Average temperature in Maryland during September is High of 78, low of 53.
- Shoes You need at least one pair of good hiking/walking shoes with tread & traction that covers the foot & toes. No open slides or flip flops will be permitted in the Heifer simulation.
- **Toiletries** This is not a hotel by any stretch of the imagination....you will need to bring your own sleeping gear (sheets, pillows, sleeping bag...etc.) for the night we are in the cabins, though you will only bring a sleeping bag (and one luxury item) into the Global Village. You will need to bring all things shower related especially a towel, and we recommend shower shoes.
- Water bottle You need to bring a refillable water bottle.
- Waterproofing You should bring a couple of plastic bags / garbage bags for packing up your wet, muddy clothes and shoes.
- **Gear** We are hiking everywhere, you are carrying everything, many times, many ways. Pack accordingly, in gear that affords you easy transport (like a back pack / compression bags, etc.)
- HAVE TOS: Water bottle, flashlight, closed toed shoes, bug spray, sleeping bag.
- **JHS Obligations** We should be home by 6:30pm on Thursday, 9/30/21. You are expected to be at school the next day. You are expected to be communicating with your teachers (and coaches) about your excused absences on 9/28,9/29, and 9/30. All work that you miss is your responsibility to turn in, completed and accurate, according to your teachers' requirements.

Additionally:

- ★ Harper's Ferry, WV- Our first stop will be a visit to this quaint, historic community, at the confluence of the Potomac and Shenandoah rivers, which is like stepping into the past. We will stroll the picturesque streets, visit exhibits and museums and take a tour of the town through the National parks Service.
- ★ Antietam On Wednesday, September 29th, 2021, when we enter the Antietam National Battlefield, before we go into Shepherd Springs, be cognizant that we are on very special, solemn ground particularly when we are at the cemetery. Please act accordingly.
- ★ Food We are stopping for a late lunch on Tuesday, in Breezewood, PA, and will not eat again until 6:00pm once we are in Shepherd Springs. You are more than welcome to bring drinks and snacks for the bus, as long as you keep your area picked up and clean.
- ★ Toys You are welcome to bring outdoor games (basketball, frisbee, etc.) for our time in Shepherd Springs, and DVDs (PG-13 ratings or lower only) for the bus ride.
- ★ Money You will need to bring cash for the two stops (rest areas/travel plazas) for meals, maybe a souvenir at Antietam or Harper's Ferry (can't guarantee there is a place for this,) or a t-shirt at Heifer....otherwise, all other expenses have been covered.
- ★ **Destruction** PLEASE, do not bring anything with you that you are afraid of losing, or being destroyed. This is not the trip for fine jewelry, electronics, silks and furs....this is as close to a survival camp as you will come while you are in JAGS you will be roughing it from 9/28-9/30, FYI.

We are excited for our 8th Annual excursion to Sharpsburg, MD, and are glad you will be joining us! If you have any questions please see one of your JAGS teachers, or contact Mr Knopick(jjk2jc@jackson.sparcc.org).

Fall 2021 Heifer Itinerary September 28th- September 30th

Date	Time	Location	Activity
9/28/21	8am	Jackson High School	Depart on 2 Candle Coach Charter Busses(out by front, main entrance).
9/28/21	12pm	Breezewood Plaza rest Area (Gateway Travel Plaza - 16563 Lincoln Highway, Breezewood, PA 15533).	1 Hour to Eat-Depart at 1pm
9/28/21	2:30pm	Harpers Ferry, WVA (Park Visitor Center is 171 Shoreline Drive, Harpers Ferry, WV 25425)	Take a tour of the National Park-2 Hours Depart at 4:30pm for <u>Shepherd's Spring</u> . Heifer Global Village-30 minute drive Educational Waiver Letter
9/28/21	5pm	Shepherd's Spring, Heifer Global Village (16869 Taylors Landing Road • Sharpsburg, Maryland 21782-0369).	Arrive at Shepherd's Springs. Check into Cabins Dinner Games 11pm Lights out
9/29/21	9am	Antietam National Battlefield, 302 E Main St, Sharpsburg, MD 21782	Depart after Breakfast. Take bagged lunch. Standard Tour (3 hours): includes an introduction to the Maryland Campaign at the Visitors Center as well as stops at the Cornfield, Sunken Road and Burnside Bridge. 30+ people: \$205.00
9/29/21	1:30pm	Shepherd's Spring, Heifer Global Village (16869 Taylors Landing Road • Sharpsburg, Maryland 21782-0369).	Arrive back at Shepherd's Springs. Walk to Cave/Games Dinner Simulation
9/30/21	6pm	Jackson High School	Breakfast in camp Debrief/Reflection Clean up Cabins Lunch Depart Shepherd's Springs around 12pm.