

Camp Champions Checklist

Please complete all documents & return by 9/28/18

Parents, we are so excited to help plan this experience for your child. Please help us plan accordingly & ensure all necessary paperwork is turned in by **September 28th**.

- ☐ I have paid \$160 online
- ☐ I have Signed the Field Trip PerMISSion/Medical Release
- ☐ I have Signed the Rooster Springs Parent Visitation Agreement
- ☐ I have Signed the Authorization to administer medication form
- ☐ The Outdoor School Medical Information
- ☐ Visitors Release Form
- ☐ (optional) I have filled out the Dietary Restrictions Form
- ☐ (optional) I have filled out the Souvenir order form

★ PLEASE READ BELOW & INITIAL BESIDE ONE OF THE TWO OPTIONS:

_____ I **AM** turning in medication to Nurse LaDonna on or before October 1st & I have reviewed the following:

- ☐ All medication is preSCRIPTION &/or accompanied with a Doctor's note for necessity
- ☐ All medication is current (we can not give expired medication)
- ☐ All medication is labeled with my child's name (we will not give medication that is preSCRIBED to sibling, parent or friend).

OR...

_____ I am **NOT** turning in any medication & understand my child may not pack his/her own in their belongings.

★ OPTIONAL

- ☐ I am purchasing a Souvenir item for my child & have enclosed additional payment of cash or check to THE OUTDOOR SCHOOL.
- ☐ I am enclosing \$_____ as an additional contribution toward the Scholarship fund for students who need financial assistance in order to attend camp.

Student Name

Homeroom

Parent Signature

Date

Rooster Springs

ELEMENTARY SCHOOL

P. O. Box 479
Dripping Springs, Texas 78620
(512) 465-6202 Fax (512) 465-6299

September 13, 2018

Dear Fifth Grade Parents:

Today your child will bring home a packet of information and registration papers for their upcoming trip to Camp Champion on October 10th-12th. Please take the time to read through the Student Packet information and return the entire packet by **FRIDAY, SEPT. 28, 2018**. The fee to attend camp is \$160.00 per student and those fees may be **paid online** through [the Rooster Springs Online payment webstore](#).

Included in the packet is the permission slip for each child to attend Camp Champions and other 5th grade field trips. Those trips include: DS high school musical, Sycamore Springs middle school visit, and the 5th grade end of year party/track & field day. More information about those trips will come at a later date.

If you need an additional copy of the packet please visit the 5th grade team website <http://rooster5.weebly.com/>

Follow these steps to pay Online:

Go To: <https://www.dsisdtx.us/Domain/9> (Rooster Springs Webpage)

Click: **Online Payments (button)**

Click: **Webstore**

Click: **Elementary Schools**

Click: **Rooster Springs**

Click: **Field Trips**

Choose: **Rooster Springs Camp Champions** - Add to Cart

Choose: **Rooster Springs 5th Grade Field Trips** - Add to Cart

Place order.

Thank you,

Mandy Sargent
RSES Principal

FIELD TRIP PERMISSION/MEDICAL RELEASE FORM

ROOSTER SPRINGS ELEMENTARY SCHOOL

P. O. BOX 479

DRIPPING SPRINGS, TX 78620

(512) 465-6202 Fax (512) 465-6299

My child, _____, has permission to go on the Rooster Springs Elementary School field trip to Camp Champion in Marble Falls, TX on October 10-12th. DSHS Musical, and Sycamore Springs Middle School to visit in the spring and the 5th grade EOY track & field day.

All information must be complete. Please print

I authorize any Rooster Springs Elementary School employee or field trip volunteer to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. Rooster Springs Elementary School and DSISD are not liable in the event of an accident or injury occurring from my child's participation on this field trip, except as allowed by law.

STUDENT NAME: _____

GRADE/TEACHER: _____

KNOWN DRUG/INSECT

ALLERGIES: _____

Is your child taking any medication(s) at this time? Yes _____ No _____

List name and amount of medication(s): _____

Parent/legal guardian's name: _____

Address: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Insurance company: _____ Policy #: _____

Signature of parent/guardian: _____ Date: _____

Rooster Springs Parent Visitation Agreement

As with all RSES activities, student security and safety at Camp Champion will be our highest priority. In order to help us achieve the highest level of security and safety we are requesting that parents refrain from visiting their child at Camp Champion. The RSES 5th grade team, parent chaperones, and the Camp Champion staff will be on-site helping to make this an unforgettable experience for our students. The appearance of unannounced adults at the retreat provokes safety concerns and disturbs the learning environment created at such an event. We are requesting that you do not visit Camp Champion during this event. In the case of a family emergency please contact the school and we will ensure that a plan is quickly facilitated.

Please sign below acknowledging that you have read this agreement.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

AUTHORIZATION TO ADMINISTER MEDICATION AT CAMP CHAMPIONS

ROOSTER SPRINGS ELEMENTARY SCHOOL
P.O. BOX 497
DRIPPING SPRINGS, TEXAS 78620
512-465-6204 (Nurse) or 512-465-6299 (Fax)

Only PRESCRIBED, daily scheduled medications, PRESCRIBED inhalers and EpiPens will be allowed. RSES STAFF, CHAPERONES AND CAMP CHAMPION PERSONNEL MAY NOT DISPENSE NON-PRESCRIPTION MEDICATION TO ANY CHILD ATTENDING CAMP. PLEASE DO NOT HAVE YOUR CHILD BRING OVER-THE-COUNTER MEDICATION TO CAMP.

ALL medication MUST be in original container properly labeled by the pharmacy.

I authorize and request that DSISD personnel administer to my student and prescribed medication while on the overnight field trip to Camp Champions.

PLEASE RETURN SIGNED CONSENT AND DELIVER MEDICATION(S) TO SCHOOL NURSE NO LATER THAN TUESDAY, OCTOBER 1st.

STUDENTS NAME: _____

TEACHER: _____

DATES OF FIELD TRIP: October 10th - 12th

MEDICATION (S) TO BE ADMINISTERED: _____

SCHEDULE AND DOSE TO BE ADMINISTERED: _____

SPECIAL INSTRUCTIONS: _____

PARENT/GUARDIAN SIGNATURE: _____

CONTACT PHONE NUMBER: _____