



## International Community School Camp 2009

Camp 2009 is coming! This year's curriculum has been constructed specifically for ICS, and will build upon last year's experiences. Customized for the 7<sup>th</sup>-9<sup>th</sup> graders, it will include outdoor education and classes on teenage issues taught with the help of a district approved psychologist.

<b>Location</b>	Cispus Learning Center 2142 Cispus Road Randle, WA 98377  Phone: (360) 497-7131
<b>Leaving</b>	7:00 AM Wednesday, Sept. 2 <sup>nd</sup> (Please arrive by 6:40 AM)
<b>Returning</b>	4:30 PM Friday, Sept 4 <sup>th</sup>
<b>Cost</b>	\$170 per camper
<b>Parent Information Night</b>	Please join us on Friday, August 28 <sup>th</sup> at 7:00pm to meet the counselors and listen to an overview of the camp experience.

### THE FOLLOWING MUST BE MAILED TO ICS BY **AUGUST 10<sup>TH</sup>**:

1. Camper Info Form, completed and signed by parent/guardian
2. Field Trip Consent Form, completed and signed by parent/guardian, and
3. \$170 check, made payable to ICS

Mail to: ICS Camp Information, 11133 N.E. 65<sup>th</sup> Street, Kirkland, WA 98033

For further information contact Victoria Castaneda at [vcastaneda@lwsd.org](mailto:vcastaneda@lwsd.org).

For information regarding scholarships, please contact the ICS PTSA (additional information included in this mailing).



**Student Name**

**ICS 7<sup>th</sup> - 9<sup>th</sup> Grade Camper  
Information Needed!**

**THE FOLLOWING MUST BE MAILED TO ICS BY AUGUST 10<sup>TH</sup>:**

4. This form, completed and signed by parent/guardian
5. Field Trip Consent Form, completed and signed by parent/guardian, and
6. \$170 check, made payable to ICS\*

Mail to: ICS Camp Information, 11133 N.E. 65<sup>th</sup> Street, Kirkland, WA 98033

**T-Shirt Size:** Don't miss out on the annual camp T-shirt! Please indicate a size from one of the following options:

T-Shirt Size	<input checked="" type="checkbox"/>
Youth Large	<input type="checkbox"/>
Adult Small	<input type="checkbox"/>
Adult Medium	<input type="checkbox"/>
Adult Large	<input type="checkbox"/>
Adult X-Large	<input type="checkbox"/>

**Food Allergies/Restrictions:** Please let us know if you have any food allergies or dietary restrictions.


Parents: For life-threatening concerns we can put you in touch with the kitchen staff at Camp Cispus to discuss the menu. Please note that Cispus is not able to accommodate a **vegan** diet. If your student is vegan, please plan on sending supplementary snacks with him/her. Vegetarian options **will** be available at every meal.

**Other information we should know:** Perhaps this is your first time at a sleep away camp. Maybe you're known to walk in your sleep. If you have a special concern about attending camp that you **want** us to know, please include it when you respond to the above information.


<b>Parent Signature</b>	<b>Date</b>
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\* Scholarship information available from ICS PTSA

The students will be arriving at Cispus at approximately 11:00 on the morning of Tuesday, September 2<sup>nd</sup>. Over the next three days they will be participating in health and community classes, a Drug & Alcohol Awareness night, various games, team building activities and challenge courses. The classes will be developed and taught by the juniors and seniors under the supervision of a district-approved psychologist. The seventh and eighth graders will be taking classes in self esteem, relationships and ICS crash courses on the social and academic aspects of school, while the ninth grade students will be in classes concerning psychology, high school preparedness and F.L.A.S.H., the district-adopted Family Life and Sexual Health curriculum. At the end of each day there will be debrief and discussion time to conclude the day's learning. The students will return to ICS at approximately 4:30 pm on Friday September 4<sup>th</sup>.

For their camp experience, the students should bring the following:

- Clothing for three days (It is important that you bring appropriate clothes and shoes for an outdoor environment and our unpredictable weather. We will be outside for some activities, **rain or shine.**)
  - Long pants or jeans
  - Two or more pairs of shoes (**at least one with closed toes**)
  - **Warm, water-repellant jacket (this is very important—we will continue with planned activities rain or shine)**
  - Sleepwear
- Sleeping bag or bed linens/pillow
- Towels
- Toiletries
  - Toothbrush and toothpaste
  - Shampoo
  - Comb or brush
  - Soap
- Water bottle marked with student name
- Insect repellent
- Sunscreen
- Watch

Optional:

- Camera and film
- Batteries
- Flashlight
- Personal music player
- Books (for down time)
- Exercise clothes and shoes (there will be an opportunity to run before breakfast)
- Blankets

Phones: There are two pay phones on campus and Cispus does not get **any** cell phone service anywhere at camp, but if you wish to bring one as an alarm clock, you may.



**Lake Washington**  
School District No. 414

Cindy Duenas - Principal  
Lili Hughes - Office Manager

**International Community School**  
11133 N.E. 65th Street • Kirkland, WA 98033-7116  
Office: (425) 889-6880 • Fax: (425) 889-6881

June 1, 2009

Dear Parent/Guardian:

In response to the growing threat of HIV to our population, the 1988 Washington State Legislature mandated that a program of prevention education be presented to students yearly beginning with the fifth grade. The Lake Washington School District has adopted an appropriate program for HIV/AIDS prevention education with the advice of educators, parents, and community members.

The curriculum provides a science-based understanding of the AIDS virus, how it is transmitted, diagnosed and prevented. Students will also be taught the meaning of abstinence and risk behavior. These lessons will be taught by district teachers at your child's school.

HIV/AIDS curriculum will be taught to all 7-9<sup>th</sup> grade students at camp and subsequently throughout the school year in 7<sup>th</sup> grade biology.

In addition the district adopted FLASH (Family Life and Sexual Health) curriculum will be taught to 9<sup>th</sup> grade students at camp.

In accordance with the AIDS Omnibus Bill (E2SSB 6221), no student may be required to participate in AIDS prevention education if the student's parent(s) or guardian, having previewed the materials, excuses their child from participation. If you wish to preview HIV/AIDS and FLASH materials you may contact us here at the school to set an appointment between August 18<sup>th</sup> and 27<sup>th</sup>. Additionally, you may schedule a time at any point during the summer to preview the material with our Curriculum Library Secretary at the Resource Center. The number is (425) 702-3327. If you choose to excuse your child from this instruction, you will need to complete a request form that is available once you have previewed the materials. The form needs to be returned to ICS by August 27, 2009.

Sincerely,

Cindy Duenas



# Lake Washington School District

## Parent/Guardian Field Trip Informed Consent Form

I hereby give my permission for \_\_\_\_\_  
(name of student)

who attends INTERNATIONAL COMMUNITY SCHOOL  
(school)

to participate in a field trip to: CAMP CISPUS, BANGLE, WA  
(destination)

on September 2-4, 2009 for the purpose of ANNUAL 7th-9th Grade Camp  
(date)

Transportation for this activity will be provided by:

- District bus/vehicle
- Other \_\_\_\_\_

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: \_\_\_\_\_

Student phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Describe any medical condition, including allergies that could impact the student's field trip experience:

- None
- See below

\_\_\_\_\_  
\_\_\_\_\_

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

\_\_\_\_\_

In the event of an emergency (injury, illness and unforeseen incident), the following person must be notified in case the parent/guardian cannot be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

- I received a detailed itinerary  yes  no
- I received a list of things to bring (if any)  yes  no

Signature of parent or guardian

Date

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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*This Portion to be Completed by Health Care Provider/ Dentist*

<u>Name of Medication</u>	<u>Strength</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Time of Day To Be Given</u>
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\_\_\_\_\_

Diagnosis \_\_\_\_\_

If given PRN, specify the length of time between doses \_\_\_\_\_

Indicate if student will self carry inhaler/epipen on his/her person Yes  No

\_\_\_\_\_

Anticipated action \_\_\_\_\_

Possible side effects of medication \_\_\_\_\_

Emergency procedure in case of serious side effects \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated. Medication orders are good for the current school year only, unless a shorter period is specified. There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. **Medication may be administered by non licensed school personnel.**

\_\_\_\_\_  
Health Care Provider/ Dentist Signature

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

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*This Portion of the Form Is To Be Completed By Parent/ Guardian*

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. I request and authorize the school to administer the above identified medication to the above identified student in accordance with the health provider's prescribed instructions, not to exceed the current school year.

**Medication must be supplied to the school in the original container**

\_\_\_\_\_  
Parent/ Guardian's Signature

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

\_\_\_\_\_  
Phone Number: Home/Work (indicate area code)

**WHITE:** Keep with medication (school copy)

**YELLOW:** Nurse