



Erie High Link Leaders

May 7, 2015

Dear Link Crew Leader and family,

Congratulations again on being selected to represent Erie High School as a Link Leader. This role holds a great deal of responsibility and respect, as you will be mentoring the freshmen class for the entire school year. You will develop lasting bonds with the freshmen class and the other Link Leaders. The first freshmen event and the biggest piece of the Link Crew program is the Freshmen Orientation on Wednesday, August 19.

To prepare you for the role of a Link Leader, we will be training Thursday, August 6-Friday, August 7 at the Highlands Presbyterian Camp and Retreat Center in Allenspark, CO. This is an overnight trip. Link Crew training is necessary for all Link Leaders to be effective. If you are unable to attend, please let Ms. Panakhyo know as soon as possible. The training consists of over 10 hours of crucial information, so it is very important that you make every effort to attend.

Here is the itinerary:

Thursday, August 7

7:45 Meet at EHS (leave by 8:00 am)
10:15 Arrive at Highlands.
10:30 Ropes Challenge Course
12:00 Check into cabins
12:30 Lunch
1:30 Link Crew Training begins!!
6:00 Dinner
7:00 Training continues
9:00 Teambuilding/Bonding/Don't worry it will be amazing!

10:30 Cabins
11:00 Lights out

Friday, August 8

6:00 Optional sunrise hike
8:15 Breakfast
9:00 Training continues
1:00 Leave Highlands. Get fast food lunch on the way home.
3:00 Arrive back at EHS
(possibly earlier)

This itinerary is subject to change (times only); I will let you know as soon as possible of any changes.

The cabins that we will be staying at are dorm-style with bunk beds and a common bathroom. There is also a common room to hang out in (although we won't have a ton of down time!)

Please make sure to bring all the following items:

- *Bedding.* The bunk beds do not have any linens on them. Bring a sheet, blanket and pillow.
- *A towel and personal toiletries.* Also, flip-flops for the shower (if you're uncomfortable or unfamiliar with dorm-style showers)

- *Athletic-style shoes.* Must be CLOSED-TOED! You will not be able to participate in the ropes course without close-toed shoes.
- *1 change of comfortable clothing.* Training is very active and the day is long- comfort is more important than style! A jacket/hoodie is suggested as it gets cooler in the evening.
- \$\$\$- Please bring some additional money for a fast-food lunch on the way home. All other meals will be provided.
- *Addition to the community trail mix.* Please bring a bag of something to add to the group trail mix so there is something to snack on. Examples: granola, chocolate candies, raisins, cereal, pretzels, dried fruit. **NO PRODUCTS WITH NUTS!**

Included with this letter are four forms that need to be filled out and turned in before you can get on the bus. First is the district permission slip/code of conduct, second is the Acknowledgement of Risk and Hold Harmless Agreement, third is the release form for the ropes course, and fourth is the emergency medical form. If the release form for the ropes course is not completed this will indicate you are opting-out of the ropes course. To cover the cost of the camp, training materials, t-shirt and other supplies throughout the year, the cost for this trip is \$50. **Please complete these forms and turn in by Monday, May 18 with your money.** The \$50 may be paid in cash or check (made out to EHS).

If your parent/guardian is available and willing to chaperone, your cost for the trip will be waived. I am looking for additional chaperones. Chaperones do not need to participate in the Link Leader training. *If your parent/guardian is interested in chaperoning please have them contact me as soon as possible.*

The Highlands camp receives very poor cell phone coverage. Parents, if you need to get in touch with your child while we are in Allenspark, please call the camp at 3030-747-2888. We are listed at the Erie High School Leadership group. For more information on the camp, please visit www.highlandscamp.org.

Please feel free to contact me with any additional questions or concerns. I am so excited to kick off this year with you- it's going to be a great one!

Sincerely,

Anna Panakhyo

Panakhyo_anna@svvsd.org

727-776-8481- Ms. Panakhyo's cell

CODE OF CONDUCT

File: JJH-E


Student Travel

(Code of Conduct for Extended Trips and Exchange Programs)

Pre-trip rules

Purpose: I understand that I am a representative of the St. Vrain Valley School District and of my group. To establish that I am an individual who is trustworthy and who has character and pride in myself, I agree to abide by school and District policies and regulations and the laws of the city, state and country. Further, I am aware that if I fail to abide by these policies, regulations and laws or to maintain my academic standing that I may be denied the privilege of participation. I realize that any funds that I have contributed or may contribute subsequent to this acknowledgment may be forfeited.

I have read and understand the above statements.



Student's signature

Date

Student contract

I am a representative and ambassador of the St. Vrain Valley School District, the state of Colorado and the United States of America. As such, I will not bring harm, embarrassment, disgrace or discomfort to myself or to any member of my group.

The purpose of the code of conduct is to insure that the group's objectives are accomplished. I understand the need and reasoning for the following rules and support them as an individual and as a member of my group. I realize that my behavior will reflect not only on me but also on the group as a whole. I understand that this is a school sponsored trip, and all school district regulations and policies apply.

1. Any possession or use of alcohol or any possession or use of any controlled substance will not be allowed or tolerated.

If I break this rule, I understand that I may be sent home immediately on a convenient means of transportation at the discretion of the school supervisor/official and any additional expenses will be covered by my parents or guardians following a collect call. Any alteration of the rule because of extenuating circumstances must be approved by school district officials.

2. I understand that smoking or other use of tobacco is not allowed.
3. I understand that I must stay with the group at all times unless special permission has been obtained by the sponsor.

When staying in a public accommodation, I will be in my room at the agreed times. I understand that there will be no coed visitations without the sponsor's approval and/or presence in the room.

4. I understand that it is important to adhere to time schedules. I will be prompt for all occasions.

- 5. I understand that I will wear acceptable dress as deemed appropriate by the sponsor.
- 6. I understand that I am expected to abide by the laws of the city, state or country in which I am staying.
- 7. I understand that I am expected to abide by all rules developed by the sponsor or organization in addition to the rules listed in this code of conduct plus any other policies or regulations established by the St. Vrain Valley Board of Education.

I understand that a violation of this code of conduct will result in a conference with the sponsor(s) and myself and, if necessary, I will be subject to appropriate discipline for the violation.

If there is continued willful disobedience or open and persistent defiance of proper authority, I understand that I may be sent home immediately on a convenient means of transportation at any additional expense to my parents or guardians following a collect call.

I am aware that I may be subject to further sanction or disciplinary action after returning from the trip.

I have read and understand and have received a copy of this code of conduct for my reference.

*

Student's signature

Date

As a parent/guardian of the participant, I have read and understand the code of conduct and agree that my participant will abide by it or I will pay any additional costs involved. I have received a copy of the above for my reference.

*

Parent/guardian's signature - date

Parent /guardian's signature - date

As a sponsor, I will see that the code of conduct is properly administered. I have received a signed copy of the code of conduct for my reference. As a sponsor, I will maintain proper decorum when with the participants in my charge.

Cowley
Sponsor's signature

5/7/15
Date

Rev. 8/05

St. Vrain Valley School District RE-1J, Longmont, Colorado

ACKNOWLEDGEMENT OF RISK & HOLD HARMLESS AGREEMENT
For Overnight Trips Sponsored by St. Vrain Valley School District RE-1J

X STUDENT NAME: _____ GRADE _____ PHONE _____
LAST, FIRST (please print)

School/Group: ERIE HIGH LEADERSHIP CLASS
Travel Dates: 8/6 - 8/7/15
Travel Destination: Highlands Presbyterian Camp, Allenspark, CO
Group Leader: Anna Panakhyo

ACKNOWLEDGEMENT OF RISK

We acknowledge that the above named student (herein, "Participant") could sustain various injuries and illnesses, including physical injury, death, or other consequences arising or resulting from participation in this trip. BY ITS NATURE, PARTICIPATION IN THIS TRIP INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH. Furthermore, injuries sustained while participating in this trip could result in a serious impairment of Participant's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Although serious injuries are not common in supervised school sponsored trips, it is impossible to eliminate all risk. Participants can help and have the responsibility to reduce the chance of injury by following instructions and adhering to applicable rules and regulations.

SUPERVISION PLAN

Participants will be supervised by certified staff, not to exceed thirty students per certified employee. In addition, volunteers (who must be at least 21 years old and satisfy a background check) will assist with supervisory duties under the direction of certified staff, not to exceed 15 students per volunteer chaperone.

RESPONSIBILITY FOR MEDICAL BILLS AND EMERGENCY CARE

In consideration of the possibility of an accident, we hereby consent to emergency transportation and treatment necessary in the event of injury or illness. We hereby accept responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills.

We acknowledge that the St. Vrain Valley School District **DOES NOT** purchase health or accident insurance for students participating in school trips (except for injuries sustained in district vehicles). If you are interested in purchasing voluntary student accident insurance, please contact the school office. Only the 24-hour coverage plan would cover this trip. If you have already purchased the school-time-only coverage (which would not cover this trip), it may be upgraded to the 24-hour coverage plan by paying the premium difference.

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

We hereby assume all risk of injury and/or property damage or loss, and waive any right of recovery from, or to bring suit against, the St. Vrain Valley School District, its employees, volunteers, or agents, for any personal injury, death, or other consequences, including property damage or loss, sustained or incurred by Participant and arising out of participation in this trip. This release is not to be construed as a contractual waiver by the District of any immunities or defenses provided to the District by the Colorado Governmental Immunity Act, or by other statutes or common law.

INDEMNIFICATION

We agree to indemnify and hold harmless the St. Vrain Valley School District, its agents or employees from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, asserted by any third party and arising out of or directly related to Participant's negligent and/or intentional acts, errors and omissions while participating in any aspect of this trip.

PARENT OR GUARDIAN PERMIT

Parent/guardian hereby gives permission for student named above to participate in this trip.

Participant and parent/guardian have thoroughly read the statements and conditions stated above under the headings: ACKNOWLEDGEMENT OF RISK, SUPERVISION PLAN, RESPONSIBILITY FOR MEDICAL BILLS AND EMERGENCY CARE, ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS, INDEMNIFICATION, AND PARENT OR GUARDIAN PERMIT. We understand and agree to the terms of this Agreement, which is a legally binding document, as noted by the following signatures:

_____ Date

_____ Date

NOTE: Each school is to retain a copy of the signed agreement for each participant in the school office. The retention period for the agreements is seven years. A signed copy must be on file prior to participation.

COMPLETED _____
Date Signature of School Official

Release for ^{LOW} Ropes Course

Group Name: Erle High School
Date(s) Participating: 8/6 - 7/15



**Highlands Presbyterian Camp and Retreat Center
General Activity Release of Liability Form**

Any person using the Zip Line, Challenge Course, Climbing Rock, Archery Range, a Guided Hike, Mountain Bikes, or Canoeing Pond at Highlands Presbyterian Camp and Retreat Center must sign a Release of Liability Form to participate. Please complete and return to Highlands Presbyterian Camp and Retreat Center.

Medical Information:

I am aware that participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, I recognize that importance of following directions of the facilitator/instructor and agree to obey such facilitator/instructor to the best of my ability.

So that a facilitator/instructor may be properly informed, I fully disclose the following medical information. (If "nothing," please so indicate).

I am currently under a doctor's care for: _____

I am currently taking the following medication(s): _____

I am allergic to the following medication(s), food, or allergen(s): _____

The following medical condition(s) might affect my participation: _____

Release of Liability:

I understand that any part of the Highlands Presbyterian Camp and Retreat Center's guided activities (Zip Line Mountain Biking, Rock Climbing, Challenge Course, Guided Hike, Canoeing, Archery) may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in any of the activities listed above. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I hereby consent to first aid and/or emergency medical care for treatment of injuries that I may sustain while participating in any activity associated with Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands activities from any and all liability. I have carefully read this Release of Liability and fully understand its content.

Activities in which the participant is participating: Low Ropes Course

Participant Name (Please print): _____

Participant Signature: _____ Date: _____

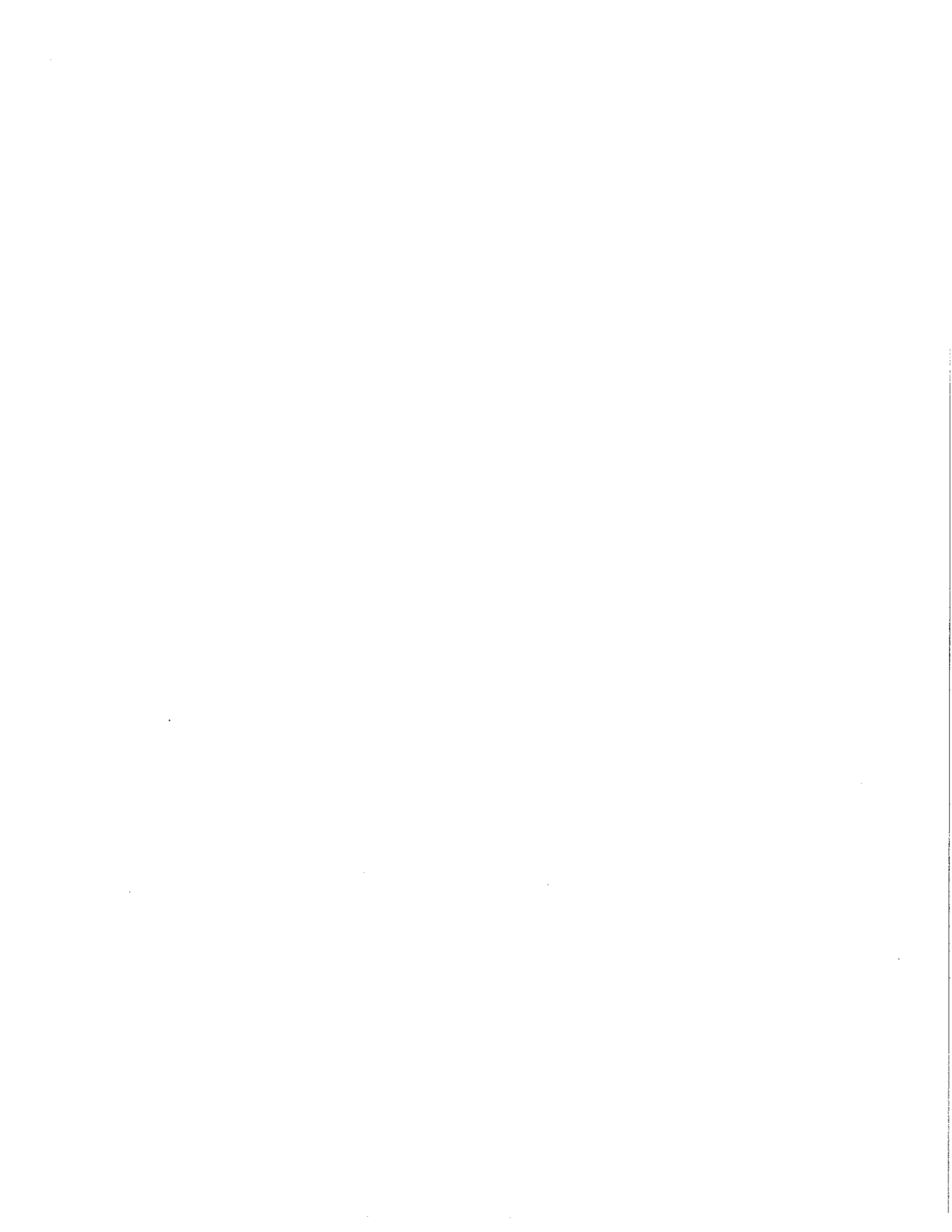
Parent Name (if under 18 - please print): _____

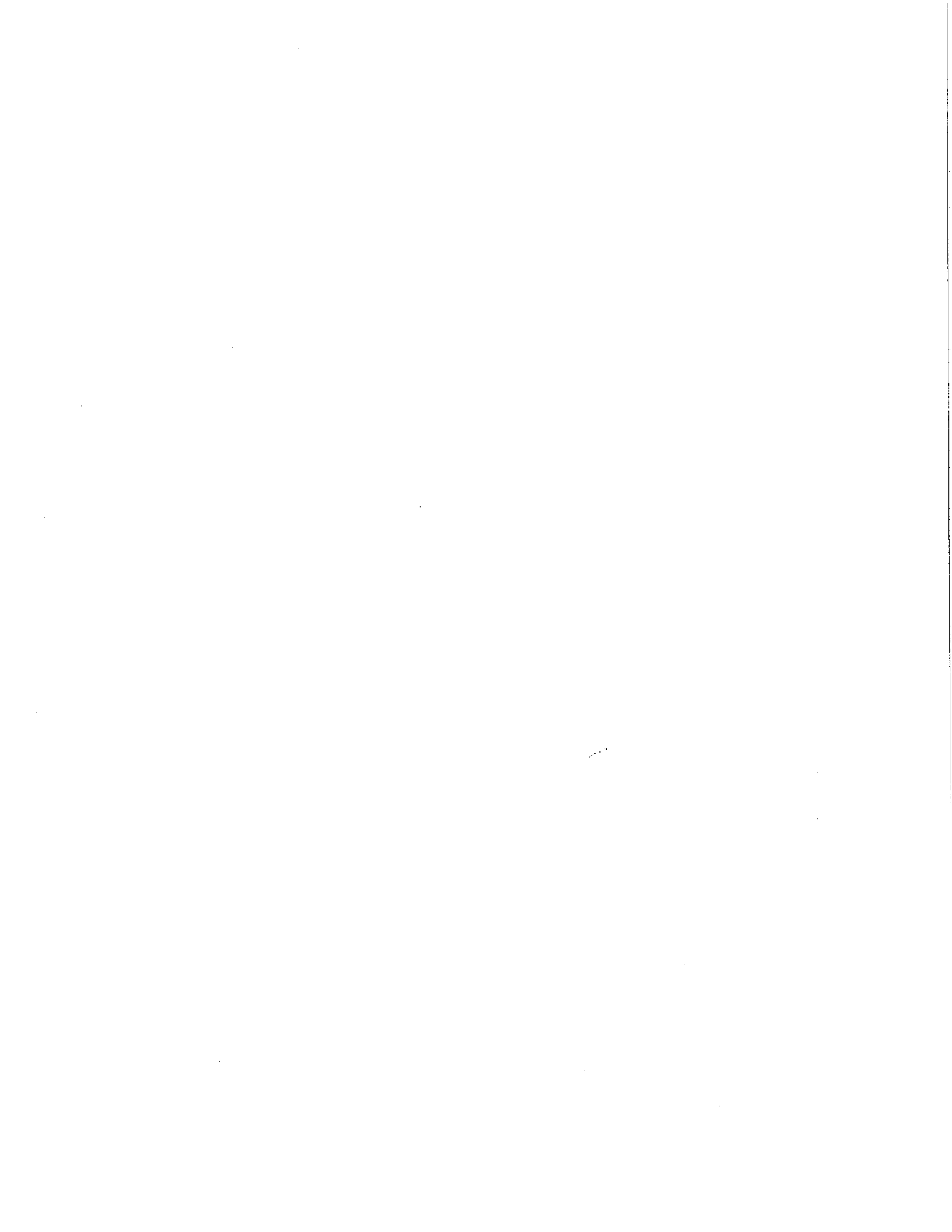
Parent/Guardian Signature (if under 18): _____ Date: _____

www.highlandscamp.org

P.O. Box 66 ♦ ALLENSPARK, COLORADO ♦ 80510
(303) 747 - 2888 ♦ (303) 747 - 2889 (FAX)







REQUIRED FIELD TRIP INFORMATION

All students must have this form completed and returned by 5/10/15. Any student without the information **will not** be allowed to participate in the field trip on 5/10-17/15.

Over-the-counter or **prescribed** medications must have a signed form from the parent, as well as from the doctor. These medications may include items such as Tums, cold medications, inhalers, allergy medications, etc. **Medication will not be administered without a Physician/Parent Authorization form on file signed by you and your doctor.** All orders need to reflect specific instructions for administration of all the doses required during a 24 hour period.

Medications must be provided in pharmacy labeled bottles, and over-the-counter medications need to be in the original package labeled with your child's name.

1. Extra forms may be obtained in the health office.
2. Please have them signed and returned by 5/10/15 to teacher Pamela Hyo

We need advance notice so that we can prepare for the trip. If your child obtains a new prescription the week of the trip, please inform the health office as soon as possible. Call 303 82 8423 if you have any questions.

Student Name _____ Date of Birth _____ Ht _____ Wt _____

Address _____

Home Phone _____

Physician's Name _____ Phone _____

Health Insurance _____ Policy# _____ Group# _____

Medicaid # _____

Emergency Telephone Numbers:

Please make sure that we have a number where we can contact you should your child become ill or need your assistance during the trip.

Mother's Name _____ Home# _____ work# _____ cell _____

Father's Name _____ Home# _____ work# _____ cell _____

Guardian _____ Home# _____ work# _____ cell _____

Other Contact _____ Home# _____ work# _____ cell _____

MEDICATIONS:

___ No, my child will not be taking any medication

___ Yes, my child will require medication during the field trip. (Refer to medication permission form)

Students must understand that they are assuming the responsibility for going to the adult in charge of medication at the designated time for their medication.

Date of last tetanus shot _____

Please list any significant health problems this student has that the staff should be made aware of. For example: asthma, heart condition, emotional, or other diagnosed health concerns. List the health concern, what to expect, and what we can do:

List any Allergies:

FOOD _____

DRUG _____

ENVIRONMENT/INSECT/TYPE _____

Health Plan on file? yes ___ no ___ If not, what type of reaction should be expected? What course of action should be taken in the event of a reaction?

**ST VRAIN VALLEY SCHOOL DISTRICT
MEDICATION GUIDELINES FOR OVERNIGHT/OUT OF STATE FIELD TRIPS
Senior High**

Student Name _____ Date of Birth _____

School _____ Teacher _____

My daughter/son has the following medical condition(s) which require medications:

Medications to be given: (medications must be supplied in their original container)

1. Medication: _____ Dose: _____ Time: _____

2. Medication: _____ Dose: _____ Time: _____

3. Medication: _____ Dose: _____ Time: _____

PROVIDER:

The student listed above _____ MAY or _____ MAY NOT self-administer the above medication(s).

Medical Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____

PARENT:

Self-Medication Authorization: With provider approval signed above, I give my permission for my son/daughter to self-administer the above medications while on the field trip.

Parent/Guardian Signature: _____ Date: _____

OR

Supervising Adult Authorization: I give my permission for the assigned staff member to administer the medication I have provided, to my child. I am aware that non-medical personnel will be supervising and administering the requested medications. The student may carry their inhaler and/or Epi-pen, if so ordered.

Parent / Guardian Signature: _____ Date: _____

Please contact the School Nurse with any questions or concerns: 303-772-7700 ext: _____
e-mail: _____@svvsd.org

Does your child have any fears or restrictions we need to be aware of on this trip?

Any information helpful to teachers regarding your child (bedwetting, sleepwalking, homesickness, etc.) and how would you prefer we handle it? _____

In the event your child becomes ill or injured while on the field trip, you will be contacted and will need to make arrangements to have your child transported home. Staff will be unable to transport students due to supervisory responsibilities of students throughout the entire event. If your child needs emergency medical attention, it is District policy that any costs incurred are the responsibility of the parent / guardian.

I give permission for school personnel to seek emergency medical attention in my absence.

Signature of Parent/Guardian _____ **Date** _____

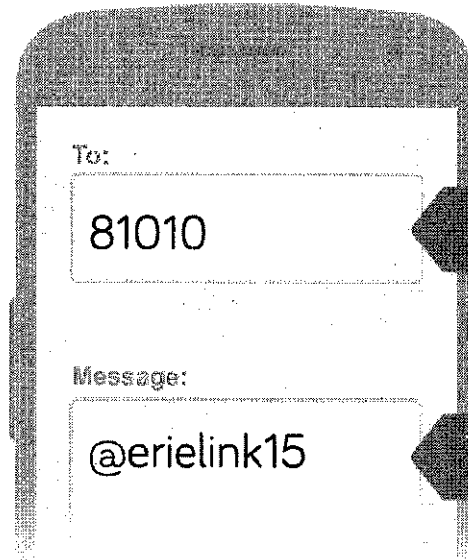
***Thank you for your help in making this a safe, healthy, and fun trip for all the students.**

Ms. Panakhyo would like you to join Link remind Leaders 2015-2016!

Please sign up for text, app or email. This will be our primary communication tool!

To receive messages via text, text **@erielink15** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe **@erielink15**'.

Trouble using 81010? Try texting **@erielink15** to **(303) 990-8272** instead.

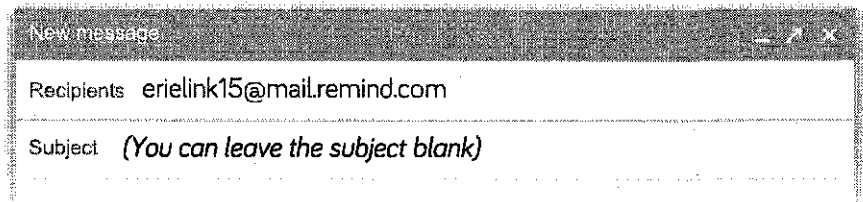


Enter this number

Text this message

*Standard text message rates apply.

Or to receive messages via email, send an email to **erielink15@mail.remind.com**. To unsubscribe, reply with 'unsubscribe' in the subject line.

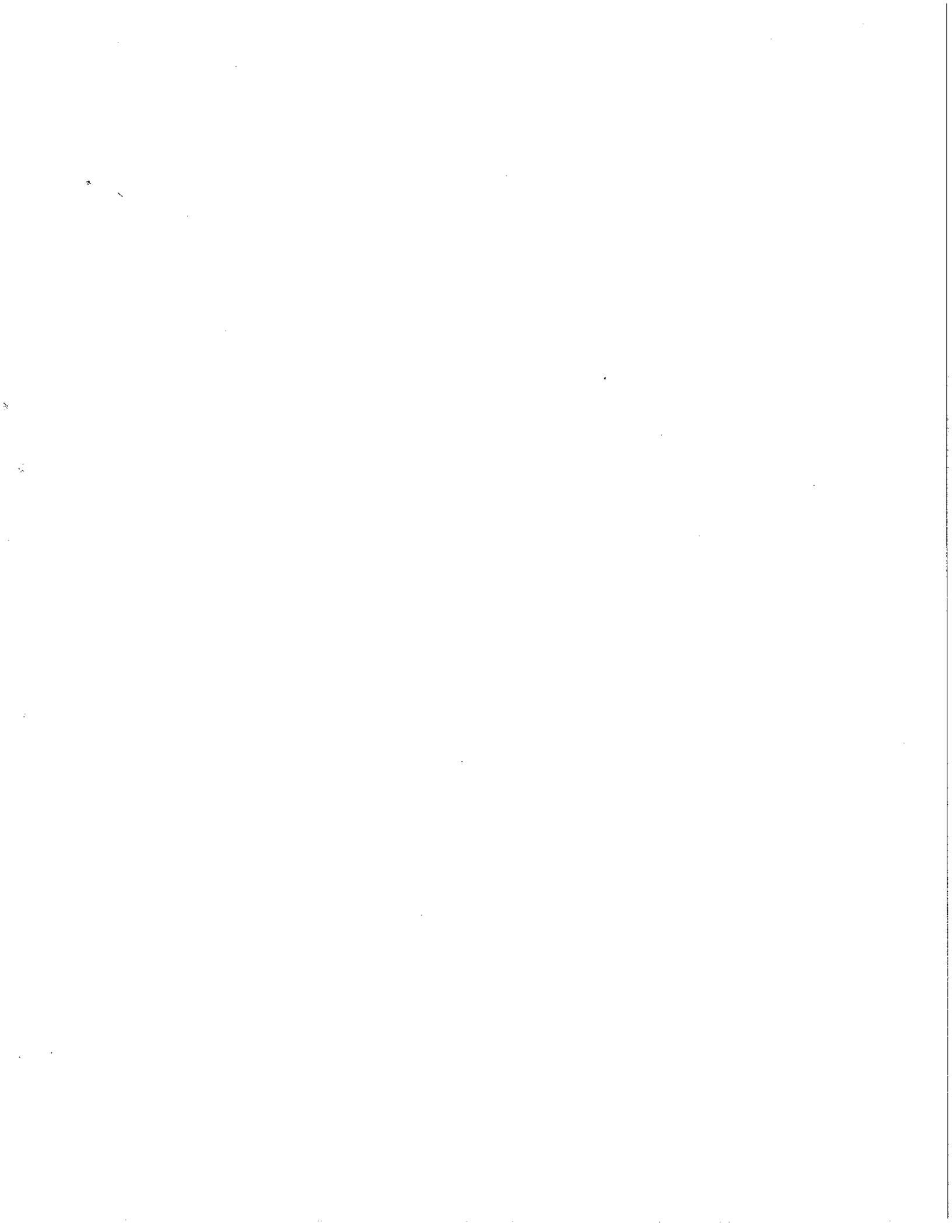


WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.





Student Name: _____

Erie High School Link Leader Program Behavior Contract 2015-2016

Rationale: It is a privilege to be a member of the Erie High School Link Crew Program, as many students who applied did not make it into the program. Students are held to higher standard and are expected to "lead by example" as an Erie student, including during Link Crew activities, classes, and all other Erie activities.

The Link Crew program is designed to provide time and training to better assume the responsibilities required of student leaders. Emphasis is placed on development and application of leadership skills and on the actual organization of school activities and functions. The program provides an avenue for the mentoring of new and incoming freshmen students.

Students in the Link Crew Program are expected to:

- **Keep Confidentiality-** It is important to keep discussions confidential. Also, be aware of where you are when speaking of events; ex. Events or Freshmen
- **Commit to Leadership Behavior-** Students will be aware of their words and actions in and outside of class. Behavior deemed inappropriate (ex. violent, sexual, harassing, or that will have a negative effect on your image) will be dealt with in a disciplinary manner.
- **Be Respectful-** We are the leaders of the school, so we must lead the students in respecting everyone. Students should deal with people and situations in a way that reflects positively on themselves, the Link Crew Program and Erie High School.
- **Be Responsible and Follow-through-** Following through must be 100%! When given a task or agreeing to complete a task, students will do their best *to complete the task the first time to the best of their ability*. Students are expected to attend all meetings, some may occur during SSR, lunch, and after school.
- **Take Directions-** Give respect to your peers, because many times they will be in charge. Be able to take direction from them, but at the same time, if you are the one giving direction, do not take advantage of your peers.
- **Be Punctual and Respectful of Time-** As a member of Erie High School Link Crew be respectful of your time and others' time by being on time and using time wisely.
- **Demonstrate Good Student Behavior-** Students will lead by following the Erie High School rules as well as the student expectations.
- **Be Enthusiastic-** Students should demonstrate a positive and spirited attitude towards our school. This is crucial to show the freshmen what a great place Erie High School is.

Discipline Policy:

For minor behavior issues, any member who receives three counseling sessions in one school year will be removed from the Link Crew Program. For more serious behavior offenses, a member can be put on probation and will not receive a second warning before being removed from the program. If there is an extreme situation a member can be automatically dropped from the program. Ms. Panakhyo reserves the right to evaluate each case on an individual basis and proceed with the best solution for the situation.

The following is a list of rules which will result in a counseling session and possible dismissal from the Link Crew Program.

Counseling Session:

- Excessive absences from Link Crew meetings
- Two detentions or minor disciplinary consequences
- In-school suspension
- Referral from any staff member on campus for ANY reason

Automatic Probation (next offence is removal from class:)

- Abusing Link Crew in any way (misusing pass, lying to staff member)
- Cheating in any class
- Excessive unexcused absences
- Inappropriate behavior of a sexual or violent nature

Automatically dropped from Leadership Program:

- Participating in a fight
- Suspension
- Grades that drop lower than a 2.0 on a quarter progress report

By signing below I understand that as a member of Erie High School Link Crew Program, I accept the tremendous responsibility I have to not only follow the school rules but to be a leader in making Erie High a place of distinction. I understand that if I do not follow the rules set forth in the contract above, that I may possibly be counseled, put on probation or removed from the Link Crew Program.

Student Signature _____

Date _____