

**8th Grade Catalina Field Trip
Attendance & Behavior
Contract Guidelines**

**Corfman School
Catalina Environmental
Leadership Program**



MCCABE
UNION ELEMENTARY SCHOOL DISTRICT

Purpose and Expectations

- In preparation, this letter outlines the guidelines and expectations that students must meet in order to participate in this field trip. These expectations are designed to ensure that all students are prepared to fully engage in the camp activities while maintaining the highest standards of behavior and responsibility.
- We look forward to partnering with you in making this an unforgettable and meaningful experience for our students.



701 W. McCabe Road, El Centro, CA 925
Phone: (760) 335-9200 Fax: (760) 352-4
www.moesd.edu

8th Grade Catalina Field Trip Requirements for Participation

Hello Parents and Guardians,

We are excited about our this year's 8th-grade field trip Catalina (May 18th – May 21st) and want to inform you of the requirements for participation.

Field Trip Details:

Our eighth-grade students will soon have the exciting opportunity to attend a four-day Environmental Camp (CELP) on Catalina Island. This program offers a unique and enriching educational experience, and we want every student to be part of it.

In preparation, this letter outlines the guidelines and expectations that students must meet in order to participate in this field trip. These expectations are designed to ensure that all students are prepared to fully engage in the camp activities while maintaining the highest standards of behavior and responsibility.

We look forward to partnering with you in making this an unforgettable and meaningful experience for our students.

All students must meet the following requirements from September 22, 2025 through the end of the school year in order to participate:

Participation Requirements:

1. Attendance:

- Students are required to have **no more than 5 absences and no more than 5 tardies (morning and passing periods)**
- Students may not have any **unexcused** absences during this period. It is important that you communicate any absence with our Attendance Clerk (Mrs. Dania Anguiano) at Extension 221C

2. Behavior:

- All students must meet the following requirements from September 22, 2025 through the end of the school year in order to participate:
- No out-of-school suspensions
 - No more than five office referrals for mischievous behavior
 - No more than five after-school detentions

Thank you for your support and we look forward to working together to create a positive and impactful experience for our students at Catalina Environmental Leadership Program.

Print Name of Parent Guardian: _____ Date: _____
Signature of Parent or Guardian: _____

Print Name of Student: _____ Date: _____
Signature of Student: _____

Please read, sign, and return the form with your child by Wednesday, September 24, 2025. Thank you!

Participation Requirements Overview

All students must meet the following requirements from September 22, 2025 through the end of the school year in order to participate in the Catalina Field Trip.

These requirements include Attendance and Behavior expectations designed to promote responsibility, safety, and respect.

Participation Requirement 1: Attendance

- Students are required to have no more than 5 absences and no more than 5 tardies (morning and passing periods).
- Students may not have any unexcused absences during this period.
- It is important that you communicate any absence with our Attendance Clerk (Mrs. Dania Anguiano) at Extension 2210.

Participation Requirement 2: Behavior

All students must meet the following behavior requirements from September 22, 2025 through the end of the school year:

- No out-of-school suspensions.
- No more than five office referrals for mischievous behavior.
- No more than five after-school detentions.

Important Behavior Notice for Catalina Trip



Please be advised that any unacceptable behavior during the trip will result in your child needing to be picked up at the Catalina Environmental Campground.

- ★ Parents/guardians will be responsible for arranging their own transportation, including any required ferry fees, to travel to the island for pickup.



Catalina FORMS



701 W. McCabe Road, El Centro, CA 92543
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- Attendance:**
 - Students are required to have no more than 5 absences and no more than 5 tardies (morning and passing periods)
 - Students may not have any unexcused absences during this period. It is important that you communicate any absence with our Attendance Clerk (Mrs. Dana Arguiano) at Extension 22.10.
- Behavior:**
 - All students must meet the following requirements from September 22, 2025 through the end of the school year in order to participate:
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 - No out-of-school referrals for mischievous behavior
 - No more than five office referrals
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Thank you for your support and we look forward to working together to create a positive and impactful experience for our students at Catalina Environmental Leadership Program.

Print Name of Parent/Guardian: _____ Date: _____
Signature of Parent or Guardian: _____ Date: _____

Print Name of Student: _____ Date: _____
Signature of Student: _____ Date: _____

Please read, sign, and return the form with your child by Wednesday, September 24, 2025. Thank you!

McCabe Union Elementary School District Parent Consent for Over-the-Counter Medication in School and During School Sponsored Activities 2025-2026 School Year

TO BE COMPLETED BY A PARENT/GUARDIAN

Student's Last Name	First Name	Date of Birth	Teacher
<p>Non-Prescription Medication Available on an As-Needed Basis</p> <p>Occasionally, it is necessary to provide students with non-prescription medications. The medications listed below will be available to Catalina for this purpose. Do not send any of these items. Please check "yes" or "no" (C) below to indicate your permission for the listed medications to be administered by an authorized staff member. OTC medication will be given at the manufacturer's recommended dosage.</p> <p>We will not administer any medication without authorization.</p>			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches/cramps/fever/pain)	
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (head/muscle aches/cramps/fever/pain)	
<input type="checkbox"/>	<input type="checkbox"/>	Dramamine (motion sickness)	
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (allergies, hives/itch)	

Authorization for Medication - Signature required for student to receive medication.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

THIS AUTHORIZATION IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

MCCABE UNION ELEMENTARY SCHOOL DISTRICT PARENT CONSENT AND WAIVER FORM FOR FIELD TRIPS & EXCURSIONS

I, _____, am the parent or guardian of _____, a student enrolled in the McCabe Union Elementary School District. I give my permission for my child to attend the field trip or excursion described below. I understand that this field trip is optional and a voluntary activity.

FIELD TRIP OVERVIEW
Field Trip Location: Catalina Environmental Leadership Program
General Activities include: Snorkel, Kayak, Team Building and Low Ropes, High Ropes Course, Night Hike, Night Sky Presentation & Stargazing, Campfire

Departure Date/Time: Monday, May 19, 2025 at 3:15 AM
Returns Date/Time: Thursday, May 22, 2025 Estimated Time of Arrival: 7:30 PM

Transportation Mode(s): Charter Bus
If the District does not provide transportation, no parent will be excluded from attending the field trip based upon his/her inability to secure transportation.

EMERGENCY CONTACT/MEDICAL AUTHORIZATION
In the event of an emergency, please contact the individual listed below:

Emergency Contact's Name: _____
Relationship to Student: _____
Contact Phone Number(s): _____

If it becomes necessary for my child to have immediate medical care, I give the Supervising Staff permission to use his/her judgment in obtaining medical care for the child, and I give permission to the selected physician to render medical care deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical or hospital costs incurred by my child, and therefore, any cost incurred for such treatment shall be my sole responsibility.

RELEASE AGREEMENT AND WAIVER OF LIABILITY
I understand that under Education Code section 35330 and McCabe Union School District Administrative Regulation 6155, any person (including students, volunteer chaperones, and parents) attending a field trip is deemed to have waived all claims against McCabe Union Elementary School District for injury, accident, illness or death occurring during or due to the field trip. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless, and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion.

Parent/Guardian Signature: _____ Date: _____
(Signature of parent or guardian)

Catalina Environmental Leadership Program Student Health Form

Attention to Parents and Guardians: This form will be used by the camp, school, and medical professionals in the event of an emergency. Please take the time to fill out thoroughly and completely. Use the back of this sheet as needed. Thank you!

School Name: _____ Home: _____ Birth Date: _____
Student Name: _____ City, State, Zip Code: _____

Street Address: _____
Emergency Contacts
Guardian Name: _____ Relation: _____ Phone: _____
Guardian Name: _____ Relation: _____ Phone: _____
Emergency Contact if Guardian not available: _____ Relation: _____ Phone: _____

Important Health Information:
For the following categories, please describe pertinent medical history and any restrictions, treatment, or special accommodations required on this. Use the back of this sheet as needed.
Food Allergy/Dietary restrictions (vegetarian, kosher, etc.) Complete this section here and list here: _____
Allergies (environmental, medication, bee stings, etc.): _____

Reactions: _____
Treatment: _____
Physical restrictions (leggies, disabilities, etc.): _____

Social/Behavioral (ADD, ADHD, ODD, phobias, anxiety, etc.): _____
Any medication currently being taken (prescribed if over-the-counter): _____
Other medical conditions (diabetes, asthma, heart conditions, etc.): _____

Insurance Information
Name of Your Insurance Company: _____ Policy # _____
Address of Insurance Company: _____ Phone # _____

Parent/Guardian Authorization
I understand that the District cannot and cannot be held liable for any injury, illness, or death that may occur during the trip. I understand that the District is not responsible for any injury, illness, or death that may occur during the trip. I understand that the District is not responsible for any injury, illness, or death that may occur during the trip. I understand that the District is not responsible for any injury, illness, or death that may occur during the trip.

Parent/Guardian Signature: _____ Date: _____
This form will be scanned and kept on file at CELP

Medication Form



Health Care Provider's Authorization and Parent Consent for Management of Medication/Asthma in School and During School Sponsored Activities 2025-2026 School Year

(This form is to be completed ONLY if your child will need to take medication during the school day.)

TO BE COMPLETED BY A PARENT/GUARDIAN/PARA SER COMPLETADO POR EL PADRE:

Student's Last Name _____ First Name _____ Sex _____ Date of Birth _____ Teacher _____
Apellido del Estudiante _____ Nombre _____ Sexo _____ Fecha de Nacimiento _____ Maestra _____

I request that the following medication and/or procedure be administered to my child. I understand that the school administrator will appoint a qualified designated person(s) who will assist my child in taking the medication in accordance with the instructions provided by the physician. I will bring the medication in its original prescription bottle, properly labeled. My child may not carry the medication on their person or keep it in their lockers unless requested in writing by the physician. I authorize the school district's health care provider(s) to communicate with my child's health care provider(s) regarding his/her medical condition. I understand that whenever possible the medication should be provided before or after school hours. I will notify the school immediately if the health status of my child changes, I change health care provider or the medication is changed or discontinued.

Solicito que la siguiente medicación o procedimiento se administre a mi hijo. Entiendo que el administrador de la escuela designará a una persona calificada designada (s) que asistirá a mi hijo en la toma de la medicación de acuerdo con las instrucciones proporcionadas por el médico. Traer a mi hijo la medicación en su envase original, debidamente etiquetado. Mi hijo no puede llevar consigo el medicamento en su persona o en su mochila, salvo petición por escrito por el médico. Yo autorizo que el distrito escolar comunique con el proveedor de salud de mi hijo si es de acuerdo con el médico. Entiendo que siempre que sea posible la medicación debe ser proporcionada antes o después del horario escolar. Voy a notificar a la escuela inmediatamente si la situación sanitaria de mi hijo cambia, si cambio mi médico, o si el medicamento se cambia o se suspende. Si mi hijo llega tarde o sale de la escuela temprano, voy a administrar el medicamento ordenado en casa.

Signature of Parent/Guardian/Forma del Padre _____ Date/Fecha _____ Telephone/Teléfono _____

AUTHORIZATION TO CARRY AND SELF-ADMINISTER ASTHMA INHALER

Parent Initials: _____ My child has my permission, and is capable and responsible enough, to carry and self-administer his/her asthma inhaler as authorized below. I will provide the school with an extra inhaler to keep in the health office. Yo autorizo que el niño administre responsablemente como para llevar consigo el inhalador para el asma según lo autorizado a continuación. Yo le permito a la escuela que un inhalador extra para mantener en la oficina de salud.

TO BE COMPLETED BY A CALIFORNIA LICENSED HEALTH CARE PROVIDER E COMPLETAR POR UN CALIFORNIA LICENSED MEDIC

Name of Medication	Dosage	Method of Administration	Time of Day to be Taken
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

INFORMATION REGARDING ASTHMA & ALLERGIES

Asthma Severity (circle one): mild intermittent mild persistent moderate persistent severe persistent
Asthma Triggers (check each that applies to the student):
 Exercise Food Pollens Stress Respiratory Infections Molds Animals Other: _____

Allergy Severity (circle one): mild intermittent mild persistent moderate persistent severe persistent
Allergy Triggers (check each that applies to the student):
 Nuts Food Pollens Stress Respiratory Infections Molds Animals Other: _____

Level of Independence:
Student is capable of self-administering medications: **Asthma** Yes/No _____ Allergy Yes/No _____
Student has permission to carry medication with them: Yes/No _____ Yes/No _____
Student can reliably report asthma symptoms: Yes/No _____ Yes/No _____

Print Name of Health Care Provider _____ Signature of Health Care Provider _____ Date _____
Address _____ Telephone _____ Fax _____ School Year _____

THIS AUTHORIZATION IS VALID FOR THE CURRENT SCHOOL YEAR
Revised May 2019

Thank You for Your Support and Partnership

- Thank you for your support and partnership in helping us ensure a positive and impactful experience for our students at the Catalina Environmental Leadership Program.
- Together, we can make this a safe, fun, and memorable adventure for all participants!

