

Ready for
another
adventure?

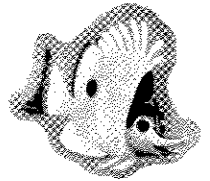
Dear Parents,

Here is the information about the 7th grade overnight. Please turn in your permission slips, camp forms, and donations by **3:30 pm on September 19, 2008. These forms must be given to AN ADULT in the MBMS office.** A final tally of participants and check will be sent to the Ocean Institute on the following Monday morning.

Sincerely,
Alyse McDonald

For more information about this exciting overnight please email www.ocean-institute.org.

- Students need to bring:
- Jacket
 - Rubber-soled, closed-toe shoes
 - Hat
 - Sunscreen
 - Sleeping bag
 - Pillow
 - Nightwear (sweatpants & sweatshirt)
 - 1 pair of long pants
 - 1 shirt
 - 1 pair underwear
 - 1 pair socks
 - 1 washcloth
 - Toiletry kit (soap, toothbrush, toothpaste, hairbrush, etc.)
 - warm** jacket, gloves, and hat for the evening program and the morning boat



Do NOT bring:

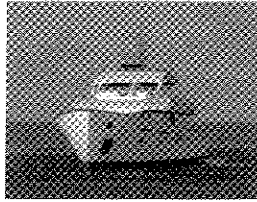
Any electronics (There is not a safe place to store them.)

Extra food or drinks

School backpacks unless using it as the overnight bag

(Bring as little as possible. Space is limited on the bus and in the unlocked storage bins at the Ocean Institute.)

7th GRADE GATE OVERNIGHT/Oct 7th and 8th, 2008



Ocean Institute/Sea Floor Explorer

A donation of \$110 per student is requested to cover just the cost this overnight.

Schedule of Events

10-7-08

- | | |
|---------------|---|
| 2:15-3:30pm | Drive to Dana Point in a school bus |
| 3:30-4:00pm | Orientation at Ocean Institute |
| 4:00-6:30pm | Paleoclimatology/Underwater archaeology;Core Analysis;
Underwater Seismology; Hydrothermal Vent Communities |
| 6:30-7:15pm | Dinner: Fresh Fruit, Fresh Vegetables, Pizza |
| 7:15-10:00pm | Students design/test their own ROV
(remotely operated vehicle) and
operate their vehicle in several challenges. |
| 10:00-10:15pm | Get ready for bed/lights out |

10-8-08

- | | |
|--------------|--|
| 6:15-6:30am | Breakfast: Bagels, cream cheese, mini
muffins, fresh fruit, orange juice, milk |
| 6:30-9:00am | Aboard the R/V <i>Sea Explorer</i> , students put
into practice what they learned by
retrieving a core sample, sieving
the core for microfossils, surveying
the seafloor with the side-scan sonar and
operating our SeaBotix ROV. |
| 9:00-10:00am | Driving back to MBMS from Dana Point |

- *Students have the choice of going home or going back to their classes when we get back to MBMS. They will be VERY tired and will not have an opportunity to do any homework while on this overnight. I will inform all the teachers of this.*

Alyse ☺

* Turn in forms by September 19th to an ADULT in the MBMS office. *

MANHATTAN BEACH CITY SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE

To the Principal of MBMS School

_____ has my permission to participate in the field
(Student's Name)

trip to Ocean Institute on Oct 7 + 8th, 2008
Date(s)

Departure 2¹⁵ 10-7-08 A.M. (P.M.) Return 10⁰⁰ 10-8-08 (A.M.) P.M.

Supervising Teacher Alyse McDonald (u)

Parent, Please Note:

Section 35330 of the California Education Code states in part:

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip excursion."

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity. It is the policy of the district that students participating in educational study trips occurring during the school day must ride the bus and/or transportation approved by the school district to and from the field trip destination with their class. Students should not be driven to the study trip location.

Parent's or Guardian's Signature

Date

(to be removed by supervising teacher)

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgement in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School 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.

Student's Name

Home Address

Home Telephone Number

Business Telephone Number of Parent or Guardian

Emergency Telephone Number

Health Insurance Carrier

Authorization Signature of Parent or Guardian

Date

ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsized, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend any Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0

Program Name: Program date: / /
(MM/DD/YY)

Participant Name:

Last: First:
Birth date: / /
(MM/DD/YY)

Guardian Name:

Last: First:
Home Phone: () -
Cell Phone: () -
Work Phone: () -

Address:
City: State: Zip:
Email:

If you attend any Ocean Institute activities, and if others under your care attend any Ocean Institute activities, then by signing this document or by your attendance you and such other persons shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

Date: / /
(MM/DD/YY)

Parent/Guardian Signature (Participant's signature if 18 or older)

Check here if you do not want to receive information on upcoming events and activities at the Ocean Institute.



STUDENT MEDICAL FORM

PLEASE PRINT CLEARLY

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's _____ Program. Dates attending _____ to _____.

Participant's Name (Last) _____ (First) _____

Home Phone (____) _____ Cell Phone(____) _____ Birth date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

In case of emergency, please notify: Parent(s)/Guardian(s) Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number (____) _____ *Business Number (____) _____

*Employer _____ *Social Security Number _____

Alternate Person in case of emergency, please notify: _____ at (____) _____

Name/Phone number of Family Physician _____

Name/Number of family medical insurance carrier _____

* For Medical Insurance Claims only

PARTICIPANT HEALTH INFORMATION

1. Does the participant have any physical or medical conditions or restrictions? Yes ____ No ____

If so, please describe: _____

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness Sleepwalking Bed wetting (send extra bedding) Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes ____ No ____

If so, please describe: _____

4. Does your child have any allergies that may be of concern? Yes ____ No ____

If so, please describe the severity: _____

5. Has the participant recently been ill or exposed to any communicable diseases? Yes ____ No ____

If so, please explain: _____

ADMINISTRATION OF MEDICATION, PAGE 1

Name of Participant _____

Dates Attending _____

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgement arising out of these arrangements which may be rendered against them.

INSTRUCTIONS

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

Part I: Prescription Medication

MEDICATION 1

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

ADMINISTRATION OF MEDICATION, PAGE 2

Name of Participant _____

Dates Attending _____

Part II: Non-Prescription Medication

MEDICATION 1

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 3

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____