

Dear 7th and 8th Grade Parents and Guardians,

We hope you are enjoying your summer! Here at the school we are busy preparing for the coming school year. One of the things we are working on is the Middle School retreat. Because our Middle School has grown so much we must now split the retreat into two—one for grades 5 and 6 and one for grades 7 and 8. **We are looking forward to this fall's 7th and 8th grade retreat to [Camp Friendship](#), September 13-15!**

Operated by nonprofit organization True Friends, Camp Friendship offers a beautiful, 115-acre scenic woodland setting on Clearwater Lake, just 60 miles northwest of the Twin Cities near Annandale. Students will have a chance to participate in rock climbing, a high ropes course with a zip-line, campfires, hiking and more. The camp is perfect for student self-discovery, community building and the formation of new friendships. [Team Quest](#) will lead group activities designed to progress from a comfort zone to a challenge zone as participants conquer fears with individual determination and team support. It promises to be a great experience for all.

Student retreat participation is strongly encouraged though not mandatory. Notify [Jenni Hoyt](#) by **August 29** if your child will not attend the retreat. Students not participating are expected to attend school as usual and work on independent study projects related to the topics explored during the retreat. No middle school teachers or staff will be at Yinghua during this time as all of them will serve as retreat chaperons.

- **Dates: Wednesday-Friday, September 13-15**
We will depart from Yinghua at 8:30 a.m. Wednesday and return to school at 3 p.m. Friday.
- **Cost: \$195** which includes school bus transportation, meals, snacks, lodging, chaperons and activities. Limited scholarship assistance is available. Please contact [Jenni Hoyt](#) for more information about possible scholarships.

Retreat registration forms are **due August 29**. In the coming weeks we will send packing lists, schedules and other materials. Required forms and payment may be emailed to jenni.hoyt@yinghuaacademy.org, faxed to 612-788-9097, or mailed or delivered by hand to the main office. The school is closed July 3-7; summer office hours are 9 a.m. to 3 p.m. The following forms are required of all retreat participants:

1. True Friends Release of Liability and Informed Consent, required by Camp Friendship (attached)
2. Yinghua Academy Permission Form (attached)
3. [Yinghua 2017-18 Health Form](#), an online requirement for all Yinghua students. For more retreat-related health information, read the attached letter from licensed school nurse Ginger Hao.

The following forms are optional:

1. [Medication Authorization Form](#) (attached) **which must be signed by a physician** and completed by you, if your child will require medications of any sort during the retreat. **Submit one physician-signed form per medication.**
2. [ACH/Automatic Payment Option](#)—you must submit a hard copy of this form with a voided check or deposit slip. This form must be completed annually.

Sincerely,

Jenni Hoyt
Student Life Activities Coordinator

Jeremy Brewer
Dean of Students

Sue Berg
Executive Director



RELEASE OF LIABILITY AND INFORMED CONSENT

I, the undersigned, on my own behalf and/or as the parent/guardian of the minor so named (the “Participant”), hereby agree to the following:

1. **ASSUMPTION OF RISK.** The Participant is voluntarily participating in activities offered by True Friends, a Minnesota nonprofit corporation, which activities may include, but are not limited to, a challenge course, zip line course, golf cart operation and aquatic center use (each an “Activity” and collectively, “Activities”). I acknowledge and agree, on my own behalf and on behalf of the Participant, that the Activity is inherently dangerous and subjects the Participant to physical exertion and the possibility of physical illness or injury, ranging from minor to serious or catastrophic injuries and/or death. Risks include, but are not limited to, drowning, falling, injuries resulting from latent or apparent defects or conditions in equipment or property supplied by True Friends, and injuries resulting from Participant’s own physical condition and skill level and Participant’s own acts or omissions. I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease or damage to myself or to my property or to other parties and their property. I, on my own behalf and on behalf of the Participant, acknowledge that the Participant is assuming the risk of such illness or injury by participating in the Activity. As a result of the understanding and appreciation of the great risks involved with these activities, Participant agrees to assume, and bears full responsibility and sole liability for, any death, bodily injury, illness, or damage incurred by Participant, even if caused in whole or part by the acts, omissions, errors, or negligence of True Friends, its employees and representatives.
2. **MEDICAL COVERAGE.** I agree that it is the Participant’s sole obligation to purchase and to keep in full force and effect sufficient medical, accident, and any other insurance coverage necessary to cover personal injury and property damage. I acknowledge and understand that no insurance benefits will be provided through or by True Friends. In the event of such illness or injury, I authorize True Friends to obtain necessary medical treatment for the Participant and hereby, on my own behalf and on behalf of the Participant, release and hold harmless True Friends, its directors, employees, and agents, in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Participant by True Friends for illness or injury the Participant may sustain.
3. **MEDICAL ABILITY.** I understand that it is my responsibility to consult with a medical professional prior to and regarding the Participant’s Activity with True Friends. I represent and warrant that the Participant has no medical condition that would prevent Participant’s safe participation in the Activities.
4. **SPECIFIC CONDITIONS.** In consideration of participating in the Activities, I hereby agree to the following conditions:
 - a) I assume full responsibility for any risks, injuries, or damages, known or unknown, which Participant might incur as a result of the Activities.
 - b) I knowingly, voluntarily, and expressly waive any claim I may have against True Friends, its directors, agents and employees, for injury or damages sustained as a result of the Activities.
 - c) I understand that True Friends is not responsible for any property lost, stolen, or damaged while participating in the Activities.
 - d) Participant agrees to wear proper clothing and follow all safety instructions provided by TrueFriends.
 - e) Participant has been advised of the Aquatic Rules and Requirements and agrees to follow them.
 - f) Participant has been advised of the Golf Cart Rules and Requirements and agrees to follow them.
 - g) Participant has been advised of the Zip Line and Challenge Course Rules and Requirements and agrees to follow them.
5. **COMPLETE WAIVER & RELEASE, COVENANT NOT TO SUE, AND AGREEMENT TO INDEMNIFY.** In consideration of True Friends organizing and operating the Activities, I, on behalf of Participant and Participant’s heirs, executors, and legal representatives, hereby waive liability on the part of, discharges and covenants not to sue or to execute upon any judgment against, and releases, True Friends, its employees, representatives, directors, instructors, successors, assigns, or anyone else regardless if such persons are related to True Friends in any manner, from any and all liability, loss, injury, death, damages, costs, expenses, including costs and attorneys’ fees, causes of action, and claims of any kind or

type, which may have arisen, or may arise, while the Participant is engaging in the Activities, and specifically agree to indemnify and hold True Friends and the aforesaid parties harmless from any and all liability for the same including the negligence, acts, or omissions of True Friends and/or the aforementioned parties. I agree that no claims of any nature will be made against True Friends, its employees, representatives, directors, contractors, independent contractors, instructors, manufacturers of equipment, successors, assigns, or anyone else regardless of whether such persons are related in any manner to True Friends. I shall defend, indemnify, and hold harmless such aforementioned parties from and against any and all demands, claims, liabilities, expenses, actions, and causes of action threatened or asserted against any or all of the aforementioned parties arising out of or resulting directly or indirectly from my Activity with True Friends. I UNDERSTAND THAT THIS IS A COMPLETE RELEASE OF ANY AND ALL POSSIBLE CLAIMS AND THAT I EXPRESSLY RELEASE ANY CLAIMS RELATED TO ANY INJURIES I MAY SUFFER FROM THE NEGLIGENCE OF ANYONE IN THE CONNECTION WITH TRUE FRIENDS ACTIVITIES.

I, on my own behalf and on behalf of Participant if a minor, hereby represent and warrant that I have read this Release of Liability and Informed Consent in its entirety and fully understand its contents. I, on my own behalf and on behalf of Participant, have signed this Release of Liability and Informed Consent voluntarily and of my own free will.

I voluntarily agree to the terms and conditions stated above.

Print Name of Participant/Guardian

Signature of Participant
(or Parent/Guardian of Participant if a Minor)

Date

**PERMISSION FORM 17/18
(7th/8th) CAMP FRIENDSHIP
DUE AUGUST 29, 2017**

This form must be completed and returned to Yinghua Academy before your child will be permitted to participate in the 2017 retreat to Camp Friendship. **VERBAL APPROVAL IS NOT SUFFICIENT.**

The retreat cost is \$195 per student. Payment may be made by cash, check payable to Yinghua Academy or ACH. If paying by ACH, you must complete the 2017-18 ACH form and **include a voided check or deposit slip.** Contact [Jennifer Olsen](#) if you prefer to pay in three installments of \$65.

Families, especially those qualifying for Educational Benefits such as free or reduced price school lunches, may request financial assistance for possible scholarships by completing the Scholarship Request Form. Scholarships are limited and are available on a "first come, first served" basis. Contact [Jenni Hoyt](#) for information.

I give permission to _____ (student's first and last names) in grade _____ to participate in the Camp Friendship retreat September 13-15, 2017.

Parent/Guardian Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Check one:

- Enclosed find my payment of \$195, or
- Enclosed find my first payment of \$65.67. I have notified [Mrs. Olsen](#) that I will pay in three installments of \$65.

Method of payment:

- Cash
- Check payable to Yinghua Academy (Check # _____)
- ACH Your newly completed 2017-18 ACH form with voided check or deposit slip must be on file or included here.

By signing below, I give permission for my child to participate in the Camp Friendship retreat. I give permission for my child to be treated in the event of a medical emergency if I cannot be reached. I allow Yinghua Academy to act on my behalf in order to take emergency recourse as judged necessary for the care and protection of my child and understand that Yinghua Academy staff may need to contact emergency resources before contacting me.

Parent Signature: _____ Date: _____

June 30, 2017

Dear Yinghua Parents and Guardians,

In preparation for this year's middle school retreat to Camp Friendship, please alert me of any health concerns that may significantly impact your child's participation. At Camp Friendship, we will use the information you provide on the [Yinghua 2017-18 Health Form](#).

If your child needs to bring medication on the retreat, submit a medication form for each medication needed including over-the-counter, prescription, herbals and supplements. **Forms must be signed by a doctor and parent or guardian with clearly written instructions about how and when to give medications.** Remind your doctors to write instructions without using abbreviations—this makes it easier to safely administer medications to your child. A copy of the medication form is included and can be downloaded and printed from the "Forms" page on the school website.

All medications will be kept with an adult at all times, unless you indicate on the medication form that your child may self-carry **emergency medication** including, but not limited to, asthma rescue inhalers, epinephrine auto-injectors and diabetes medication.

Please submit your online health form by August 29, and submit any Medication Administration forms to the Health Office after the start of the new school year or at least one week prior to the retreat to ensure enough time to properly prepare and notify staff. Please feel free to contact me with any health questions or concerns.

Thanks so much!

Yours sincerely,

Ginger Hao, RN, BAN, PHN
Licensed School Nurse
ginger.hao@yinghuaacademy.org

Student Name: _____ DOB: _____ Grade/Section: ____

Each school year Yinghua Academy parents and guardians asking school staff to give medications to their child must provide written permission **signed by a parent or guardian *and* a by licensed health care provider**. This includes over-the-counter medications, herbals and supplements.

Any student with a health condition that could result in an emergency, such as asthma, seizures or severe allergies, also must submit an emergency action plan provided by a clinic or downloaded from the Yinghua health office webpage.*

Directions: Please fill out one form per medication. All medications must be transported to the health office by an adult. Medications must be in the original container with a pharmacy label. **Medication without a completed authorization form may not be given.**

Physician/Licensed Prescriber Section	Parent/Guardian Authorization																
I have prescribed and authorized the following medication to be administered by the appropriate trained school personnel: Medication: _____ Dose/Route: _____ Frequency: _____ Reason for medication: _____ _____ Special Instructions: _____ _____ Emergency medications only (epinephrine injectors, inhalers, etc.): <input type="checkbox"/> After discussion with parent/guardian, I deem this student capable of self-carry/administration, and I have explained instructions to the student. <input type="checkbox"/> After discussion with parent/guardian, this student will NOT self-carry their medication.	<ol style="list-style-type: none"> 1. I request that the medication be given as ordered during school hours/field trips by school personnel trained by the school nurse. 2. I will notify the school of any change in the medication and will provide new medication before current medication is expired (expired medication cannot be given). 3. I give permission to both the licensed school nurse and the health care provider listed to consult about any questions regarding the medication or health conditions being treated by the medication. 4. I understand that all medication (except emergency medication) must be kept in the Health Office for the safety of all students. 5. For emergency medications only (epinephrine injectors, inhalers, etc.), after discussion with the health care provider, I agree that my child: <ul style="list-style-type: none"> <input type="checkbox"/> May not self-carry. <input type="checkbox"/> May self-carry and self-administer this medication. (Not recommended for elementary students) <input type="checkbox"/> I accept all responsibility in the event that the self-carry medication is lost or misused. 6. I release school personnel from any liability in the administration of this medication. 																
Physician Name (printed) _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Physician Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> Clinic Name _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Phone Number</td> <td style="width: 30%; border: none;">Fax</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Physician Signature	Date	_____	_____	Phone Number	Fax	_____	_____	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Parent/Guardian Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Name (printed)</td> <td style="border: none;">Phone Number</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Parent/Guardian Signature	Date	_____	_____	Name (printed)	Phone Number	_____	_____
Physician Signature	Date																
_____	_____																
Phone Number	Fax																
_____	_____																
Parent/Guardian Signature	Date																
_____	_____																
Name (printed)	Phone Number																
_____	_____																