

Flour Bluff Junior High School

2505 Waldron Road
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Cindy Holder, Principal
Tucker Copeland, Assistant Principal
Melissa Doyle, Counselor

Gerald Peebles, Assistant Principal
Martha Mendoza, Counselor

TO: Board of Trustees
SUBJECT: Approval for HEB Camp

As in many years past, we are planning on taking our 8th grade class to HEB Camp. This year, camp will be **April 16th through April 20rd**. Below is a list of important information that is required to attend camp.

- **COST** \$90.00 per student. This covers supplemental accident insurance, transportation and all other appropriate expenses.
- **ELIGIBILITY REQUIREMENTS** In order to go to camp, students must pass all courses for the 4th and the 5th six weeks. Students must have received a *semester average* of a 70% or higher in all subjects during the 1st semester grading period. Students must not have received two or more referrals resulting in the placement of In School Suspension, or one referral resulting in a Suspension during the second semester. Students that attended SDGC or JJAEP at any time during the school year are not eligible to attend.
- **MEDICAL INFORMATION** A full time nurse is assigned to both boys and girls sections of the camp and is on hand in a camp infirmary for medical needs as they arise.
- **ARRIVAL AND DEPARTURE TIMES** Baggage will be loaded Sunday afternoon, **April 15, 2012**. Students will depart Flour Bluff Junior High at approximately 8:30 a.m. on Monday and will return to Flour Bluff Junior High around 4:00 p.m. on Friday. Students will need to arrange for transportation home.
- **SAFETY** Lifeguards will be on hand to monitor students who are in and around waterfront areas. Medical staff will be on hand at all times. Every staff member, volunteer and camp participant will be given a thorough briefing in terms of all applicable safety rules and regulations upon arrival to the camp. Each camp director is given an advance copy of the Texas Youth Camp Health and Safety Act.
- **SEPARATION BY GENDER** Boys and girls are housed in separate areas of the camp and do not have common areas or activities.
- **ATTACHMENTS** A student information sheet and overnight trip permission form are included. The permission form **must be notarized and submitted to the front office by April 2, 2012**. A notary is available to the parents/guardians on the Junior High campus.

Cindy Holder
Principal, Flour Bluff Junior High

**FLOUR BLUFF JUNIOR HIGH
OUTDOOR EDUCATION CAMP**

LEAKEY, TEXAS

April 16-20, 2012

Principal – Cindy Holder

Assistant Principal – Tucker Copeland

Girls' Camp Coordinator – Nancy Busby

Boys' Camp Coordinator – George Henderson

Board of Trustees President – Dr. Wally Graham

Board of Trustees Vice President – Flo East

Board of Trustees Secretary – Dan Suckley

Board of Trustees Member – Wade Chapman

Board of Trustees Member – Steve Ellis

Board of Trustees Member – Dr. Jim Needham

Board of Trustees Member – Shirley Thornton

Director of Food Services – Yvette Jacinto

Director of Maintenance/Transportation – Dale Mecom

**STUDENT H.E.B. CAMP
INFORMATION
AND
PERMISSION SLIP**

The following list mentions important information pertaining to H.E.B. camp. Neglecting to submit any necessary information and payment may prevent the student from attending H.E.B. camp.

Necessary Forms

- Interested students may pick up necessary forms in the office beginning **February 17, 2012**. **Forms must be turned in to the office no later than April 2, 2012 along with payment.** The Overnight Trip form must be notarized. A notary is available at the Junior High front office.

Forms include:

- **Overnight Trip and Medical Authorization Form** (must be notarized)
- **Medication Release Form**

Payment of \$90.00

- May be in the form of cash, money order, or check.
- Checks must be made out to Flour Bluff Junior High.
- Must be submitted with forms **by April 2, 2012**.
- Covers transportation, meals and supplemental accident insurance coverage.
- Fees will be refunded if the student does not go.

Medical Information

- If you take any medication, including aspirin, it must be turned over to the health aide before we leave campus. All medications should be in its **original container** and be clearly labeled with the student's name.
- Medication must be turned in on Sunday, the day that luggage must be dropped off.

Discipline

- Any student who has received two referrals resulting in days of In School Suspension, or has been suspended, during the second semester will not be permitted to attend camp. Clarifications may be directed to the assistant principal.
- Any student who has been placed at SDGC or JJAEP during the school year will not be permitted to attend camp.
- Any student misbehaving at camp will be sent home at parent's expense.

Academic Eligibility

- The student must have passed all subjects with an average of 70% or higher in both fourth and fifth six weeks.
- The student must have received a semester average of a 70% or higher **in all subjects** during the 1st semester.

Student Orientation

- Prior to camp the students will attend a student orientation during the school day. At this orientation, each student will be given a list of suggested items to take to camp. The rules and procedures will also be discussed.

H.E.B. CAMP INFORMATION SHEET

DEPARTURE TIMES

The buses will leave for camp at **8:30 a.m. on Monday, April 16, 2012**. Campers should be in the cafeteria by 8:20 a.m. Students should not report to first period. Arrival time at camp will be 4:00 p.m.

MEALS

Each camper needs to bring a sack lunch and a drink to school on the day of departure.

BAGGAGE

All baggage will be loaded on **Sunday, April 15, 2012** in front of the junior high gym from **4:00 p.m. – 6:00 p.m.** Every student is limited to one (1) piece of luggage. **PLEASE TAG YOUR BAGGAGE with the student's FIRST AND LAST NAME.**

MEDICATION

If your child is taking any type of medication, including aspirin, or has any medical problems, please document this information on the following form: **Medication Release**.

All medications need to be turned in to the nurse in their original containers before the day of departure.

ARRIVAL TO CAMPUS

We plan to arrive back at school at approximately **4:00 p.m. on Friday, April 20, 2012**. Each camper must make arrangements for transportation home. Campers will not be allowed to ride the bus with baggage.

IF YOU PLAN TO GO TO CAMP

The following items must be submitted to the office no later than April 2, 2012.

- **\$90.00** payment (cash, money order or check)
- Checks must be made out to Flour Bluff Junior High
- **Overnight Trip and Medical Authorization** form (Form must be notarized)
- A notary is available in the front office of the Junior High
- **H.E.B. Camp Medication Release** form

EQUIPMENT NEEDED FOR CAMP

At the student orientation, a list of equipment needed for camp will be given to each student that is interested in attending camp. If for some reason your student is absent on the day of the student orientation, he/she may pick up a list of equipment from the front office.

**OVERNIGHT TRIP PERMISSION SLIP
AND
MEDICAL AUTHORIZATION**

I hereby give consent for my child to attend the overnight week trip to H.E.B. camp from **April 16 - 20, 2012** at Leakey, Texas.

I hereby also request authorization and give consent to the following staff:

Cindy Holder	Tucker Copeland
Kristen Phelps	Winter Bangert

to act as my agent to administer first aid and medication to my minor child and to obtain medical treatment for my minor child. I understand this adult agent must accompany my child for any such treatment.

I authorize and give consent to any physician or hospital medical staff to recognize this agent acting in lieu of parents and to provide any treatment considered necessary for acute and surgical conditions for the minor child. This consent includes examination(s) and diagnostic procedures considered necessary in the treatment of acute medical conditions and routine immunizations.

Name of child (as on the birth certificate): _____

T-Shirt Size: _____

Special Medical Problems: (medications, allergies, seizures, etc.) _____

Home/Cell Phone: _____

Work Phone: _____

(Parent/Guardian Signature) (Please circle one: **Father** **Mother** **Guardian**)

THE STATE OF TEXAS COUNTY OF NUECES

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and official seal this ____ day of _____, 20 ____.

Notary Public in and for Nueces County, State of Texas

H.E.B. CAMP MEDICATION RELEASE FORM

Student Name: _____

Date of Birth: _____

Please give my child the following medications:

** If medicine does not have to be administered please indicate below with N/A.

Medication / Amount	Time To Be Given (as needed / a.m. / noon / p.m., bedtime)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

All medications whether “over the counter” or “prescription”, ***must be in the original container***, if this is not done, then the medication will not be accepted and cannot be given. The over the counter medications must be labeled with the student’s name. Prescription medications have to be labeled with the student’s name/dosage amount in the original container from the pharmacy.

** Medications need to be dropped off on Sunday along with the student luggage.

(Parent Signature)

(Date)



While at camp, a student may need to be treated with an over the counter medication for allergy, diarrhea, stomachache, headache, etc. We will have a small amount of these medications on hand for such emergencies. As the parent or legal guardian, please ***indicate with signature permission*** for these medications to be given as needed for your child. In either event, if your child’s symptoms cannot be managed successfully, you will be notified that your child is ill and that arrangements will need to be made to pick up your child for additional medical attention.

** Please select one choice below.

_____ I do ***give*** permission for these medications to be given.

_____ I do **NOT** give permission for these medications to be given.

Parent / Guardian Signature _____