

Dear MYP/Honor Chemistry Parents and Guardians,

On October 9th, our classes are privileged to go on a visit to the Victor Mine up near Cripple Creek. We are travelling by bus, and will have both guides and speakers joining us on the tour to explain the inner workings of a surface mine in the context of chemistry. This trip will help us apply chemistry to real-world situations and issues, and will be the basis of a writing assignment that will begin the following class period.

Your students will need to bring:

- Lunch unless they are buying the box lunch from Jimmy John's (see attached order form). There will be no other food available.
- Closed toed shoes. We will be leaving the bus and walking around to see various parts, and students without closed-toed shoes will remain on the bus.
- Jacket or sweatshirt as the mine is at 10,000 feet
- Water for the tour in a closeable container
- Drink for all students to go with lunch

In order to attend, you and your students must have the forms filled out and returned to Mrs. Juhl, Mrs. Vuletich or Mrs. Wendt BY WEDNESDAY September 24th with money for bus and/or lunch. We MUST have the money a week early to order our lunches. Money sent after this date will be used only for bus costs.

FORMS:

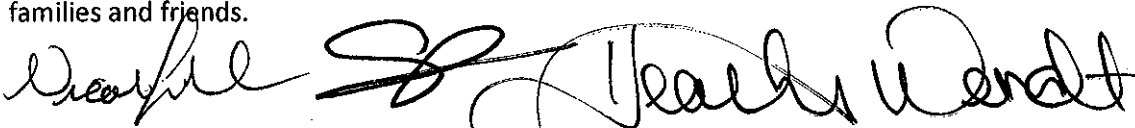
- District Field Trip Permission Form signed by all parties
- School Code of Conduct signed by all parties
- Medical Information and Release form if applicable
- Permission to Administer Medication if applicable
- High Altitude Waiver Form from mine
- Liability Release Form from mine

Cost

\$6 for bus – mandatory from all students

\$7 for box lunch – if choosing to purchase

Thank you for allowing us to take your students on an excursion that helps them to see the application of chemistry in real life in order to explain issues that actually exist and can impact the lives of their families and friends.



Niki Juhl, Sandy Vuletich, and Heather Wendt

RHS Science

ACADEMY DISTRICT 20 FIELD TRIP PERMISSION FORM

Teacher Name(s): JUHL / VULETICH / WENOT Class or Group: MYP/II CHEMISTRY

Student Name: _____

Purpose of Activity: REACTIONS IN REAL LIFE Destination: VICTOR MINE

Date of Trip: 10/9/14 Mode of Transportation: BUS

Departure Time: 8:30 Departure Location: RHS

Return Time: 2:30 Return Location: RHS

Cost of Trip per Student: \$6 for bus, optional \$7 for lunch

I understand that the School District is not responsible for insuring my student with regard to the student's participation in the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. I understand, however, that the student and I retain any legal rights we may have for Personal Injury Protection Coverage, to the extent it may be available, resulting from a motor vehicle or bus accident.

I understand that the School District and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity. The School District and its employees have not waived these protections and immunities. I understand that the School District and its employees may also have certain legal obligations with respect to the activity.

I understand that if my child needs medication while on a trip and cannot self-medicate, either I will accompany my child or there will be a staff member who has current medication training and certification assigned to provide the medication to my child. In addition, I understand that school nurses are available only during normal school hours.

I understand that the student's participation is entirely voluntary and the school will provide alternatives for those students who cannot participate in the activity.

All District policies and procedures apply to the trip regardless of where the activity takes place. Violation of the policies/procedures or failure to follow directives, safety rules, etc. could result in the student being sent home and/or disciplined.

I acknowledge that I have read and understand this Trip Permission Form.

Signature of Parent or Legal Guardian Date

Student Signature Date

EMERGENCY CONTACT INFORMATION WILL BE PULLED FROM INFINITE CAMPUS. Go to asd20.org/homeinfo to verify and/or update your information.

Jimmy John's Box Lunch Order Form

Jimmy John's was kind enough to allow us a discount off of our total order, which saves students money while provided a filling lunch. Students may also bring their own lunches on our trip. Cost for box lunch will be \$7 for a sandwich, pickle, chips and cookie. **Drinks need to be brought by students.**

Sandwiches:

- #1 Pepe – Real applewood smoked ham and provolone cheese garnished with lettuce and tomato
- #2 Big John – Medium rare choice roast beef topped with lettuce and tomato
- #3 Totally Tuna – Fresh housemade tuna, mixed with celery, onions and our tasty sauce, then topped with cucumber, lettuce and tomato.
- #4 Turkey Tom – Fresh sliced turkey breast, topped with lettuce and tomato
- #5 Vito – The original Italian sub with genoa salami, provolone, capicola, onion, lettuce, tomato, and a real tasty Italian vinaigrette
- #6 Vegetarian – Layers of provolone cheese separated by real avocado spread, sliced cucumber, lettuce, and tomato
- #7 BLT – Bacon, lettuce, and tomato

Please keep modifications to ingredient removal due to allergies if possible. We cannot add bacon, avocado, extra meat, cheese, etc. as those would increase the cost per sandwich. Thank you.

Please remove: _____

Chips (choose one):

- Thinny
- Regular
- BBQ
- Salt and Vinegar
- Jalepeno

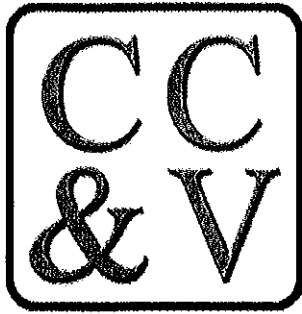
Cookies (choose one):

- oatmeal
- chocolate chip

Student Name: _____

Teacher Name: Vuletich _____

Paid _____



Cripple Creek & Victor Gold Mining Company

Living a Mining Heritage

100 N. Third, PO Box 191, Victor, CO 80860, 719.689-4044

Release Agreement For Children

For the purposes of this release, Cripple Creek & Victor Gold Mining Company ("CC&V") shall be deemed to include CC&V, its officers, directors, employees, agents, venturers and their respective parents and affiliated companies. CC&V hereby grants permission for the child identified below (the "Child") to enter property owned and or controlled by CC&V ("CC&V's property") for the purposes of an educational tour, subject to the following terms and conditions:

1. You agree to release CC&V from and against any and all claims you and/or the Child may have for injuries or death to the Child or damage or destruction to the Child's personal property that arise out of the Child's presence on CC&V's property, except for such injuries or death, damage or destruction that arise out of the gross negligence or willful misconduct of CC&V.
2. You further agree to indemnify, defend and hold CC&V harmless from and against any and all costs, losses, causes of action and damages, including, without limitation, environmental damages, cleanup costs, attorney's fees and litigation costs, that arise out of or are related to the Child's presence on CC&V's property and are not the result of the gross negligence or willful misconduct of CC&V.
3. The Child shall follow all of the rules and regulations of CC&V with respect to his/her presence and/or activities on CC&V's property and shall not interfere with CC&V's or CC&V approved third-party operations on or use of CC&V's property.
4. The permission herein granted is for the Child only and is not transferable.
5. The permission granted herein may be revoked at any time by CC&V, in its sole discretion, upon notice to the person monitoring the Child's activities (the "Monitor"). Upon such revocation, the Monitor shall immediately remove the Child from CC&V's property.
6. There may be other conditions established by CC&V provided to the Child or the Monitor verbally or in writing that apply to the permission that is granted herein and such other conditions shall be deemed to be a part thereof.

I am the parent/legal guardian of the Child; I understand that mine site can be dangerous and safety rules must be understood and followed; I confirm that the Child is on sufficient maturity to understand the dangers that may exist at a mine site, is capable of understanding basic safety instructions and possesses sufficient discipline to follow such instructions. I am fully informed about, understand and agree to the release and indemnification stated hereinabove.

Child's Name: _____

Signature of (both) Parents or Legal Guardian:

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

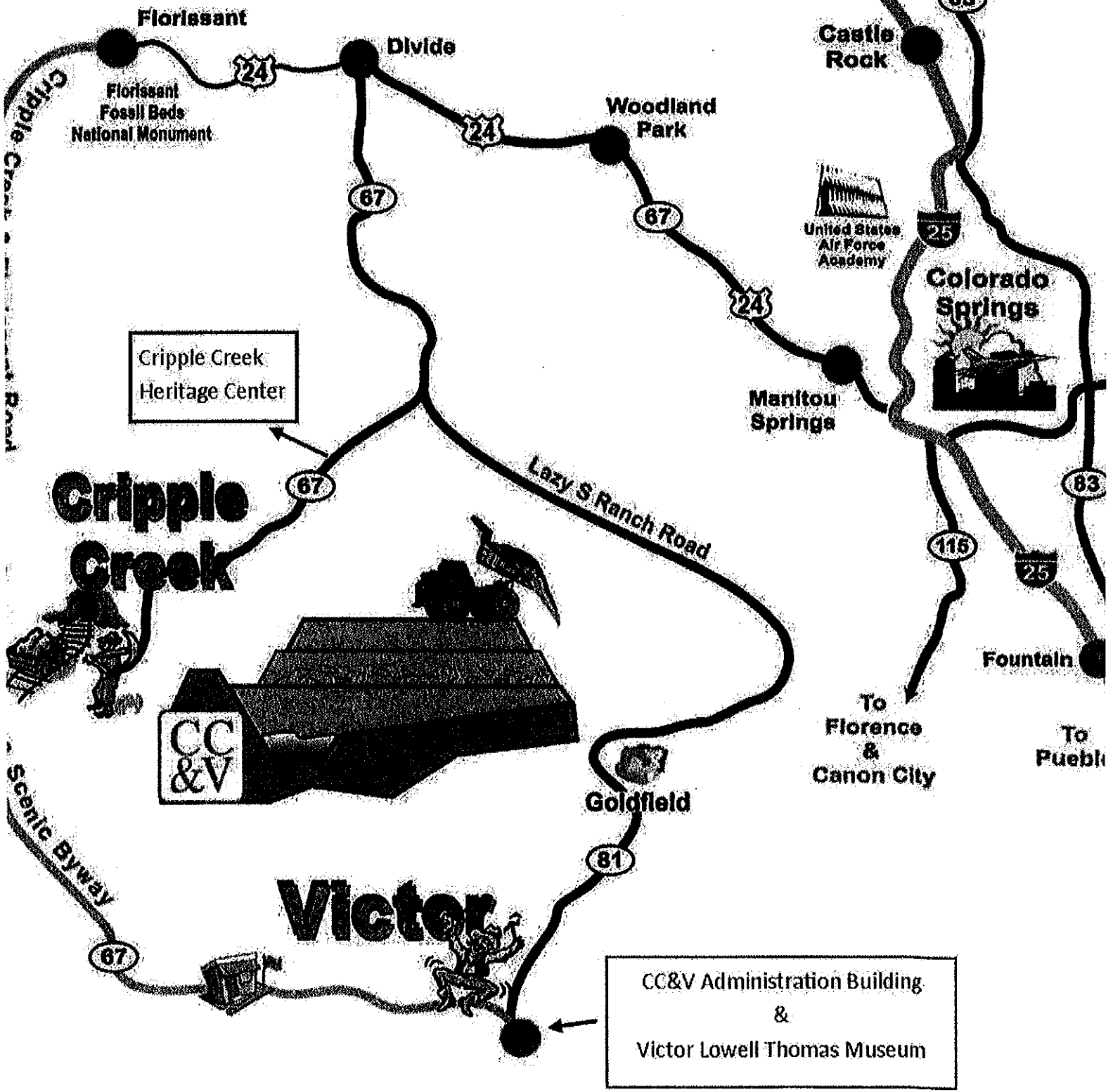
Printed Name _____



Cripple Creek & Victor Gold Mining Company

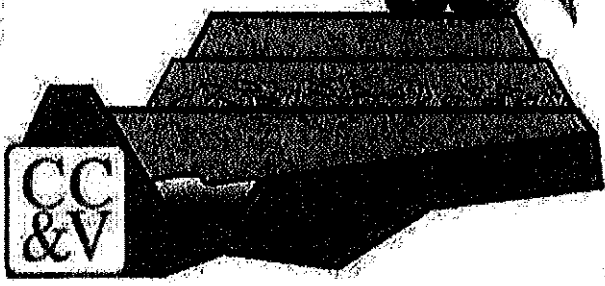
PO Box 191, 100 N. Third St. Victor, CO 80860
719.689-4044 ~ www.covgoldmining.com

Living a Mining Heritage



Cripple Creek Heritage Center

Cripple Creek



Victor

CC&V Administration Building & Victor Lowell Thomas Museum

Cripple Creek & Victor Gold Mining Company

Mining and Processing work at CC&V generally occurs at altitudes from 9,500 to 10,400 feet above sea level.

Report altitude sickness symptoms to your supervisor. The company can arrange prompt medical care through local emergency services.

Altitude Sickness Overview

Altitude sickness (mountain sickness) is an illness that ranges from a mild headache and weariness to a life-threatening build-up of fluid in the lungs or brain at high altitudes.

Acute altitude sickness is the mildest and most common form. Because more people are traveling to areas of high elevation for skiing and mountain climbing, acute altitude sickness has become a greater public health concern. Roughly one fourth of Colorado ski area vacationers develop acute altitude sickness.

A more serious form of altitude sickness is high altitude pulmonary edema (HAPE). This illness occurs when fluid builds up within the lungs, a condition that can make breathing extremely difficult. Usually, this happens after the second night spent at a high altitude, but it can happen earlier or later. HAPE often comes on quickly. If left untreated, it can progress to respiratory collapse and ultimately to death. HAPE is the number one cause of death from altitude sickness.

Another severe form of altitude sickness is high altitude cerebral edema (HACE), in which fluid builds up within the brain. As the brain swells with fluid, the person's mental state changes. Loss of coordination, coma, and, finally, death can follow unless the problem is recognized and treated promptly.

Altitude Sickness Causes

Altitude sickness develops when the rate of ascent into higher altitudes outpaces the body's ability to adjust to those altitudes.

Altitude sickness generally develops at elevations higher than 8,000 feet (about 2,400 meters) above sea level and when the rate of ascent exceeds 1,000 feet (300 meters) per day.

The following actions can trigger altitude sickness:

- Ascending too rapidly
- Overexertion within 24 hours of ascent
- Inadequate fluid intake
- Hypothermia
- Consumption of alcohol or other sedatives

One way to avoid altitude sickness is allowing the body to get used to the altitude slowly. Acclimatization is the process by which the body adjusts to high altitudes. The goal of acclimatization is to increase ventilation (breathing) to compensate for lower oxygen content in the air.

Altitude Sickness Symptoms

Acute altitude sickness may be associated with any combination of the following symptoms:

- Fatigue
- Headache
- Dizziness
- Insomnia
- Shortness of breath during exertion
- Nausea
- Decreased appetite
- Swelling of extremities
- Social withdrawal

People with acute altitude sickness often attribute their symptoms to other causes such as an uncomfortable bed, bad food, or a hangover. However, it is important to recognize that these symptoms may indicate a high altitude illness.

High altitude pulmonary edema (HAPE), an advanced form of acute altitude sickness, causes the following progression of symptoms:

- Shortness of breath at rest
- Wet cough with frothy sputum
- Respiratory failure
- Gurgling respirations
- Possible fever
- Swelling of extremities

Onset of HAPE can be gradual or sudden. HAPE typically occurs after more than 1 day spent at high altitude.

High altitude cerebral edema (HACE) can begin with confusion.

A person developing HACE begins having trouble keeping up with the group. Next, walking and coordination become impaired. As the brain continues to swell, lethargy and then coma will develop. If left untreated, HACE will ultimately result in death.

When to Seek Medical Care

If symptoms such as headache or shortness of breath do not improve promptly with simple changes, visiting a doctor may be helpful if descent is inconvenient and a doctor is available.

Descend immediately if shortness of breath at rest, mental confusion or lethargy, or loss of muscle coordination develop. Symptoms of most people with acute altitude sickness improve by the time they reach a medical facility, which is usually located at a lower altitude.

Prevention

- Altitude sickness is preventable. The body needs time to adjust to high altitude. Physical conditioning has no bearing on this.
- For people who do not know the rate at which their bodies adjust to high altitude, the following preventive measures are recommended.
 - Avoid physical exertion for the first 24 hours.
 - Drink plenty of fluids, and avoid alcoholic beverages.
 - Consume a high-carbohydrate diet.
 - If traveling to the mine from an altitude of less than 8,250 feet (2,500 meters), incorporate a layover of 1-2 days at an intermediate altitude.
 - If mountain climbing or hiking, ascend gradually once past 8,000 feet (2,400 meters) above sea level
 - Increase the sleeping altitude by no more than 1,000 feet (300 meters) per 24 hours. The mountaineer's rule is "climb high, sleep low." This means that on layover days, a climber can ascend to a higher elevation during the day and return to a lower sleeping elevation at night. This helps to hasten acclimatization.
 - The doctor may prescribe medication that could provide assistance.
- Prevention of high altitude cerebral edema (HACE) is the same as for acute altitude sickness

¹ Ref: http://www.emedicinehealth.com/mountain_sickness/article_em.htm



High Altitude Induction Training Confirmation

I confirm that I have received a copy of Cripple Creek & Victor Gold Mining Company's high altitude induction training and will read it. I understand that if symptoms of altitude sickness occur, I will promptly report them to my supervisor.

Printed Name

Date

Signature

CONFIDENTIAL



MEDICAL INFORMATION AND RELEASE FORM

Student Name _____ Birth Date _____

HEALTH QUESTIONNAIRE

Does your child have a medical diagnosis of which the school needs to be aware?
YES NO

If yes, please list _____

Does your child take any medication on a regular basis or under certain conditions (as needed)? YES NO

If yes, please list medication name, dosage, frequency, purpose (please print information below)

Is your child on a Health Care Plan? YES NO

Is your child on a 504 Plan? YES NO

Does your child have asthma? YES NO

If yes, is your child authorized to self-carry an asthma inhaler? YES NO

Does your child have a seizure disorder? YES NO

Does your child have diabetes? YES NO

Does your child have a diagnosed life threatening allergy? YES NO

If yes, is your child authorized to self-carry an epi-pen? YES NO

Does your child have any food restrictions/sensitivities? YES NO

If yes, please list _____

Please describe type of reaction that could occur with accidental ingestion of substance listed above and plan of action for school personnel. _____



Permission to Administer Medication

Parents are encouraged to administer medication to their children outside of school hours if at all possible. Only medications which are required to enable a student to stay in school may be given at school. **Any prescription changes will require an additional signed and completed Permission to Administer Medication Form.** If necessary, medications (prescription and over the counter) can be given at school under the following conditions:

1. All medications must be ordered by healthcare providers with prescriptive authority in Colorado (MD's, DO's, NP's, PA's, Dentist's).
2. All medication forms must be renewed each school year.
3. Written permission by parent and physician in all cases.
4. Medications must be in the original, properly labeled container. Medications sent in baggies or unlabeled containers will not be given.
5. All medications must be kept in the health room, except for students whose doctors require them to carry medications on their person (for example, epi-pen, inhalers, etc).
6. High school students generally may transport, self carry and self administer own medications except for controlled substances.

√ The information/form below must be **completed** and **signed** by the physician.
 √ In addition, the medication bottle **must** match the prescription as written below.

STUDENT NAME: _____
First Name Last Name

SCHOOL: _____ GRADE _____ DOB _____

MEDICATION: _____ DOSAGE: _____

TIME TO BE GIVEN: _____ ROUTE: _____

If PRN, (as needed) please note the minimum duration time between doses (for inhalers, minimum time frequency, frequency between sets of inhalation): _____

Anticipated time frame: (Must be renewed each school year)
 School Year: _____ OR Specific Time Frame: FROM _____ TO _____

If medication is an inhaler or epi-pen, has a health care provider authorized its use? (If yes, please see attached contract to self carry). For epi-pens and inhalers, a health plan is required.

YES _____ NO _____ Physician's, HP's or PA's Initials: _____

Is a second dose allowed if there is an allergic reaction? YES _____ NO _____

Physician/NP/PA Signature _____ Physician/NP/PA Phone Number _____ Date _____

PRINTED NAME

I hereby give permission for _____ to take the above prescription(s) at school as ordered by the physician. I understand that it is my responsibility to furnish this medication(s). I also understand that all medications must be transported to and from school by a parent/guardian or approved emergency contact person.

I give my permission for school staff to contact the prescribing physician regarding this medication. I release Academy District #20 and its staff from any claim which may arise out of the administration or failure to administer medication to my student.

Parent/Guardian Signature _____ Date _____



SCHOOL CODE OF CONDUCT
ACTIVITIES/FIELD TRIPS, SPECIAL EVENTS AND OVERNIGHT TRIPS

This conference/activity/event is an extension of the classroom. This event is a privilege and with privilege comes responsibility. Please carefully read and sign below. Both student and parent/guardian should initial each statement listed below.

The following conduct policies reflect behavioral standards. The policies are in effect for all students who are attending this event. In addition to the specific conduct policies listed below, students are required to comply with any and all behavior expectations listed in the student handbook.

- No alcohol, drugs, or tobacco are allowed at any time. This includes possession, distribution or use. It is the expectation that students who observe such behaviors should report them to school staff.
- Students are required to obey all rules established by the event sponsor, behavioral expectations, and guidelines including all student rules listed in the Student Handbook.
- Students will conduct themselves respectfully, appropriately, and in a mature fashion at all times.
- Any sexual misconduct or racial or sexual harassment will not be tolerated.
- Students are required to attend all meetings, check-ins, scheduled events, and programs as announced. Students are expected to arrive on time and remain with the group until the completion of the event.
- There will be required check-in periods throughout the event. Students are expected to check-in with the assigned teacher/chaperone. Failure to check-in may result in discipline consequences as deemed appropriate.
- Property damage of any kind may be charged to the individuals responsible or their parents.
- Non-participants in this activity are not allowed as visitors during the period of the conference or activity, unless approved in advance by the Activity sponsor or principal.
- Students are expected to follow dress code guidelines as directed by the sponsor of the event. Any advisor or chaperone has the right to require a change of clothing if necessary.
- On overnight or out-of-country trips, students are not allowed to be out of their room after curfew for any reason. Curfew as set by the advisor will be strictly enforced.
- Students of the opposite sex should only be in rooms with the door open and only for an appropriate reason (meeting, working on project, etc). Socializing should take place in common areas and outside of student rooms.

Consequences of violations of any of the above listed behavior and conduct expectations may result in:

- Contacting parents and sending the student home, at their own expense
- Payment of damages to property
- Dismissal from the team, club, or group involved in the trip
- Suspension and/or expulsion
- Other consequences as the sponsor, Principal, and School District deem appropriate

I have read the above conduct code and understand that these behavior expectations are put in place for each individual's safety, as well as the integrity of this particular program, the sponsoring school, and Academy School District Twenty. I further understand and that there may be serious consequences for violations of any of the conduct policies.

Parent/Guardian Signature _____ Student Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____