STUDENTS NAME: ____________________________________________   
PRINT Clearly

Checklist for Heifer Ranch
October 2 - 4, 2019

Information needed for your trip:
___ Commitment / Itinerary
___ Payment
   My School Bucks Invoice
___ Code of Conduct
___ Parent Consent for Student Travel and Medical Treatment
___ Copy of Medical Insurance Identification Card
___ Medication Release (only if medication taken on trip)
___ Medical Release - Non-Prescription Items
___ Waiver and Release (Heifer Ranch)
___ Emergency Medical & Contact Information (Heifer Ranch)

ALL FORMS NEED TO BE COMPLETED IN BLUE OR BLACK INK
Please keep all forms attached to this check list. (10 pages, you keep page 11)

Don't forget to attach your Medical Insurance Card!

No payments/forms accepted after 4:00pm on
Friday, September 20, 2019
(This is due to the need of reservations, staffing, etc.)
All balances due are to be paid to My School Bucks by this deadline
Commitment / Itinerary
8th Grade Heifer Ranch Global Challenge 2019

Itinerary

<table>
<thead>
<tr>
<th>Wednesday, October 2</th>
<th>Thursday, October 3</th>
<th>Friday, October 4</th>
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</thead>
<tbody>
<tr>
<td>7:00 am leave Round Rock</td>
<td>Heifer Programing</td>
<td>3:00 pm program ends</td>
</tr>
<tr>
<td>4:00 pm arrive Perryville, AR</td>
<td></td>
<td>3:30 pm leave Perryville, AR</td>
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</tbody>
</table>

Cost
The cost is $255 per student or $198 per student for those who participated in the Holiday Bazaar as 7th graders in 2018.

Funding
This trip is funded by the students who participate. The cost per student is estimated to be approximately $303, including transportation, most meals, and overnight accommodations. Meridian will be holding two small fundraisers dedicated to this project that will reduce the cost to approximately $255 per student.

The students who participated as 7th graders in the 2018 Holiday Bazaar raised funds to reduce their overall cost to $198.

If you are able to donate additional money to the Meridian trip fund that would be appreciated as this enables us to offer scholarships to students who otherwise may not be able to attend.

Student Name _____________________________________
Print Name ______

____ Yes, my student will attend and we will pay $255.
____ Yes we participated in the 2018 Holiday Bazaar and will pay $198.
____ No my student will not be able to attend this trip. RETURN THIS PAGE IF CHECKED
____ We will donate additional funds of ______ to the student trip account.
____ We will contact the business office to make a payment plan.
____ My student is new to Meridian and will participate in the 2019 Holiday Bazaar to pay $198.

Signed Forms along with payment is due by Friday, September 20, 2019.
Please make payment from invoices that will be sent via My School Bucks.

No payments/forms will be accepted after 4:00pm on September 20, 2019
(This is due to the need of reservations, staffing, cost, etc.)

Please note no refunds will be issued.

It is important to Meridian that all students who want to go on this trip are able to whether or not they can pay the amount required. If you would like to apply for financial assistance, please contact the business office at 512-660-5234 or businessoffice@mwschool.org. All information is held in the strictest of confidence.

Please email Crystal Lane, Assistant Principal, at c.lane@mwschool.org with any questions you may have.

~Please return all paperwork to Mrs. Anderlohr in Middle School~
Meridian School
Code of Conduct and Expectations for School-Sponsored Trip

School rules, and the authority of Meridian to administer disciplinary action, apply to any occasion Meridian sponsors an event on or off campus, whether it is in conjunction with or independent of classes or other school sponsored activities. Please be advised of the following:

A. All special school trip regulations, local school rules, and rules outlined in the Student/Parent Handbook will be enforced.
B. A student will be prohibited from attending this trip if in the past year he or she has received at least two referrals that resulted in Saturday detentions or one that resulted in in school or out of school suspension.
C. Each student is under the jurisdiction of, and subject to the directions given by the group sponsor(s) at all times during the trip.
D. All students are to remain with the group at all times, except when granted permission to leave by the sponsor.
E. Room Curfew Time: will be set by the chaperones and will be strictly enforced.
F. PDA (Public Display of Affection): Students should refrain from inappropriate, intimate behaviors on campus or at school-sponsored events or trips.
G. Each person is to refrain from damaging any property not his or her own. Property damage, either intentionally, or unintentionally, will be paid for by the person or persons responsible and result in disciplinary action.
H. If school officials have reasonable suspicion that a student is in possession of prohibited items, they may conduct a search of the student’s person or belongings.
I. Consequences will be enforced depending on severity of rule(s) broken: Saturday detention, in school or out of school suspension, lack of privileges for future school events, and possible expulsion may result from rule violations.
J. A severe violation that under the school code of conduct may lead to suspension or expulsion may also lead to being sent home early from the trip. In such case the student or student’s family will be responsible for any additional travel expenses for the student and an accompanying school chaperone.
K. All members of the school-sponsored trip are expected to conduct themselves in a manner that represents themselves, the group, and Meridian positively.

Student & Parent Certificate of Agreement:
My signature certifies that I am willing to abide by the rules and regulations outlined above. Furthermore, I will abide by any other rules that the sponsors may find necessary to make during the trip. I promise that I will conduct myself in a manner that represents friends, family, Meridian, and myself positively according to the values of the IB Learner Profile.

_______________________________________________________  ______________________________________________
STUDENT LAST NAME        STUDENT FIRST NAME

_______________________________________________________  ________________________________
STUDENT Signature             Date

_______________________________________________________  ________________________________
PARENT Signature              Date
Meridian World School - Medical and Insurance Information and
Parent Consent for Student Travel and Medical Treatment – GRADES K-8
Heifer Ranch

Student Name ____________________________________ Date of Birth: ________________
Home Address __________________________________ Phone ____________________
Parent/Guardian __________________________________ Phone ____________________
Parent/Guardian __________________________________ Phone ____________________

MEDICAL INFORMATION (use back of page if necessary)

List known allergies (food, medications, etc.) If none, state “none”: ____________________________
________________________ ______________

Does student have epi-pen? Yes No

List any dietary restrictions: __________________________

List medical history (serious illness/allergic reactions, seizures, surgeries, etc.). If none, state “none”:
____________________________________________________________________

List over-the-counter medication(s) the student is presently taking and the purpose. If none, state “none”:
____________________________________________________________________

List prescription medication(s) the student is currently taking and the purpose. If none, state “none”:
___________________________________________________

Will student need to take medicine on this trip? ___ No ___ Yes (If yes, please complete attached Medication Release Form)

MEDICAL INSURANCE INFORMATION

Medical Insurance Company ________________________ Ins. Co. Phone # ____________________
Policy # ___________________________________ Group/Plan # _______________________
Current Physician _____________________________ Phone ______________________

Please attach a copy of medical insurance identification card.

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, undersigned, being the parent or the legal guardian of _______________________________________,
with date of birth ______________________, hereby grant permission for the above named student to travel to
(Heifer Ranch) from October 2-4, 2019 and hereby grant authorization to Crystal Lane, Melina Berduo, and/or
Matthew Castaneda to obtain any emergency medical and/or surgical treatment and procedures from a physician or
hospital emergency room physician on behalf of the above named student, as well as grant permission to administer
medication as indicated by physician.

___________________________________ ______________________________________
Printed Name of Person Giving Consent Signature

___________________________________ ______________________________________
Relationship to student Phone Number
**Meridian World School**  
**Medication Release Form – Grades K-8**  
Heifer Ranch

<table>
<thead>
<tr>
<th>Event</th>
<th>Date of Event</th>
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<table>
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<tr>
<th>Student Name</th>
<th>Date of Birth</th>
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<tr>
<th>Grade</th>
<th>Sponsor</th>
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<tr>
<th>Emergency Contact Name and Phone Number</th>
<th>Emergency Contact Name and Phone Number</th>
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Please list all medications (over-the-counter AND prescription) **THAT WILL BE TAKEN ON THIS TRIP**, and indicate whether the prescription may be self-administered by your child or if you would prefer it to be administered by an adult chaperone. **IN ORDER TO SELF-ADMINISTER MEDICATION, YOUR CHILD MUST BE IN GRADE 9 OR ABOVE; STUDENTS IN GRADES BELOW GRADE 9 WILL NOT BE PERMITTED TO SELF-ADMINISTER MEDICATION.**

<table>
<thead>
<tr>
<th>Name of Medicine:</th>
<th>Purpose of Medicine:</th>
<th>Is this medicine mandatory, or to be taken only as needed?</th>
<th>Dosage Amount/Time of Day</th>
</tr>
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<tbody>
<tr>
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<td>• Mandatory</td>
<td>Instructions:</td>
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<td>• As-needed</td>
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<tr>
<td></td>
<td></td>
<td>• As-needed</td>
<td></td>
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<tr>
<td>Special instructions/precautions/side effects of medication:</td>
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Please deliver only medications you believe your child will need to Nurse Crawley, located in the Middle School, by Friday, September 20, 2019.

Guidelines:

- ALL medication MUST be provided by the parent/guardian.
- ALL medication MUST be in the original container, clearly labeled with your child’s name.
- Send dispensing cups, syringes, and other necessary items along with the medication.
- ALL medication must be picked up by the parent/guardian once the group returns.
- ALL medication MUST include details concerning administration of the medication; i.e., dosage, when to use, etc.

_I authorize to have an adult chaperone administer the medication, as indicated above._

_I understand that Meridian World School, its Board of Directors, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code § 22.052._

_I absolve Meridian World School of any responsibility in safeguarding my child’s medication._

_______________________________________________________          _____________________
Parent/Guardian Signature                                                                 Date

_______________________________________________________
Parent/Guardian Name (Printed)
Meridian School
Medical Release Form
Non-Prescription Items

Student Name (Printed)________________________________________ Date of Birth ______________

Address __________________________________________________________________________________

Parent or Legal Guardian ____________________________________________________________________

Home Phone ___________________________ Cell Phone ___________________________

We plan to carry certain non-prescription items with us. Please indicate if there is any that we
DO NOT have your permission to administer as needed:

___Benadryl  ___Tylenol  ___Halls
___Tums  ___Dramamine  ___Pepto-Bismol
___Antibiotic Cream  ___Advil  ___Alka-Seltzer
___Imodium  ___Calamine Lotion

I, the undersigned (parent or guardian), do hereby give permission to Crystal Lane, Melina Berduo
and/or Matthew Castaneda to administer the non-prescription items, if needed, to my student

______________________________________________________________________________________

Student Name

Signed ___________________________ Date ___________________

(parent or guardian)
WAIVER AND RELEASE

This WAIVER AND RELEASE (the "Waiver") is executed and delivered to and in favor of HEIFER PROJECT INTERNATIONAL, an Arkansas nonprofit corporation ("HPI"), of the date referenced below, by the undersigned participant, and if necessary his/her parent or legal guardian (collectively, the "Participant"). The execution of this Waiver is required before Participant may participate in activities at a Heifer Learning Center, including but not limited to hands-on projects that utilize experiential and adventure education by which Participant may "learn by doing", may include work related to farming, ranching, and construction, such as building a fence or other small structures, and are presented on a "challenge by choice" basis, meaning Participant will choose whether, and at what level, he/she participates (collectively the "Program").

Participant's participation in the Program requires he/she be in good physical condition. If Participant is not in good health, has pre-existing medical conditions, or has questions about the current state of his/her health, Participant should consult a physician before participating in the Program. Participant understands and agrees participation in the Program may expose Participant to various risks including but not limited to physical or mental exertion, exposure to heat, cold, or other outdoor weather conditions, heights, difficult ingress or egress into or out of certain areas, domestic and wild animals, poisonous plants, rugged terrain, potentially dangerous tools, construction equipment or other equipment, machinery, appliances, and vehicles. Participant warrants he/she is in good health and his/her physical and mental condition are sufficient to withstand the potential rigors and hazards associated with the Program. PARTICIPANT AGREES HE/SHE WILL TRAVEL TO AND FROM, AND PARTICIPATE IN THE PROGRAM, WITH FULL KNOWLEDGE OF ALL OF THE RISKS INVOLVED IN THE PROGRAM, AND HEREBY AGREES TO ASSUME ANY AND ALL OF SAID RISKS. Participant understands and agrees HPI does not, and is under no obligation to, provide Participant with health, accident, or death insurance or other benefits, or provide medical treatment during the Program. In the event of an emergency Participant authorizes the administration of any first aid, transportation, examination, diagnosis, or treatment deemed necessary by available staff or personnel. Participant understands and agrees HPI is not responsible for the performance or nonperformance of any tools, construction equipment or other equipment, machinery, appliances, or vehicles provided to Participant in connection with the Program, and agrees to look solely to the manufacturer and its warranties in the event said items are defective. HPI HEREBY WAIVES AND DISCLAIMS ANY AND ALL WARRANTIES IN CONNECTION WITH SAID TOOLS, CONSTRUCTION EQUIPMENT OR OTHER EQUIPMENT, OR SUPPLIES, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTIES, OR WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. For MA participants only: under MA law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

Participant agrees HPI may film, tape, photograph and write stories about him/her in connection with the Program, and HPI shall be the exclusive owner of the results and proceeds of such filming, taping, photography, and writings, with the right to use in any reasonable manner, throughout the world, for an unlimited number of times in perpetuity, royalty free, all or any portion of said name, appearance, image, and writings, for any reasonable purpose, and in any format or medium, including but not limited to training videos, HPI promotions, HPI literature, and educational materials. Participant understands his/her name, appearance, and image, and writings about him/her, will be available for viewing or reading by the general public, and may appear on HPI's website, in print, or in other formats and mediums. Participant understands he/she is providing this authorization free of charge or consideration, and waives any right of inspection or approval of his/her name, appearance, and image, and writings about him/her, or the uses to which such name, appearance, image or writings may be put. AS A CONDITION OF PARTICIPATING IN THE PROGRAM, AND AS PART OF THE CONSIDERATION FOR HPI'S PERMISSION FOR PARTICIPANT TO PARTICIPATE IN THE PROGRAM, PARTICIPANT AND HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, AGENTS, AND ASSIGNS, HEREBY RELEASE, INDEMNIFY, AND FOREVER DISCHARGE HPI, ALONG WITH HPI'S AGENTS, DIRECTORS, OFFICERS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, EMPLOYEES, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR LIABILITY OF ANY NATURE WHATSOEVER, KNOWN OR UNKNOWN, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY OR PROPERTY DAMAGE, INURRED IN CONNECTION WITH THE PROGRAM OR THE ABOVE-DESCRIBED FILMING, TAPING, PHOTOGRAPHY, AND WRITINGS.

BY SIGNING BELOW, PARTICIPANT, AND IF APPLICABLE (FOR EXAMPLE PARTICIPANT IS 17 YEARS OF AGE OR UNDER), PARTICIPANT'S PARENT OR GUARDIAN, CONFIRM THIS WAIVER HAS BEEN READ, UNDERSTOOD, AND VOLUNTARILY AGREED TO AND ACCEPTED.

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>Participant's Signature</th>
<th>Date</th>
<th>Participant's Date of Birth</th>
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<tbody>
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If Participant is 17 years of age or under:

<table>
<thead>
<tr>
<th>Parent's/Guardian's Name</th>
<th>Parent's/Guardian's Signature</th>
<th>Date</th>
</tr>
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Parents/Guardian's Contact Information (check the "opt out" box below if you do not wish to receive correspondence/communication from us)

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Zip Code</th>
<th>Email Address</th>
<th>Phone #</th>
</tr>
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</tbody>
</table>

☐ Opt out (I do NOT wish to receive correspondence/communication from Heifer International)

For internal use only: Sponsoring Organization:

Program Name/Date:

Location (check one): ☐ 55 Heifer Rd., Perryville, AR 72126/"Heifer Ranch" / ☐ 236 Wachusett St., Rutland, MA 01543/"Overlook Farm"
EMERGENCY MEDICAL & CONTACT INFORMATION

Participant Information:
Name: ________________________________________

Address: ________________________________________
City: ____________________________________________ State: _____
Zip: ___________ Birthdate: _____ / _____ / ______ Phone: (______) ______-____
Email: __________________________________________

Medical Conditions or special needs that may affect participation in programming or need to be known in an emergency:
______________________________________________
________________________________________________________________________
________________________________________________________________________

Medications:
______________________________________________
________________________________________________________________________

Dietary restrictions:
________________________________________________________________________

EMERGENCY CONTACT INFORMATION (PERSON SHOULD NOT BE TRAVELING WITH YOU):
Name: ________________________________________

Relationship to you: ______________________________ Home Phone: (______) ______-____
Work Phone: (______) ______-_____, Cell Phone: (______) ______-____, Other: (______) ______-____

Email: ________________________________________

Physician’s Name: ______________________________ Office Phone: (______) ______-____

Insurance: Heifer Project International suggest that participants have health/accident insurance coverage. This coverage may be a policy carried by the participant, parent, spouse or sponsoring organization.
Insurance Company: _____________________________ Group ID Number:

Individual ID Number: ___________________________ Pre-admission Phone Number:
(______) ______-____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis and treatment that is deemed necessary by Heifer Project International staff or any paramedic, nurse, physician, dentist or their group leader.
Don’t forget a COPY of your Medical Insurance Card is needed.

Thank you!
HEIFER RANCH: GLOBAL CHALLENGE PARTICIPANT INFORMATION

PROGRAM SUMMARY
In a complex world of nearly 7 billion people, how can we find solutions to the challenges of hunger, poverty, and environmental degradation? Through your two-day immersion at the Heifer Ranch, you will begin to answer this question for yourself. Your group will engage in a range of activities to challenge and strengthen your problem-solving and communication skills. Spending the night in our Global Village will allow you to experience lifestyles from around the world. You will explore your cultural identity and discuss similarities within the global community while examining issues of population, resource distribution, quality of life and standard of living. By preparing your own dinner, breakfast, and participating in daily chores similar to those that Heifer’s Project Partners perform each day, we hope you will be inspired to take action in your own life that will positively impact the environment and the world around you.

PROGRAM AT A GLANCE (all activities are subject to change)

**DAY ONE**
- Arrival & orientation
- Dinner in dining hall
- Overnight in Hilton

**DAY TWO**
- Breakfast in dining hall
- Challenge activities
- Lunch in dining hall
- Global Village activities
- Overnight in Village

**DAY THREE**
- Breakfast in Village
- Debrief of overnight
- Lunch in dining hall
- Challenge activities
- Departure

HEIFER HILTON OVERNIGHT
The Heifer Hilton is a modest open air barn (no heat or air-conditioning). Males and females sleep in separate areas with independent bathroom and shower facilities. You may be sharing part of this barn with the other groups.

GLOBAL VILLAGE OVERNIGHT
You will be randomly assigned to experience an evening in a home in Guatemala; Zambia; Thailand; Appalachian; an urban slum or a refugee camp. Resources are divided based on the relative wealth of the “family,” or part of the world represented by your assigned home. You may have to trade labor, barter food or figure out other ways to acquire what you need if you are to have a full meal for dinner. As in the real world, there are enough resources for all.

WHAT TO BRING: A PACKING LIST

- Sleeping bag and pillow
- Towel and washcloth
- Sturdy closed-toed walking shoes (1-2 pairs)
- Weather-appropriate clothing
- Rain gear (no umbrellas, please)
- Insect repellent and sunscreen
- Toiletries
- Allergy or special medication
- Water bottle (must hold at least 24 ounces)
- Flashlight
- Camera and film (optional)
- Games and musical instruments (optional)

ENTHUSIASM!

NOT ALLOWED IN THE VILLAGE—these items will be confiscated & returned before you leave
- Electronics (including cell phones)
- Food or snacks
- Watches

BEFORE YOUR TRIP

1. WAIVER FORMS
Each participant (youth and leaders alike) is required to fill out the Ranch’s Emergency Medical & Contact Information and Disclosure and Acknowledgement of Risk Form (Waiver Form). In order to participate in program activities at Heifer Ranch, participants must have their waivers signed by a parent or guardian (if under 18 years old). Without a signed waiver form, participants will NOT be allowed to participate in any program activities.

2. WEATHER
Arkansas weather is often unpredictable. The fall and spring are a mixture of cold and warm days, with the spring being our normal rainy season. Expect temperatures to range from 70s to 90s, with high humidity. Therefore, it is important to stay hydrated and dress appropriately. For current weather conditions, visit www.weather.com. Perryville’s zip code is 72126.

3. DRESS CODE
Ranch dress code: shirts & dresses must have sleeves, shirts must be at least mid-thigh, no cutoffs or skirts above the knee, clothing should not contain inappropriate or offensive language or pictures, and closed-toe shoes must be worn during all program activities.