



SJOE

San Joaquin Outdoor Education

Serving the students of San Joaquin County for 56 years!

TO: Parents of Cabin Leaders Attending San Joaquin County Outdoor School

FROM: Dan Randrup, Director I/Gregory Bahr, Coordinator II, Outdoor Education

SUBJECT: San Joaquin County Outdoor Education Program

Congratulations! Your child has been selected to participate as a cabin leader in one of the longest running outdoor schools in Northern California. The Outdoor Education resident camp program has been serving fifth and sixth grade students of San Joaquin County for over 56 years. This program is a unique and very worthwhile educational and social experience for these students. The formal instruction aligns with California science content standards and provides a rich, hands-on experience through tide pool, forest and marsh ecology.

An important aspect of this program has been the cabin leaders, who are made up of high school juniors and seniors that serve on a weekly basis. At Outdoor School, cabin leaders are responsible for a cabin group of 8-12 fifth and/or sixth-grade students on a 24-hour a day basis. They accompany their cabin group during instructional periods on the trails and at the beach, as well as during non-instructional times of the day such as meals, rest times, and at night.

Being a cabin leader at Outdoor School is not for everyone. It requires hard work, patience, a good sense of humor and a willingness to try new things. For those students who can accept the responsibility and wish to work with young people, it can be a very valuable experience.

Students who participate may receive full credit for school attendance during the week at camp, but check with your school to find out specific details. Transportation to the camp, as well as room and board is furnished at no cost to the student. They will be under supervision of the camp staff and teachers at all times as part of a highly organized school program. Though these high school students work long and hard hours, the satisfaction and pride gained from the experience is so rewarding that almost all who participate request an opportunity to go again.

Parents wishing their child to serve as cabin leaders should complete the attached forms. Please also feel free to visit our website at <http://outdooreducation.sjcoe.org> for more detailed information and a better look at what camp is really like.

If you have any further questions, please contact the recruiter at your student's school, or call the San Joaquin County Office of Education at (209) 468-4809.

San Joaquin County Office of Education
Dan Randrup, Director I, Outdoor Education
2707 Transworld Drive
Stockton, CA 95213-9030
(209) 468-4809



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DO YOU WANT TO BE A CABIN LEADER?

So, you think you want to be a cabin leader at the San Joaquin County Outdoor School? Great! Positive, responsible cabin leaders are a critical part of our program; they help the fifth and sixth graders feel happy and secure.

We ask a lot of you as a cabin leader. You are with the students up to twenty-three hours a day! The job is challenging but definitely rewarding. Read this sheet, and if you still feel it's a challenge you would enjoy, talk to your high school's Science Camp recruiter.

WHAT IS THE OUTDOOR SCHOOL?

Perhaps you went to Science Camp when you were in the fifth or sixth grade. For those of you who have never been here (and for those of you whose memory may be a little foggy!), the San Joaquin County Outdoor School is a residential outdoor school dedicated to teaching "hands-on" science in an outdoor setting. Nature is our "classroom," and we teach ecology, biology, and other sciences to fifth and sixth graders in a variety of habitats, including redwood forests and coastal communities. We try to provide a fun, safe learning atmosphere where students can discover nature, learn about themselves, and make friends with others. For many of our students, this is their first time to be in the woods or to see the ocean, and possibly their first time away from home. We often serve several schools in a week, so students have a chance to meet and interact with students from different areas and backgrounds.

WHAT ARE THE GOALS OF THE PROGRAM?

1. To increase understanding of natural science concepts.
2. To develop critical thinking and information-gathering skills.
3. To increase environmental appreciation and sense of responsibility.
4. To build self-esteem.
5. To foster cooperation, problem-solving, and social skills.

HOW DO I FIT IN THE PICTURE?

You, as a cabin leader, are a vital part of our program. The outdoor school could not operate without you! Your role is to help the staff accomplish our teaching goals and to help create and maintain a pleasant, safe atmosphere in the cabin and on trails. At the beginning of the week you will be assigned a cabin group of anywhere between eight and twelve students. This is the group you will be supervising in the cabin and on trails. Your cabin will be paired up during the day with a cabin of the opposite sex which, along with a naturalist, will form a trail group. This is the group you will do all your activities with throughout the week.

THIS SOUNDS GREAT, BUT WHAT EXACTLY DO I HAVE TO DO?

Your main responsibility as a cabin leader is supervision during cabin time. As a part of our Outdoor School leadership team, you are responsible for ensuring that the goals of the Outdoor School are supported in the cabin environment. You will be responsible for seeing that your students are prepared for the hikes, getting places on time, and ultimately for making sure that your students have a positive week. Half the fun of being a cabin leader is getting to know

the students and helping them to work through problems. Sometimes the problems are bigger than you are trained to handle--that's okay! The naturalists, site director, and classroom teachers are there to support you. So don't be afraid, there's always help available. We want you to have a positive week also.

OKAY, BUT WHAT ABOUT TRAIL TIME?

The day is divided into three teaching periods: a morning session which is three hours long, an afternoon session which is two hours long, and an evening session which is one-and-a-half hours long. This is the time you will spend with your trail group and naturalist. Mostly, these are hiking times--each group will have two morning hikes, two afternoon hikes, and two night hikes during the week. One evening is spent in sealab learning about beach day and the following day will be spent at the beach. During these activity periods, your role is to support the naturalist. One of the main ways to help the naturalist is through positive role-modeling. If you are enthusiastic about the activities and the hikes, this will rub off on the students. So, if you want to be a cabin leader, make sure you're psyched to hike! You will also be given some responsibility to help lead the activities-- don't be afraid to ask the naturalist how you can help, or to take the initiative to do something if you think it will make the activity run smoother.

WHAT ABOUT THE DINING HALL?

On Monday night you will be assigned a table which will be your table for all breakfasts and dinners for the week. The students at your table will be a random assortment of students from the whole camp, assigned to your table for every breakfast and dinner. This gives students a different social setting for the week. The dining hall can get hectic, so we really need you to help maintain a pleasant eating atmosphere. Take charge and make it a positive learning experience in table manners, helpfulness, courtesy, and friendliness! You will also be responsible for guiding your table in clean-up.

SO, I BETTER LOVE KIDS!

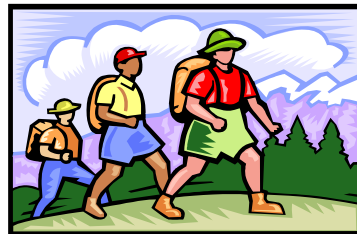
You are in the enviable position of being closest to the students. Therefore the influence you have with these children is profound! This, of course, requires you to be exceptionally stable and mature. You must, at all times, use good judgment, treat the students respectfully and fairly, and in general provide the kind of positive influence that will make every parent grateful. The most critical part of the job is being caring and assertive--a substitute parent, teacher, big brother or sister rolled into one! To summarize, if you enjoy young people, if you can place the welfare of the students above all else, and if you understand what a good role model is, you will make an excellent cabin leader!

YOU AS A CABIN LEADER

For five days at San Joaquin Outdoor School (SJOE) you are responsible for the health, welfare and happiness of a group of children. This is a great responsibility you have accepted. As a role model you are trusted to set a pattern of proper behavior. In addition to being a cabin leader, you are also a naturalist's assistant and on occasion, in your own way, a teacher. The students look up to a good cabin leader with respect, admiration and affection.

PLEASE READ THE FOLLOWING CAREFULLY:

- Be sure all medications, including your own, are turned in to the camp medic. Do not give medicine in any form to a child.
- Learn and memorize the names and faces of your kids as soon as possible. It makes a big difference if you call a child by name instead of "hey, you."
- Be their leader- not their buddy. The children will respect you much more as someone who they can look up to and trust. Do not yell at the students, but be firm and specific. If you establish or maintain a quiet manner, a raised tone will be very effective.
- Keep personal information personal. Do not share about your boyfriend/girlfriend, friend/family issues, or lifestyle choices (drugs, alcohol, sex, etc.). Leave all that at home, and focus on helping your students learn. If they want to know about your personal life, keep it related to academics or school, like what sports/activities you are involved in at school, what college you are planning on attending, and what you want to do when you grow up. All of these topics help kids to start thinking about the future in a positive way.
- Look ahead for problems that might develop, such as children picking on a cabin mate, or rowdy groups of students. If there is a discipline problem you are unable to handle, bring the child to the office. When in doubt- ask for help.
- Be a role model. Demonstrate appropriate behavior and watch your language at all times!
- Show enthusiasm and excitement during activities, hikes, and camp fire time! You will be expected to serve as an assistant to the naturalists and teachers during classes or on the trail. Show an interest in the activity and keep students involved in the presentation of the leader. Kids react to their cabin leader's mood. If s/he is happy or excited, they will be happy and excited. This also works in reverse, if their cabin leader is acting bored or unhappy with a situation, they will feed off that behavior.
- As a leader you are expected to enforce and maintain the rules set by SJOE. Here are the policies you will be expected to implement with your students:
 1. WALK
 2. STAY WITH YOUR GROUP
 3. STAY ON THE TRAILS
 4. LEAVE STICKS & ROCKS ON THE GROUND
 5. NO FIGHTING, CUSSING OR PUT-DOWNS
 7. RESPECT THE PLACE YOU'RE VISITING
 8. DO NOT GO INTO EACH OTHER'S CABINS



- Stay with your group at all times. Do not wander off or gather with other cabin leaders during teaching time. Cabin leaders talking in the back of the line during a program or on the trail is very distracting to the children and the leader of the group. If there is something you need to discuss with another cabin leader, ask the naturalists, and then move out of hearing range so that you don't bother the group.
- Always travel as a group. Keep all students together when moving anywhere in camp. If one student needs to go to the office or on some other errand –the whole group goes.
- Cabin raiding is cause to be sent HOME -- DAY OR NIGHT.. So if this idea is brought up by your students, stop it at once.
- Make sure children are changing clothes regularly. They should not be sleeping in trail clothes or hiking in pajamas. Also check in with your children's health. Often when children are excited about Outdoor School, they develop constipation or other physical problems. Ask a teacher or naturalist any time if you think a child is having trouble.
- Exercise modesty in your friendships with other cabin leaders. When students see cabin leaders walking together their imaginations get going! Remember that at their age it is a big thing for a boy just to talk to a girl.
- Have a good time, but remember that at all times this program is intended for the elementary students and they should come first. You have been selected because your high school felt that you are a person who can accept this responsibility. We hope so, too!

GOOD LUCK AND THANK YOU FOR COMING!

GENERAL INFORMATION FOR HIGH SCHOOL STUDENTS SERVING AS CABIN LEADERS

1. San Joaquin Outdoor School is conducted at the Y.M.C.A. Camp Jones' Gulch.

ADDRESS: Student's Name
San Joaquin County Outdoor School
Camp Jones' Gulch
11000 Pescadero Rd.
La Honda, California 94020
Phone: (650) 747-0139

2. Cabin leaders will be told by their high school advisors the time and place to meet for the bus ride to the camp. Usually, the buses pick up students between 8:00- 9:30 a.m. on Mondays and return on Fridays about 2:00 – 4:30 p.m. depending upon traffic.
3. Each student should take a **bag lunch**, including a beverage, on Monday for the trip to camp. **NOTE: Students will not be allowed to leave the park to purchase fast food. No eating on bus.**
4. You will be housed in a cabin with 8-12 5th or 6th grade students for whom you are responsible.
5. You will need to bring the completed Registration Form (**OE 8.9a**), any medical forms (**OE 8.9g, OE 8.9f**), and the completed Cabin Leaders Performance Standards Form with you on the bus. These will be turned in at camp.
 - a. Upon arrival at the site, your Registration and Medical Forms, and any medicines that you brought with you should be turned in at the office to the medication supervisor. Please check expiration dates on medications. Prescription medicines must be in student's name and prior to expiration date. Non-prescription & prescription medication must be in the original store container.
6. The camp is located at a relatively low altitude, but is affected by the variable weather changes of the nearby ocean. Because the weather is unpredictable please bring warm, comfortable clothes. The following list of clothing needs given to the elementary students should help to guide your own clothing choices.

THESE ITEMS ARE NECESSARY FOR CAMP

- ☐ 1 pillow
- ☐ 1 sleeping bag or 3 blankets
- ☐ 2-3 bath towels and 1 washcloth
- ☐ 1 toothbrush and toothpaste
- ☐ 1 bar soap, hair brush/comb
- ☐ 2 pair shoes (**comfortable and well-fitting for outdoor wear**)
- ☐ 6-8 pair socks
- ☐ 4 sets of undergarments
- ☐ 3-4 pair tough pants (i.e. jeans that can get dirty)
- ☐ 5 tee shirts
- ☐ 4 sweatshirts or sport shirts (long sleeve preferred)
- ☐ 1 heavy sweater or warm jacket
- ☐ 1 wind and rain-repellent jacket
- ☐ 1 pair pajamas

CONVENIENT BUT NOT NECESSARY

- ☐ 1 lip balm chapstick or tube
- ☐ 1 sunscreen
- ☐ 1 warm hat or baseball cap
- ☐ 1 laundry bag
- ☐ 1 camera and film
- ☐ 1 stationery - post cards and stamps
- ☐ 1 pencil or pen
- ☐ 1 Flashlight - with batteries
- ☐ 1 Day pack / Book bag Water bottle
- ☐ 1 box Kleenex
- ☐ 1 pair slippers

PROHIBITED ITEMS

(including, but not limited to the following:)

1. Alcohol or other controlled substances.
2. Knives, Firearms, Explosives, or dangerous objects.
3. No electronic devices. (No cell phones. Due to location, cell phones due not work.) No CD players, mp3, iPods, clock radios, etc.
4. Tobacco

Please do not take any items beyond this list without special permission. Extra personal items are not needed and only create possible loss. SJCOE is not responsible for any lost, broken or stolen items.

Please do not buy new clothing for camp. Substantial shoes with synthetic soles are recommended and a change of tennis shoes is advisable.

Label each article, and attach a name tag to your luggage. There is a limit of one suitcase per person and either a sleeping bag or blankets. Framed back packs are not recommended.

CABIN LEADER PERFORMANCE STANDARDS

As a cabin leader for the San Joaquin County Outdoor School, I recognize and agree to the following:

1. As a cabin leader, I will be serving in capacity of great responsibility and trust for the care of the younger students in my charge.
2. I will conduct myself in such a way that my personal behavior and appearance will serve as a positive role model to the sixth grade students.
3. I acknowledge that the young students in my charge are very impressionable and must be protected from any and all unwholesome language, jokes, or activities.
4. I will help each child be a happy part of the cabin group and the activities of the school. In controlling my group, I will not embarrass or humiliate any member of the group.
5. At all times I will put the personal and physical safety of the individual and collective members of my cabin group as my prime responsibility.
6. At no time will I administer any physical punishment regardless of provocation. If an undesirable situation or problem arises that is beyond my ability or responsibility to handle, I will bring it to the attention of the naturalists and the director of the camp.
7. Recognizing that there will be times when I am on my own in determining my personal behavior, I agree not to use or possess alcohol beverages, tobacco, controlled substances, or behave in any way to endanger the program or the welfare of the students. I understand that knives, firearms, explosives and dangerous objects are strictly prohibited.
8. I understand that any inappropriate behavior on my part will result in notification of my parents to come to camp and take me home at once. I understand it is my parent's responsibility to pick me up from camp. Please note: In severe cases, law enforcement will be notified.
9. I will maintain a professional behavior with other cabin leaders. I will not conduct myself inappropriately with any other cabin leaders. No unwholesome language, behavior, or fighting.
10. If after being selected I am unable to attend camp, I will notify my school immediately. In last minute situations (such as Friday afternoons or Monday mornings), I will notify the County Schools office at (209) 468-4809.
11. I understand that I am not allowed to leave the park in Hayward while we are stopped for lunch.

STUDENT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

REGISTRATION FOR SAN JOAQUIN COUNTY OUTDOOR EDUCATION PROGRAM

PRINT NAME OF STUDENT (LAST, FIRST)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (M/D/Y)	NAME OF SCHOOL / TEACHER
Home address of child (number, street, city, state, zip code)				Home or Cell Phone ()
Mother (guardian) name		Work/Cell Phone ()	Father (guardian) name	
			Work/Cell Phone ()	
If you cannot be reached in case of emergency, give name of person to be notified:				
Name		Address		Phone Number
Name of Physician		Physician's address		Physician's telephone number
Name of your Insurance Company		Policy Number		Group number
Address of Insurance Company (number, street, city, state, and zip code)				Telephone no. of Insurance Company ()
<p>In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.</p> <p>Further, as a parent or guardian of a student who will be attending outdoor school, I understand that an outdoor school is not the same physical environment as a traditional school. There are certain inherent hazards associated with attending an outdoor school where the student's "school day" is twenty-four hours long that a student does not encounter in a traditional school setting. SJCOE is not responsible for any lost, stolen or damaged items.</p> <p>As stated in California Education Code Section 35330, I understand that I hold San Joaquin County Office of Education, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my child's participation in outdoor school.</p> <p>I fully understand that participants are to abide by all rules and regulations governing conduct during all activities. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian. <i>No Refunds will be issued for students who depart from camp early due to discipline issues.</i> It is the responsibility of the parent or guardian to pick up student sent home for any reason.</p>				
<div style="display: flex; justify-content: space-between;"> ***** MUST have Signature of custodial parent or guardian***** Date signed (month, day, year) </div>				

PERMISSION TO PHOTOGRAPH / VIDEOTAPE: (Please check one box and sign below)**

☐ I hereby give permission for my child to be photographed or videotaped by employees of the San Joaquin County Outdoor School and the San Joaquin County Office of Education for educational and promotional use on television, on brochures or other printed materials, or on the SJCOE website.

(**sign here)

☐ I **DO NOT** give my permission for my child to be photographed or videotaped.

(**sign here)

HEALTH INFORMATION

1. If your child has been ill recently, please describe illness:			
<div style="display: flex;"> <div style="flex: 1;"> <p>2. Check all applicable conditions of child and explain below.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Seasonal allergies and Hay Fever <input type="checkbox"/> Allergic to: _____ (for food allergies, please attach separate food allergy form) ___ Mild, no medicine required ___ Moderate, Benadryl required ___ Severe, Epipen required (send 2, Benadryl must come as well) <input type="checkbox"/> Asthma ___ Medicine/inhaler/nebulizer required </div> <div style="width: 45%;"> <input type="checkbox"/> Backaches or weak back <input type="checkbox"/> Bedwetting <input type="checkbox"/> Car sickness <input type="checkbox"/> Epilepsy/convulsive disorder <input type="checkbox"/> Headaches/Migraines (circle one) <input type="checkbox"/> Heart trouble/murmur <input type="checkbox"/> ADD/ADHD (circle one) <input type="checkbox"/> Special Needs: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Poison Oak <input type="checkbox"/> Sinus trouble <input type="checkbox"/> Sleep walking <input type="checkbox"/> Diabetic ___ Type I ___ Type II ___ Insulin required? <input type="checkbox"/> Other: _____ </div> </div> </div> </div>			
Please explain: _____			
(If you are sending any medication with your child, we MUST have the appropriate Medical Form, no exceptions.)			
3. Approximate date of last tetanus/typhoid shot.		4. If child is on special diet or allergic to any food item(s), briefly describe (also attach food allergy form).	
5. Exposure to communicable disease during past month? Please specify:		6. Any limitation on physical activity? Please specify:	

**REQUEST FOR ADMINISTRATION OF **ALL** MEDICATION, INCLUDING
OVER-THE-COUNTER MEDICINES, VITAMINS, BENADRYL, ETC.**

Student: _____ Birth date: ____/____/____ Male ____ Female ____

School: _____ Teacher: _____ Grade: _____

PARENTAL CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL

TO BE COMPLETED BY PARENT OR GUARDIAN

Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or other designated school personnel. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its **current** pharmacy-labeled container.

Parent/Guardian Signature: _____ Date: _____

Contact phone (home/cell/work): _____ Address: _____

TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER**Medication 1**

Health condition: _____

Medication name: _____

Dose (# mg, ml, puffs, etc.): _____

Frequency: _____

Method of Administration: _____

Duration(s): _____

____ PRN (prescribed as needed)

Symptoms: _____

____ For episodic/emergency events only

Special instructions: _____

Restrictions and/or possible side effects

____ none anticipated

____ yes – please describe: _____

Special storage requirements: ____ refrigerate ____ none

Medication 2

Health condition: _____

Medication name: _____

Dose (# mg, ml, puffs, etc.): _____

Frequency: _____

Method of Administration: _____

Duration(s): _____

____ PRN (prescribed as needed)

Symptoms: _____

____ For episodic/emergency events only

Special instructions: _____

Restrictions and/or possible side effects

____ none anticipated

____ yes – please describe: _____

Special storage requirements: ____ refrigerate ____ none

Physician's signature: _____ Date: _____

Phone # () _____ Address: _____

I, _____, certify that the foregoing is true and correct.

Physician's Name (print)

******* PLEASE SEE REVERSE SIDE! *******



NOTICE TO PARENT(S)/GUARDIAN(S): If you want your child to take **ANY KIND** of medicine (*including over the counter non-prescription drugs like Tylenol, Benadryl, vitamins, Tums, or cough drops*) please complete these steps:

STEP 1: Take this form to your Health Care Provider

(If your student needs to self-administer an asthma inhaler, injections, or EpiPen, fill out the "OE 8.9f" form also).

STEP 2: Your Health Care Provider must complete the reverse side of the form(s) **CORRECTLY and completely**. If the form(s) is incomplete or incorrect, your child will **NOT BE ALLOWED** to take the medication. We are not allowed to administer medication of any kind with out this paper work properly filled out.

STEP 3: Check the label on the medicine and the form the Health Care Provider fills in. The name of the Medication, strength of the medicine, dosage, frequency of doses, and child's name all must match what is written on the forms. **The Health Care Provider must sign all forms.**

STEP 4: **The parent must sign all forms** and give them to the child's teacher with his/her medicine in a Ziploc bag labeled with the child's name.

PLEASE ONLY SEND MEDICINE THAT YOUR CHILD ABSOLUTELY NEEDS.

Example:

Student's Name: John Smith

Parent's signature: Alice Smith

Medication 1

Health condition: Ear infection

Medication name: Amoxicillin

Dose (# mg, ml, of puffs, etc.): 20mg (1 Tab)

Frequency: 2 times a day 8:00 A.M. / 6:00 P.M.

Medication 2

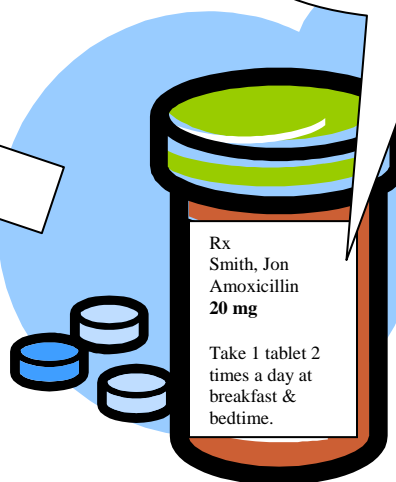
Health condition: Seasonal allergies

Medication name: Benadryl (Diphenhydramine)

Dose (# mg, ml, of puffs, etc.): 25mg (1 tablet)

Frequency: every 8-12 hours as needed

Doctor's signature: Tom Jones



Benadryl
Allergy & Cold
Diphenhydramine
25 mg

Attention: SCHOOL NURSE: It is helpful if you can provide a copy of the student's "School Inhaler/EpiPen Procedures" from his/her school file and attached to this form, and that they have a photo attached to each medication(s). Thank you!

Reviewed by School Nurse: _____ Date: _____



Student's photo attached to his/her medication(s)



"School Inhaler Procedures" form attached

***** **PLEASE SEE REVERSE SIDE!** *****



REQUEST FOR **SELF-ADMINISTRATION** OF MEDICATION AT SAN JOAQUIN OUTDOOR SCHOOL

**** This form is **ONLY** for auto-injectable Epinephrine, inhaled asthma medications, and diabetic medications! ****

Student: _____ Birth date: ____/____/____ Male _____ Female _____

School: _____ Teacher: _____ Grade: _____

TO BE COMPLETED BY PHYSICIAN

<u>Medication 1</u>	<u>Medication 2</u>
Health condition: _____	Health condition: _____
Medication name: _____	Medication name: _____
Dose (# mg, ml, puffs, etc.): _____	Dose (# mg, ml, puffs, etc.): _____
Frequency: _____	Frequency: _____
Method of Administration: _____	Method of Administration: _____
Duration(s): _____	Duration(s): _____
____ PRN (prescribed as needed)	____ PRN (prescribed as needed)
Symptoms: _____	Symptoms: _____
____ For episodic/emergency events only	____ For episodic/emergency events only
Special instructions: _____	Special instructions: _____
Restrictions and/or possible side effects	Restrictions and/or possible side effects
____ none anticipated	____ none anticipated
____ yes – please describe: _____	____ yes – please describe: _____
Special storage requirements: ____ refrigerate ____ none	Special storage requirements: ____ refrigerate ____ none
This student is both capable and responsible for Self-administering auto-injectable epinephrine, inhaled asthma medication, or Diabetic medications.	This student is both capable and responsible for Self-administering auto-injectable epinephrine, inhaled asthma medication, or Diabetic medications.
____ Yes-supervised	____ Yes-supervised
____ Yes-unsupervised	____ Yes-unsupervised
____ No	____ No
This student may carry medication: ____ Yes ____ No	This student may carry medication: ____ Yes ____ No

Physician's signature: _____ Date: _____

Phone # () _____ Address: _____

I, _____, certify that the forgoing is true and correct.
Physician's Name (print)



**PARENT/GUARDIAN CONSENT FOR
SELF-ADMINISTRATION OF MEDICATION
RELEASE OF MEDICAL INFORMATION & RELEASE OF LIABILITY**

I hereby consent for my child, _____, to self-administer the following medication during the regular school day or when attending school related activities:

☐ Auto-injectable epinephrine

☐ Inhaled asthma medication

☐ Diabetic Medications

I also consent to disclose identifiable health information by the health care provider to the school nurse or other personnel designated by the San Joaquin County Office of Education Outdoor Education Program.

I acknowledge that I have an obligation to notify the Outdoor School if my child's medication, dosage, frequency of administration, or reason for administration changes during the school year.

I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to hold harmless, release, and covenant not to sue the San Joaquin County Office of Education, its officers, employees, and agents, for any and all liability, claim, or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self administration of medication.

Please send TWO each of medication, one for the child to carry and one for back-up.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Attention: SCHOOL NURSE: If possible, Please attach a copy of the student's "School Inhaler/EpiPen/Diabetic Procedures" from his/her school file and attached to this form, and that they have a photo attached to each of their medication. Thank you!

☐ "School Medication Procedures" form attached

☐ Student's photo attached to his/her medication (SASI photo acceptable)

Date: _____ reviewed by School Nurse Signature of Nurse: _____

Date: _____ reviewed Principal Signature of Principal: _____

FOOD ALLERGIES

Please complete and return only if your child has food allergies or restrictions.
Please note- For ALL food *allergies* Benadryl must be sent with the student.

Name: _____ School: _____

Any food restrictions? (ie vegetarian/vegan, foods prohibited for religious reasons, etc)

What food or foods is your child allergic to?

When were they diagnosed with the food allergy?

When was their last exposure/reaction?

What triggers the reaction? (ie consumption, actually touching the food, airborne, or all of the above?)

If they come in contact with the food, what happens? Please describe in detail.

For dairy allergies- are variations of milk ok (ie cheese, yogurt, or milk used in foods)?

For egg allergies- is it just the raw product or do they react to the product cooked into foods as well?

Is an Epi-pen required? If yes, has the student had to use it before (please list number of times and dates)?

Has the student ever had a severe enough reaction that they were taken to the hospital? If so, when?

Please note: Our program and kitchen staff do our best to ensure your child gets the appropriate food options. That being said, please talk with your child about their allergy and the responsibility they have to not eat something they know they should not. We have seen students knowingly choose to eat something they knew they were not supposed. If they are un-sure about something, they are always encouraged to come ask our staff. We are more than willing to help!

Our Outdoor School site is NOT a closed camp. We have camp staff, teachers, and cabin leaders who do bring food to camp, and students will sometimes smuggle food into the cabin. We do our best to avoid this, but if your child has an airborne food allergy (ie peanuts) we cannot guarantee a peanut free camp due to these reasons.

Example of Jones' Gulch Daily Schedule

Monday

1:00	Buses arrive, Opening Ceremony; Cabin leaders and Teachers meet with camp staff
2:00	Students go on introductory hike with Naturalists by trail groups
3:30	Students have Apples and Recess with Teachers; Cabin leaders meet with Naturalists
4:30	Fire Drill
4:45	Students move into cabins; Teachers and Naturalists meet at Headquarters
5:15	Dinner at the Dining Hall
7:00	Night Hike or Sea Lab
8:30	Campfire for Students; Teachers and Cabin Leaders meet with Evening Director
9:00	Dismissal to cabins
9:30	Lights Out!

Tuesday – Thursday

7:00	Rise and Shine
8:00	Breakfast, then clean cabins
9:15	Daily Activity with Naturalist (see below)
3:15	Snack (Apples)
3:30 – 4:15	Recess Time for Students/Break and Shower Time for Cabin Leaders
3:30 – 4:00	Beach Groups return, join recess
4:15	Shower time for students in cabins; PAC Night performance practice
5:25	Dinner

Daily Activities

Daily student activities include a Trail Lunch Hike, Beach Day, and a Morning Hike followed by an afternoon Elective. Every group of students will participate in each activity during the week at camp. During Trail Lunch Hike and Beach Day, students will have a picnic lunch, and will be out for the majority of the day. Lunch is served in the Dining Hall for students participating in the Morning Hike. Students receive a 30 minute rest time most days. During afternoon Electives, students have the opportunity to select an activity of their choice offered by naturalists. These activities may include nature art, story reading and writing, critter hunts, shelter building, music making, nature games and long distance hikes.

Evenings

Tuesday

6:15 – 7:00	Teacher time, students complete brief check-in form; Cabin Leader meeting
7:15 – 8:30	Night Hike or Sea Lab
8:30 – 9:00	Campfire

Wednesday

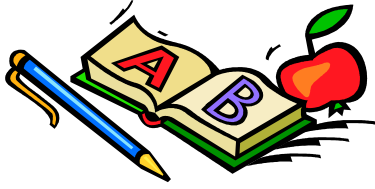
6:15 – 7:15	Students complete mid-week evaluation forms w/ Teachers; Teacher time
7:30	Music Social at Perkins Lodge
8:30 – 9:00	Campfire

Thursday

6:15 – 7:15	Teacher time
7:30 – 9:00	PAC Night Performances (Performing Arts Campfire)
9:00 – 9:30	Cabin time
9:30	Lights Out!

Friday

8:00 – 9:15	Breakfast, then cabin cleaning and packing
9:15	Cabin check-out, bring luggage to truck
9:35 – 10:10	Closing Activities with Trail Group
10:10 – 10:40	Closing Ceremony with the entire camp
10:45	Students load the bus and say their goodbyes! Farewell!



CALIFORNIA EDUCATION CODE

Chapter 9 – Pupil and Personnel Health / Article 2

Administering Medications to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular schoolday, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.