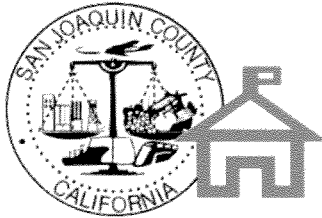




**2015-2016**

Operated by the San Joaquin County Office of Education  
James A. Mousalimas, County Superintendent of Schools  
[outdooreducation.sjcoe.org](http://outdooreducation.sjcoe.org)



**San Joaquin County Office of Education**

James A. Mousalimas, County Superintendent of Schools

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*A Message from James Mousalimas, County Superintendent of Schools*

Dear Parent or Guardian:

Thank you for enrolling your student at the historic San Joaquin Outdoor Education Program, formerly known as Science Camp, a five-day experience operated by the San Joaquin County Office of Education.

In the short period of time that your student is away at camp, you will see him/her develop an appreciation of nature, earth and science. As a fifth or sixth grade student, they will have the opportunity to experience nature at its best, while interacting with students from all over San Joaquin County.

I am proud to share that the San Joaquin Outdoor Education Program is certified by the California Outdoor School Administrators and has received Commendations of Excellence from the State Superintendent of Public Instruction.

Since 1957, nearly 500,000 students have experienced the beautiful Redwoods in its natural habitat, as well as walk along the seashore. We are proud to bring this long standing tradition into your home. More importantly, we are grateful to help develop a lifelong appreciation of nature within your student.

Sincerely,

A handwritten signature in cursive script that reads "James A. Mousalimas".

James A. Mousalimas  
County Superintendent of Schools

## **San Joaquin County Outdoor School**

Visit us at <http://outdooreducation.sjcoe.org> for more detailed information and help tips!

Your child's upcoming experiences at the resident Outdoor School will make a very important contribution to his/her education. Outdoor School is academically oriented and designed to enrich and reinforce learning that takes place in the regular classroom. The outdoor setting in the Santa Cruz Mountains provides for firsthand learning through direct observation and experience. Students develop a greater awareness of and appreciation for the environment. With this awareness comes realistic and responsible conservation practices. Group living encourages the development of such traits as responsibility, respect and reliability. Each student will be responsible for cabin neatness, caring for personal belongings, personal cleanliness and getting along with his/her trail group and cabin group.

### **A Week at the Outdoor School**

The San Joaquin County Office of Education operates the resident Outdoor School at YMCA Camp Jones Gulch, located near La Honda in the Santa Cruz Mountains. Students leave their school on Monday morning and return mid-afternoon Friday. While at camp, students will receive room and board for five days and four nights, which includes 12 meals plus snacks. They will experience many kinds of outdoor areas: ocean beaches and tide pools, an historic brackish marsh, freshwater ponds, the redwood forest, a unique grove of buckeye, chaparral, wooded mountains and a gorgeous camp setting. Students often go on all-day hikes. Regular classroom school teachers accompany students to camp. Students are placed in cabin groups of 8-12 same sex students, some of whom may be from another school site. During daytime and nighttime instruction, the children are in trail groups made up of 15-20. These groups are led by Outdoor School naturalists who have advanced-education degrees. During non-instructional time periods, students are under the supervision of high school cabin leaders.

### **Participation**

The resident Outdoor School accepts fifth and sixth grade classes from San Joaquin and surrounding counties. Each individual school is responsible for their own funding. Schools/Parent groups usually do fund-raising activities and may be able to use some of California Lottery Funds. Most of the school districts, as well as the private and parochial schools, attend a resident outdoor school program.

### **Transportation**

Transportation to Science Camp is on late model school buses. During most weeks, children will sit three-to-a-seat. In order to keep the cost of Science Camp as low as possible, using the buses to their capacity is a necessity. Although the buses are full, the legal carrying capacity of the vehicles is never exceeded. The use of electronic devices is not allowed at camp. This includes, but is not limited to: cell phones, iPods, Gameboys, cd players, etc. San Joaquin County Office of Education and the Outdoor School Program do not accept any responsibility for the loss or damage to student's personal property. Electronic equipment will be confiscated. It is up to individual schools/teachers to allow students to take it on the bus. Check with your school.

### **Location**

San Joaquin County Outdoor School leases facilities at YMCA Camp Jones Gulch, which encompasses thousands of acres of redwoods in the Santa Cruz Mountains. Camp is situated between La Honda and Pescadero in San Mateo County, about 12 miles from the Pacific Ocean. Camp Jones Gulch maintains cabins, restrooms, and dining areas as well as multipurpose lodges and laboratories. Each cabin is equipped with bunk beds, heaters, and electricity.

### **What Will the Students Learn?**

The San Joaquin County Outdoor School is academically oriented to supplement and reinforce concepts learned in the traditional classroom setting. Based on grade level content standards, students develop an understanding, respect, appreciation and concern for the natural, human and cultural aspects of planet Earth.

For example: One ecological concept is interdependence, the idea that everything is related to and dependent upon everything else. This concept takes the subject of science and mixes it with other subjects, like:

- Social Science - by helping to understand human interactions with the environment.
- Language Arts - by providing a context for communicating knowledge, feelings and ideas.
- Mathematics - by providing opportunities to apply problem-solving skills.
- Art & Music - by enhancing awareness and appreciation.

Therefore, Outdoor Education is not a separate subject. Rather, it is a theme that provides students with a comprehensive view of the world through firsthand experiences. At camp, real life experiences will unfold in the magnificent outdoors. Activities are linked to the Content Standards for Language Arts, Mathematics, History-Social Science and Science.

### **What is the Outdoor School Like?**

Children are taught to accept responsibilities for their own actions. They will take pride in keeping their cabin clean, practice good hygiene and be responsible for personal neatness. Meals at the outdoor school are tasty and varied. The daily menu offers a balanced diet under the direction of the camp dietician and the Child Nutrition Office of the California Department of Education. *In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.*

Days are full, starting with wake-up at 7 a.m., and lights out about 9:30 p.m. With the exception of inclement weather, all instruction is outdoors.

### **Who is in Charge?**

Gregory Bahr, a credentialed teacher and administrator, is the principal at the outdoor school. He has been with San Joaquin Outdoor Education since 2000 and was a former naturalist with the Whiskeytown Outdoor School in Shasta County and the Science-Conservation School in Tulare County. He lives on-site year round at YMCA Camp Jones Gulch. Dan Randrup is responsible for the administration of the Outdoor School in terms of finances, scheduling and working directly with participating schools and staff. Specific questions about the program may be directed to Mr. Randrup or his assistant, Amy Daniels, at the county Office of Education in Stockton. The phone number is (209) 468-4809.

### **About the Naturalists**

The Outdoor School employs naturalists who lead trail groups. All naturalists have a minimum of a bachelor's degree, and many come from environmental, science, or teaching backgrounds. All naturalists have solid experience working with children in outdoor settings, and all have cleared a background check by the California Department of Justice.

### **About the Cabin Leaders**

Cabin leaders are high school students who serve for one week at a time. Participating school districts are responsible for the selection and preparation of cabin leaders. The selection of cabin leaders is solely the responsibility of the participating school districts.

## What Can Parents Do?

Parental approval and enthusiasm for the Outdoor School is very important in forming positive attitudes before and after children attend camp. Please note the following suggestions:

- DO NOT encourage your child to telephone home on arrival of if s/he becomes lonely or homesick.
- DO NOT send new or expensive clothing with your child to camp. The child needs comfortable and well-fitting shoes.
- DO NOT send valuables or electronic devices.
- LABEL each article with your child's name.
- LIMIT your child to one suitcase and either a sleeping bag or blankets.

## More Tips for Parents

Write to your child so a letter will reach the Outdoor School by Tuesday. It's best to mail the letter two days before your child leaves for camp. Your child may be a little homesick, and a letter from home can be a wonderful surprise. Please address letters like this:

Child's Name

Week of:

San Joaquin County Outdoor School

Camp Jones' Gulch

11000 Pescadero Creek Rd.

La Honda, CA 94020

Parents are encouraged to do a day visit to the camp to see the facilities, meet the staff and observe the program sometime **BEFORE** their children attend camp. There are no overnight accommodations. If a visit is to be made, please contact Gregory Bahr at (650) 747-0139 and let him know your wishes and schedule.

Parents are not allowed to visit the Outdoor School while their children are on site, no exceptions. Parent visits tend to lessen the opportunities students have to grow in independence, and a visit often triggers homesickness in other children as well as in the visiting parent's child when they leave.

Children are not allowed to call home except in emergencies. Parents should call the camp only in case of a genuine emergency. Social calls are not permitted. The number at Camp Jones' Gulch is (650) 747-0139. Should no one answer immediately, the site has an answering machine that is checked regularly by staff.

**Provide your child with a sack lunch on Monday.** We recommend that you include a juice box or bottled water, as the meal is usually eaten at a park or other area where drinks are not available.

Students will be notified by their teachers of the Monday morning departure time. **They will return to the school between 3:00 p.m. and 4:30 p.m. Friday.**

"Outdoor education is an integral part of a student's elementary school experience."  
-- Gaylord "Ace" Nelson, San Joaquin County Superintendent of Schools, 1963-1990

"That which can be learned in the classroom should be taught there. And that which can be best learned in the out-of-doors should be taught there." -- L.B. Sharp, the father of Outdoor Education, 1943.

## Items to bring to the Outdoor School

### Bedding

Sleeping Bag OR sheets and three warm blankets  
Pillow  
Pajamas

### Clothing

Underwear - four changes (pants and undershirts)  
Socks - six pair (eight pair in rainy months)  
Jeans or durable long pants (three pair)  
Shirts - long and short sleeve – four  
Sweatshirts - two  
Hat  
Warm Jacket  
Shoes - two pair (sneakers or boots)  
Rain pants and boots are recommended  
Raincoat or Poncho (year round)  
do not carry it separately on the bus)

### Toilet Articles

Toothbrush and toothpaste  
Comb or brush  
Two towels and one washcloth  
Soap  
Shampoo  
Water Bottle

### Miscellaneous (Optional)

Sunblock  
Chap Stick  
Laundry bag  
Disposable Camera  
Stationary/Postcards and stamps  
Pencil and pen  
Notebook or paper  
Kleenex  
Bag (for dirty and/or wet clothing)  
Daypack (packed in your luggage;

### **Parents: Please DO NOT Send These Items:**

Knives	Snacks or food of any kind
Money	Electronic games
Jewelry	Fishing gear
Tank tops	High heel shoes
Shorts	Inappropriate slogans on clothing

**Do NOT send Electronic equipment such as radio, walkman, iPods, or games (please don't send cell phones, as cell phones do not receive signal/service at camp)!**

### Liability

*The outdoor school program does not accept responsibility for the loss or damage to children's personal property.*

Please check your child's suitcase or duffel bag and send only the items necessary at the outdoor school.

### Causes for Immediate Expulsion

Parents will be asked to pick their child up from the camp, day or night, for the following (but not limited to):

1. Bringing or using knives, firearms, explosives, controlled substances, alcohol, tobacco or other dangerous objects.
2. Cabin raiding.
3. Extreme physical or emotional abuse of others.
4. Illness

*NO refunds will be issued for students who depart from camp early due to discipline issues.*

## **MEDICATION INFORMATION**

**NOTE: It is the parent/guardian's responsibility to pick up their child from camp in case of illness or behavioral non-compliance.**

### **ALL MEDICATIONS REQUIRE A DOCTOR'S NOTE!**

This includes but is not limited to: prescription medications, over the counter (non-prescription), vitamins, inhalers, etc. When your child comes to the Outdoor School with medications, it is important to remember the following standing orders:

- **ALL** medications should be given to the teachers prior to leaving for camp. **DO NOT** pack any medications with your child's luggage.
- Check the expiration dates. **Any medication that has expired cannot be administered.**
- Medications are kept locked in the infirmary until they are administered.
- Inhalers and Epi-pens, once they are recorded at the infirmary, may remain with your child **if** a "Self-Administer" medicine form is completed by doctor, signed by parent, and turned in.
- Children requiring injected medications must be capable of administering their own injection. **Outdoor School personnel are not allowed or trained to give injections.**
- Medications may be administered by medically untrained personnel.
- Each administration of medications is recorded by Outdoor School personnel, including the date, time, amount and name of medication.
- If your child has medicine that must be taken during transit to and from the Outdoor School, give the medicine and appropriate instructions directly to your child's classroom teacher, who is in charge on the bus.
- Be sure to discuss any special health or medication conditions thoroughly with your child's teacher well in advance of their trip to the Outdoor School, in addition to completing the health information portion of the registration form. The teacher will alert Outdoor School personnel of all special health and medications needs.
- **A Doctor's Signature is required for ALL medications sent with your child to the Outdoor School.** All prescription and non-prescription (over-the-counter) medications (including vitamins), Benadryl, aspirin, must be noted on the "Request for Administration Form" (OE 8.9g). This form must be filled out and signed by the physician or medications will not be administered, no exceptions.
- If student requires an inhaler, an Epi-pen for allergic reactions, or diabetic medications, please also have the doctor complete the Self Administration Medicine form (OE 8.9f).
- **ALL** medications must be in the *original packaging* with your child's name clearly marked on the container. Instructions for frequency and dosage of medications must be clearly indicated by the physician.

**COMMUNITY RELATIONS**

**Exhibit 1**

**San Joaquin County Office of Education**

**Uniform Complaint Procedures Annual Notification**

**To: Students, Employees, Parents or Guardians of its students, School and District Advisory Committees, Appropriate Private School Officials or Representatives, and Other Interested Parties**

San Joaquin County Office of Education (SJCOE) has the primary responsibility to insure compliance with applicable state and federal laws and regulations and has established procedures to address allegations of unlawful discrimination and complaints alleging violation of state or federal laws governing educational programs.

SJCOE shall investigate and seek to resolve complaints using policies and procedures known as the Uniform Complaint Procedures (UCP) adopted by the San Joaquin County Board of Education. Unlawful discrimination complaints may be based on actual or perceived sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, or age, or on a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity that receives or benefits from state financial assistance. The UCP shall also be used when addressing complaints alleging failure to comply with state and/or federal laws in Consolidated Categorical Aid Programs, Migrant Education, Career Technical and Technical Education and Training Programs, Child Care and Developmental Programs, Child Nutrition Programs, Special Education Programs, and Safety Planning Requirements.

Complaints must be filed in writing with the following compliance officer:

Scott Anderson, Director of Operations  
2901 Arch-Airport Road, Stockton, CA 95206 (physical)  
P.O. Box 213030, Stockton, CA 95213-9030 (mailing)  
(209) 468-9102

Complaints alleging discrimination must be filed within six (6) months from the date the alleged discrimination occurred or the date the complainant first obtained knowledge of the facts of the alleged discrimination, unless the time for filing is extended by the superintendent or his or her designee.



Complaints will be investigated and a written Decision or report will be sent to the complainant within sixty (60) days from the receipt of the complaint. This sixty (60) day time period may be extended by written agreement of the complainant. The Local Education Agency (LEA) person responsible for investigating the complaint shall conduct and complete the investigation in accordance with sections 5 CCR 4680-4687 and in accordance with local procedures adopted under section 5 CCR 4621.

The complainant has a right to appeal the LEA's Decision to the California Department of Education (CDE) by filing a written appeal within fifteen (15) days of receiving the LEA's Decision. The appeal must include a copy of the complaint filed with the LEA and a copy of the LEA's Decision.

Civil law remedies may be available under state or federal discrimination laws, if applicable. In appropriate cases, an appeal may be filed pursuant to Education Code Section 262.3. A complainant may pursue available civil law remedies outside of the LEA's complaint procedures. Complainants may seek assistance from mediation centers or public/private interest attorneys. Civil law remedies that may be imposed by a court include, but are not limited to, injunctions and restraining orders.

A copy of the SJCOE UCP policy and complaint procedures shall be available free of charge.

## Map to Camp Jones Gulch

La Honda, Ca 94020 (650)747-0139

### From 580

Take the 580 to the 880 South, and take exit for San Mateo/Hayward Bridge, which becomes Highway 92. Continue on the 92 to Highway 1 South. From there, turn left onto Highway 84/La Honda Road. Turn right on Pescadero Road and right again on Pescadero Creek Road.

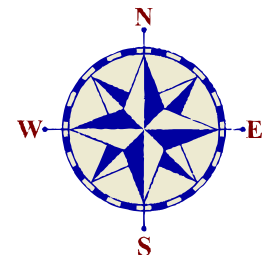
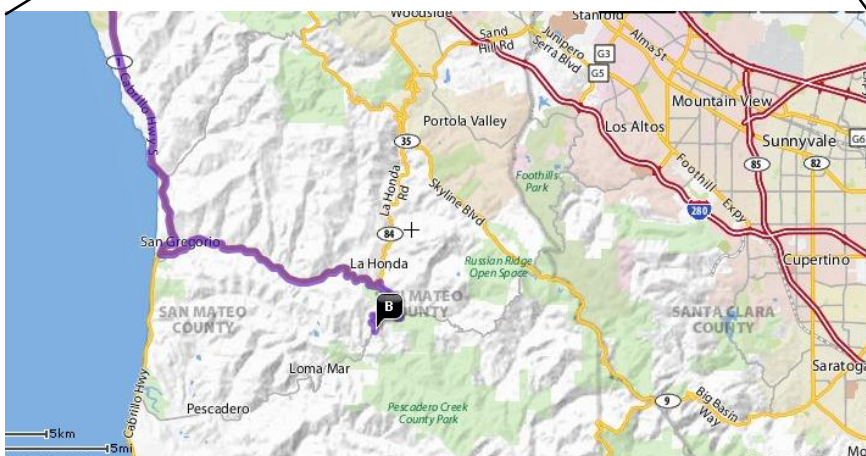
### From San Jose

Take Highway 280 north, and turn left onto Highway 84 West (Woodside Road). Travel through Woodside, Sky Londa and past La Honda to Pescadero Road. Turn left onto Pescadero Road, and right onto Pescadero Creek Road.

### From San Francisco

Take the 101 South to Highway 84 West. Travel through Woodside, Sky Londa, and La Honda to Pescadero Road. Turn left of Pescadero Road, and right onto Pescadero Creek Road.

*Highway 84 is winding and requires slow, safe, driving (average speed 35 mph). Approximate travel time from SFO and San Jose airports is 1.5 hours. Please allow ample time to reach camp. Gas is available in Half Moon Bay, Woodside, Sky Londa, and San Gregorio.*



# RESIDENT OUTDOOR SCHOOL BEHAVIOR CONTRACT

## BEHAVIOR STANDARDS

1. Be Courteous and Polite
  - a. Be a good team member; share and take turns
  - b. Be a good listener; follow directions of cabin leaders, naturalists and teachers
  - \* c. Be considerate of others' belongings
  - d. Do not pick plants or do any activity that damages the buildings (graffiti, etc.) or the environment  
(Any damages caused by a student is the responsibility of the parents, who will be billed)
  - \* e. No fighting, play fighting/rough housing or bad language
  - \* f. Keep out of others' cabins
  
2. Follow the Outdoor School Safety Rules
  - a. Walk; do not run
  - b. Stay with your supervising adult and group at all times (never be alone)
  - c. Do not throw objects (rocks, sticks, etc.)
  - d. Stay on the trails
  - e. Do not carry walking sticks on trails
  - f. No food, gum, candy, etc., is allowed outside the dining hall or in the cabins

*\* If student "raids" a cabin, fights, is disrespectful, or endangers their self or others, parents and school principal will be notified and student will be sent home automatically, without any other procedures being invoked.  
**It is the parent/guardian's responsibility to transport their student back home. No refunds!***

## FAILURE TO FOLLOW THE BEHAVIOR STANDARDS WILL RESULT IN THE FOLLOWING PROCEDURES:

- Student is counseled privately to explain infraction and insure understanding of the rule.
- If the problem is not resolved, student is reminded of previous discussion and consequences are outlined. (Consequences involve appropriate action determined by consultation between cabin leaders, naturalists, and classroom teachers. Such action often involves being removed from trail activities, cabin time or camp activities.)
- If the problem is still not resolved, student will be counseled by the camp principal. Teacher will be consulted to determine course of action. Parents will be notified if necessary and advisable. "Send home" warning may be given.
- If the problem continues, the **parent will be required** to go to camp to pick-up the student home to take home. No refunds will be given.

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**--- Cut along dotted line and return bottom portion to child's teacher ---**

PARENT AGREEMENT      I have reviewed the Outdoor School Behavior Standards with my child. Should there be any serious difficulty with following the expectations, I support the implementation process (above). I understand it is my sole responsibility to transport my child from camp back home, if requested.


Signature of Parent or Guardian: \_\_\_\_\_

STUDENT AGREEMENT      I have reviewed the Outdoor School Behavior Standards and will follow the standards outlined. I understand that I may lose my privilege to attend outdoor school if I fail to follow them.

Student Signature: \_\_\_\_\_



# REGISTRATION FOR SAN JOAQUIN COUNTY OUTDOOR EDUCATION PROGRAM


<b>PRINT NAME OF STUDENT (LAST, FIRST)</b>		<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>BIRTHDATE</b> (M/D/Y)	<b>NAME OF SCHOOL / TEACHER</b>	
<b>Home address of child (number, street, city, state, zip code)</b>				<b>Home or Cell Phone</b> ( )	
<b>Mother (guardian) name</b>		<b>Work/Cell Phone</b> ( )	<b>Father (guardian) name</b>		<b>Work/Cell Phone</b> ( )
<b>If you cannot be reached in case of emergency, give name of person to be notified:</b>					
<b>Name</b>		<b>Address</b>		<b>Phone Number</b>	
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>					
					
***** <b>MUST have Signature of custodial parent or guardian</b> *****				Date signed (month, day, year)	

**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:					
2. Check all applicable conditions of child and explain below.					
<input type="checkbox"/>	Seasonal allergies and Hay Fever	<input type="checkbox"/>	Backaches or weak back	<input type="checkbox"/>	Poison Oak
<input type="checkbox"/>	Allergic to: _____	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Sinus trouble
	<b>(for food allergies, please attach separate food allergy form)</b>	<input type="checkbox"/>	Car sickness	<input type="checkbox"/>	Sleep walking
	___ Mild, no medicine required	<input type="checkbox"/>	Epilepsy/convulsive disorder	<input type="checkbox"/>	Diabetic
	___ Moderate, Benadryl required	<input type="checkbox"/>	Headaches/Migraines (circle one)		___ Type I
	___ Severe, Epi Pen required	<input type="checkbox"/>	Heart trouble/murmur		___ Type II
	(send 2 Epi-pens, Benadryl must come as well)	<input type="checkbox"/>	ADD/ADHD (circle one)		___ Insulin required?
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Special Needs: _____	<input type="checkbox"/>	Other: _____
	___ Medicine/inhaler/nebulizer required				
Please explain: _____					
_____					
<i>(If you are sending any medication with your child, we MUST have the appropriate Medical Form, no exceptions.)</i>					
3. Approximate date of last tetanus/typhoid shot.			4. If child is on special diet or allergic to any food item(s), briefly describe <i>(also attach food allergy form)</i> .		
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**

<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

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Address: \_\_\_\_\_

I, \_\_\_\_\_, certify that the forgoing 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

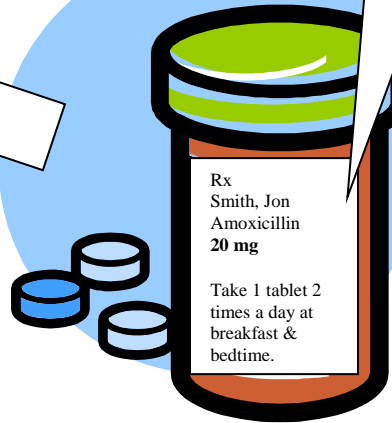
**Medication 1**

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 (including eating, touching, or inhaling)? 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

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### 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
9:30	Lights Out!

#### Wednesday

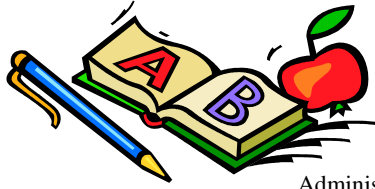
6:15 – 7:15	Students complete mid-week evaluation forms w/ Teachers; Teacher time
7:30	Music Social at Perkins Lodge
8:30 – 9:00	Campfire
9:30	Lights Out!

#### 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.