

## Parent Data Packet

Enclosed are the following materials for your use:

1. Parent Letter
2. Parent Permission Slip and Fact Sheet
3. Medical and Participant Authorization Form (to be copied as one double sided form)
4. Doctor's Written Orders
5. Suggested Clothing and Equipment List

## Calvin Crest Outdoor School

45800 Calvin Crest Rd. Oakhurst, California, 93644

Telephone (559) 683-4450 ext. 221 Fax (559) 683-7118 email: [outdoored@calvincrest.com](mailto:outdoored@calvincrest.com)

Dear Parent or Guardian;

Your school is preparing for a time of outdoor education provided by Calvin Crest Conferences. The administration, teachers and the Calvin Crest staff want your child to have a safe, fun and educational experience while attending Calvin Crest's outdoor education program.

Calvin Crest is located approximately one hour north of Fresno and Madera (20 minutes north of Oakhurst). East of Highway 41, Calvin Crest is located at the 5,000 foot elevation. On the grounds are housing, dining, and recreational facilities. Each cabin is heated and equipped with bunk beds and mattresses.

The charge for the outdoor education sessions will vary among school districts. The school will notify you of the exact amount prior to the time your child will be participating in the program.

Please note that the student's family insurance plan is the primary source of coverage for accidents occurring while the student is in attendance at Calvin Crest.

Outdoor education is not the only learning that takes place; social growth and maturing occur, as well. **As this is a week for the students, we do not encourage parent visits.** We also discourage phone calls, as hearing a parent's voice can bring on feelings of homesickness. However, we **do strongly encourage you to write** your child at least once or twice during the week. Not receiving mail can be a contributing factor to homesickness. **DO NOT SEND EXPRESS OR PRIORITY MAIL!!!** It's much more expensive, and slower.

The mailing address is:

**(Child's Name)**

**C/O School's Name, Calvin Crest Outdoor School**

**45800 Calvin Crest Road**

**Oakhurst, CA 93644-9614**

Oakhurst is equipped with 12-hour/day medical services. In the event your child becomes ill, or is injured and needs medical attention, we will make every effort to contact you as soon as possible. If there is an emergency at home and you need to visit or call your child, please notify Calvin Crest and the school. We will do what we can to make the necessary arrangements to meet the need of the situation.

The weather at Calvin Crest is often unpredictable, and nights and mornings are always chilly. There is also occasional rain and/or snow. Therefore, if possible, it is important that your child have sufficient warm clothing and good shoes. Please follow the guidelines on the enclosed equipment/clothing list. We do have an adequate supply of rubber boots available for student use at no cost, and we have a limited number of rain ponchos for sale at our cost in our student store. Please watch weather forecasts on television, or you can check the weather link on our website ([www.calvincrest.com](http://www.calvincrest.com)) for current forecasts.

Calvin Crest does have a small store where candy, soda, T-shirts, and other items can be purchased. If your child's school decides to have the store open, we suggest looking at our website to see current prices.

There are at least five hours of class time each full day of participation. Additional learning experiences are integrated throughout the program. We look forward to serving you and your children. If you have any questions, feel free to contact your school or Calvin Crest (see contact information above).

Sincerely,

Joel Gist

Outdoor Education Director

# Calvin Crest Outdoor School

## FACT SHEET

School \_\_\_\_\_ Teacher \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Time of Departure \_\_\_\_\_

Time of Return \_\_\_\_\_

Parent Meeting:

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Other \_\_\_\_\_

=====

## PERMISSION SLIP FOR STUDENTS

I give my permission for \_\_\_\_\_

(Name of Student)

to attend the Calvin Crest Outdoor School program during the week of \_\_\_\_\_. I understand that the charge will be \$ \_\_\_\_\_ per student for the entire education program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent or Guardian)

**This is to be kept at school.**



# CALVIN CREST OUTDOOR SCHOOL MEDICAL & PARTICIPANT AUTHORIZATION FORM

Calvin Crest Conferences 45800 Calvin Crest Road Oakhurst, CA 93644  
(559) 683-4450 Fax (559) 683-7118 [outdoored@calvincrest.com](mailto:outdoored@calvincrest.com) [www.calvincrest.com](http://www.calvincrest.com)

The information on this form will be used to assist the director and staff. Your cooperation can help to insure a quality experience for all participants. Only staff will access this information and they will not share it with any other persons.

**Student** LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX  M  F BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**PARENT/GUARDIAN 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information where you can be reached:

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information where you can be reached:

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**IN CASE OF AN EMERGENCY** - if you cannot be contacted, please give us the name of a friend or relative:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**THE FOLLOWING PERSON(S) IS/ARE LEGALLY RESTRICTED FROM SEEING THIS STUDENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**THE FOLLOWING PERSON(S) IS/ARE THE ONLY ONES (BESIDES PARENTS) PERMITTED TO REMOVE THE STUDENT FROM CALVIN CREST**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PHYSICIAN(S):** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Health History** Please attach a separate sheet to more fully explain any conditions/concerns that could affect student's health during week of outdoor school. (Please list dates of most recent occurrence for all that apply.)

<b>ALLERGIES</b>	<b>DISEASES</b>	<b>CONCERNS</b>	
Hay Fever _____	Chicken Pox _____	Ear Infections _____	Bleeding/Clot Disorder _____
Plants _____	Measles _____	Mononucleosis _____	Behavior Disorder _____
Insects/Bees _____	German measles _____	Heart Disease/Defect _____	Nervous Disorder _____
Food _____	Mumps _____	Convulsions/Seizures _____	ADD/ADHD _____
Environmental _____		Diabetes _____	Hypertension _____
Asthma _____		Menstrual Problems _____	Other _____
(Chronic ___ Seasonal ___ Exercise Induced ___)		Bronchitis _____	
Other _____			

Circle symptoms from last allergy attack (students may take Benadryl for allergic reaction only with Doctor's written orders):  
Shortness of Breath/Hives/Tightness in Chest/Sneezing, Runny Nose, Redness in Eyes

Explain all items checked above: \_\_\_\_\_

Disability, Chronic or Recurring Illness, or Medical Condition: \_\_\_\_\_

Is student an insulin dependent diabetic?  Yes  No If yes, year diagnosed: \_\_\_\_ Student is able to give his/her own injections?  Yes  No

Considered: Brittle 1 2 3 4 5 Stable (Circle number for degree of stability)

Is the student able to calculate and change dosage to compensate for exercise, etc.?  Yes  No

History of Surgeries (include type and date): \_\_\_\_\_

History of Hospitalizations (include type and date): \_\_\_\_\_

History of Medication Allergies (please include medication and reaction): \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_ (We are not equipped to provide special diets.)

Activity Restrictions/Limitations: \_\_\_\_\_

Immunization History:

Last Tetanus Shot (Given around ages 5 & 14): (Mo & Yr) \_\_\_\_/\_\_\_\_ Are all immunizations up to date?  Yes  No If no, please attach explanation.

**Medications** Is the student currently taking any medications?  Yes  No  
All prescriptions and over-the-counter medications, including vitamins and herbal products must be turned into the Outdoor School designated personnel upon arrival. (One inhaler for students with asthma may be kept by them, if necessary.) Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician. This information will be kept confidential.

**Please Note the Following: All prescriptions medications, over-the-counter medications, vitamins, and herbal products brought without doctor's written orders CANNOT be given to students at Calvin Crest.** Only medication properly prescribed for the student will be given to him/her. All prescriptions medications, over-the-counter medications, vitamins, and herbal products MUST be in ORIGINAL containers with labels and dispensing instructions. DO NOT SEND a week's supply of medication in a baggy or medication box.

<u>Current Medication</u>	<u>Dosage(mg)/Frequency</u>	<u>Type of Illness being treated</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If more than 3 medications are being used, please attach a separate sheet. If this information changes before coming to Outdoor School, please report changes to Calvin Crest.

**Other Information**

To help us deal tactfully with students, please let us know if your child:  Wets the bed  Sleepwalks  Has night or sleeping problems

Prone to homesickness  Has had recent changes/trauma which may impact emotional, physical or mental well-being

For females only: Has started menstruating?  Yes  No If yes, is menstrual history normal  Yes  No If no, has she been told about it?  Yes  No

Explain items checked: \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL STATEMENTS, PERMISSION, AND RELEASE**

By signing this form I give my informed consent to the First Aid personnel assigned by Calvin Crest who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures. I understand that it is my responsibility to make arrangements for a student with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scopes of practice. I authorize Calvin Crest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Calvin Crest to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Calvin Crest properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer and the Outdoor School designated personnel providing standard procedures for my child: antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, analgesic balms and gels, with the exception of \_\_\_\_\_. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

I have requested Calvin Crest to allow my child to participate in any and all activities that may include but are not limited to those noted in the school presentation. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Calvin Crest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Calvin Crest Outdoor School and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I give permission for the use of images and audio or video recordings including my child or articles written by my child to be used in publicity including Calvin Crest website, internet sites, newsletter, or brochure promoting or reporting Calvin Crest.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

- I will be responsible for notifying Calvin Crest of any new medication information regarding this student between now and start of Outdoor School.
- I realize that if my child's medications change between now and the date of Outdoor School, it is my responsibility to report such to Calvin Crest.
- I understand that Calvin Crest is located in a remote mountain region and that emergency care, even by ambulance, can take as long as 90 minutes. The student named above has no current condition that would warrant closer emergency medical care.
- If medication is involved, I will instruct my child to take responsibility for reporting at scheduled times for this purpose.
- I understand that Calvin Crest assumes no responsibility for students who leave Calvin Crest grounds for any reason other than programmed activities.

I have read and understand this entire form and by signing below agree to the terms herein.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**To NOT grant consent for treatment**

I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to (Instructions to be followed) \_\_\_\_\_

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

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information** Is the student covered by medical/hospitalization insurance?  Yes  No

If yes, name of Insurance Company: \_\_\_\_\_ Primary Policy Holder Name: \_\_\_\_\_

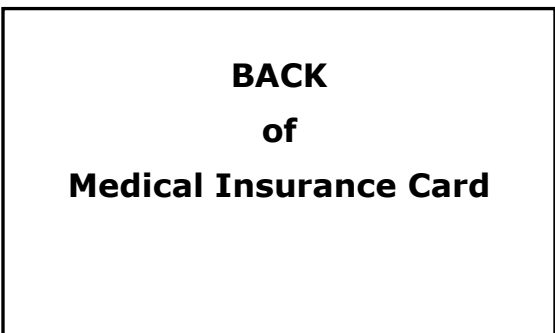
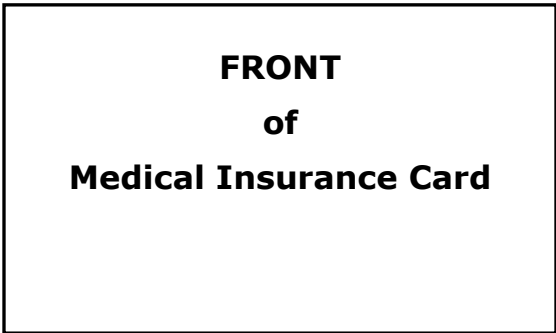
Policy Holder ID: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to student: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Student Insurance ID: \_\_\_\_\_ Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If needed for treatment, please provide the pre-authorization phone number: \_\_\_\_\_

Please supply a copy of the student's health insurance card - front & back - cut out & attach with tape. No staples, please.



# PHYSICIAN'S ORDER FOR MEDICATION AT CALVIN CREST OUTDOOR SCHOOL

Calvin Crest Outdoor School 45800 Calvin Crest Road Oakhurst, CA 93644(559) 683-4450 ext. 221 [outdoored@calvincrest.com](mailto:outdoored@calvincrest.com)

STUDENT'S NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

Dear Parents and Guardians;

Education Code Section 49423 defines certain requirements for administration of medication, "...any pupil who is required to take, during the regular school day, medication prescribed by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement."

## A. PHYSICIAN'S ORDER

Diagnosis or Reason(s) for Medication: \_\_\_\_\_

Medication	Dose	Route	Time(s)

\*\*\*If other medications are required please check box , and provide details on back of paper, or additional page.

Possible reactions or other serious considerations regarding medication(s): \_\_\_\_\_

For ASTHMA INHALERS ONLY: Child may carry inhaler and self medicate:  Yes  No

B. PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Phone

## C. PARENT'S REQUEST AND AUTHORIZATION

I request that this/these medications be given at Calvin Crest Outdoor School as prescribed. I authorize the designated Outdoor School personnel to administer the medication. I release Calvin Crest personnel from any liability in administering this medication as prescribed. I give Calvin Crest Outdoor School authority to communicate and exchange medical information related in this medication order with the ordering physician.

I understand that Calvin Crest Outdoor School must receive the medication in a container with a pharmacy label that indicates the child's name, medication, dosage, route, time to administer, and the prescribing doctor's name; or if an over-the-counter medication was ordered, the medication must be in the original container/packaging.

I understand that medications cannot be taken at Calvin Crest Outdoor School unless the school has received each of the following: a) current physician's order, b) parent/guardian signature, c) properly labeled medication.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

# **CALVIN CREST OUTDOOR SCHOOL**

## **SUGGESTED CLOTHING AND EQUIPMENT LIST**

### **WHAT TO BRING TO CALVIN CREST:**

- Sleeping bag (or sheets and 2 blankets) and pillow
- Shoes (at least 2 pairs of comfortable shoes – tennis shoes are fine, boots are great for cold, wet weather)
- Socks (thick and warm in winter; minimum of 5 pairs, more are desirable)
- Tough pants (blue jeans, minimum of 3 pairs; rain or snow pants in winter; shorts are not allowed during classes)
- Warm clothing (nights are often chilly, days can be cold)
- Underwear
- Warm jacket
- Sweatshirt/sweater
- Towel and washcloth
- Toilet articles (soap, shampoo, toothpaste, toothbrush, etc.)
- Rain gear (rubber boots and ponchos are recommended; boots are available at Calvin Crest at not cost; ponchos are available at our cost through our store – approximately \$1.25) \*\*\***Check weather forecast!!**
- Sunglasses
- Chapstick
- Plastic water bottle or canteen – **ESSENTIAL!!**
- Plastic garbage bag for dirty clothes
- Pencils(s) (1-2)

### **WHAT IS OPTIONAL TO BRING TO CALVIN CREST:**

- Camera with fresh batteries (and extra film if your camera is not digital)
- Flashlight with fresh batteries
- Spending money **if the school has decided to use the store** (see our website for costs of items in the store)
- Hat or cap (**REALLY HELPFUL IN WINTER**)
- Gloves or mittens during the winter
- Writing materials (paper, pen, pencil, stamps, envelopes, etc.)
- Umbrella for rainy weather
- Hair dryers are acceptable, curling irons and straighteners **are not – due to potential fire hazard**
- Watch or alarm clock
- Binoculars

### **WHAT NOT TO BRING TO CALVIN CREST:**

- CELL PHONES**, video games, MP3 players/iPods, CD players, radios
- Expensive jewelry
- Gum, candy, food of any kind (exceptions for diabetic students)
- Sandals, open-toed shoes
- Valuables
- Tobacco products, drugs, alcoholic beverages (\*\*see below)
- Pocket knife, WEAPONS OF ANY KIND** (\*\*see below)

**\*\*IF ANY STUDENT OR CABIN LEADER is caught with a weapon, or illegal substances in his/her possession: the weapon/substance will be confiscated; the Madera County Sheriff's Department will be contacted; the individual may be arrested and prosecuted. It is against the law to have a weapon, or illegal substance on a school site; the individual will be removed from Calvin Crest.**

\*All clothing and equipment should be marked with the student's name. The weather at Calvin Crest is often unpredictable, ranging from warm, sunny days to very cold, wet evenings. During some weeks of Outdoor Education we are certain to have rain and snow. Since we spend time outdoors on these days, it is very important for students to be well prepared for a variety of weather conditions.