PATHFINDER RANCH SCIENCE & OUTDOOR EDUCATION SCHOOL

Dear Parents,

Your student's visit to Pathfinder Ranch is sure to be filled with new experiences and memories. Since we are committed to providing a safe and fun learning environment, we need a little help in preparing your student for his/her visit. Please carefully review this packet. Enclosed you will find the following forms:

Camp activities and classes – This short form describes the overall camp experience
Parent Health and Safety Introduction – This form addresses many frequently asked questions regarding medications and health services at camp, as well as our limitations. Please contact us if your child requires special accommodations.
Student Medical Release and Consent Form – It is essential this form is properly completed. Unsigned and incomplete forms will result in your student being unable to participate until the completed form is received by the camp. Please be sure to include dietary restrictions and physical limitations.
Medication Orders – If your student requires any medication on a regular basis, this form must be completed and signed by a physician in order for the medication to be administered.
Behavior Contract – This form outlines the behavioral expectations of your student while at camp. Please carefully read this page. The Behavior Contract must be signed by both parent and student.
Equipment List – Please be sure to send your student with the listed mandatory gear. The weather varies drastically in the mountains. It is essential that your child is prepared for his/her visit.

Please contact your coordinating teacher with questions regarding your student's upcoming trip or visit our website at www.pathfinderranch.com.

See you soon.

Sincerely,

Nick Zielinski
Program Director

PATHFINDER RANCH SCIENCE & OUTDOOR EDUCATION SCHOOL

What to Expect at Camp

Your student's visit to Pathfinder Ranch is sure to be filled with new experiences and memories. Pathfinder Ranch is proud to offer a broad and engaging curriculum. Following is a list of the classes offered to your child's school.

Arrival Day
Students need to pack a lunch to be eaten upon arrival to Pathfinder Ranch. Pathfinder does not provide lunch on the first day of camp. After a group lunch, students split into study groups and receive a detailed orientation to the Pathfinder campus and our policies/procedures.

Academic Classes
Forest Ecology, Fresh Water Ecology, Fire Ecology, Ethnobotany, Geology, Animal Ecology, Nature Observation, Farms and Food, Archaeology, Herpetology

Recreational Classes
Rock Climbing, Team Challenge, Horseback Riding, Canoeing, Archery, Orienteering, Survival Skills, High Ropes Course

All Group Activities
Rock Point Hike, Gold Mine Hike, Predator/ Prey Game, Tree Planting, Elective Classes, Free Time

Evening Programs
Astronomy, Mad Science Fair, Night Hike, Campfire, Lorax & Town Hall Meeting

Ultimately, your student's teachers will decide which of these classes will be offered. Please visit our website (http://www.pathfinderranch.com/OE_classes.html) for a full description of each class and its focus.

Additionally, there is a short slideshow depicting many of the activities we offer as well as photos of the cabins and their amenities. Please visit http://www.pathfinderranch.com/PDF_brochures/PR_OE.pdf to view the slideshow.

All of us at Pathfinder Ranch look forward to providing your child with a safe, fun, and exciting learning experience.

See you soon!

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PARENT HEALTH & SAFETY INTRODUCTION

Pathfinder Ranch has an Emergency Medical Technician (EMT)on call 24 hours a day while your school is visiting. The EMT or her assistant will organize and distribute all medications to the students. The EMT also addresses any health or safety concerns that may arise during the school's visit.

If your student takes ANY medications regularly or may need prescription medications at any time while at Pathfinder Ranch please be advised of the following:

- We ***must*** have a Medication Order to give medications during your child's stay. Even OTC's taken at regular intervals (e.g. Advil every 6 hours) need a Medication Order.

- The Medication Order currently at school ***will not*** cover medications needed at Pathfinder Ranch, because the students will be at Pathfinder Ranch outside of school hours. **You MUST have your doctor write an order for all medications you want administered during the school trip on the attached form.**

- If your child has medication ordered for **emergency situations** (For example, Epi-pens, inhalers, glucagons, or nebulizer treatments) the orders on file at the school can be used on the trip. However, you will be responsible for making sure that a copy of that form accompanies your child to Pathfinder Ranch.

- The trip coordinator will deliver the medications and *Medication Orders* to the Pathfinder Health Staff. Students are not permitted to carry medications (excluding emergency medications, e.g. inhalers)

- All medications must be in a **properly labeled prescription container** (In the case of non-prescription "over-the-counter medications," they must be in the **original container**).

- **Inhalers** must arrive in their original prescription box and the inhaler itself must be marked with the student's name using permanent marker.

- Students with injections (Ex: insulin) require different preparation. If your student requires injections please notify Pathfinder Ranch's Health Director at (951) 659-2455 or by email at medic@pathfinderranch.com. Please contact us no later than 2 weeks prior to your school's trip.

- The Pathfinder Health Staff may administer OTC's (e.g. Motrin, Tylenol, Imodium) for common ailments. Please specify if you would not like your child to receive these while at Pathfinder.

- Any medication that does not comply with the above requirements will NOT be administered.

Thank you for your cooperation in keeping all our students safe. Please contact your school nurse with any questions or concerns.

PATHFINDER RANCH SCIENCE & OUTDOOR EDUCATION SCHOOL

STUDENT HEALTH MEDICAL RELEASE & CONSENT FORM

NAME OF STUDENT: _____ **BIRTH DATE:**_____
LAST FIRST M.I.

PARENT/GUARDIAN NAME:_____ **HOME PHONE:**_____

CELL PHONE:_____ **WORK PHONE:**_____ **ALTERNATE PHONE:**_____

HOME ADDRESS:_____
STREET CITY STATE ZIP

ADDITIONAL EMERGENCY CONTACT NAME:_____ **PHONE:**_____

HEALTH HISTORY

Please provide DATES & EXPLANATIONS for all of the following:

Concussions:_____
Heart Disease/Defect: _____
Convulsions/Seizures: _____
Diabetes:_____
Bleeding/Clotting Disorders: _____
Operations/Serious Illness:_____

Allergies or Reactions
Animal Allergies:_____
Ivy/Sumac Poisoning: _____
Insect/Bee Sting:_____
Penicillin:_____
Other Drug Allergy:_____
Food Allergies:_____

Diseases/Vaccinations
Chicken Pox: _____
Measles: _____
German Measles:_____
Mumps:_____
TB Test Results:_____
Tetanus Vaccination: _____

Does Your Child Have Any Chronic or Recurring Illnesses?:_____

Does Your Child Have Any Special Limitations or Activities Which Should Be Excluded? _____

Does Your Child Have Any Food Allergies or Dietary Restrictions? _____

Other Special Concerns (Please put anything else you would like our staff to be aware of!):

I GIVE MY CHILD PERMISSION TO RIDE HORSES. Please circle one: YES NO

Parent/Guardian Authorization: This information is correct, to the best of my knowledge. The student named above is considered physically, mentally and emotionally fit by me and able to participate in all authorized activities prescribed in the camp program agenda, except for those specified activities that I have listed as exclusions above. I understand that my child may be photographed while at Pathfinder Ranch and these images may be used in promotional materials. I am aware that the activities at Pathfinder Ranch may be physically challenging and, because of the setting, certain natural risks and hazards may exist. I agree to indemnify and hold harmless Pathfinder Ranch and its employees, servants and agents from and against all claims, loss, injury, death or liability resulting from, arising out of, or in any way connected with the above mentioned activity. I give permission to the camp health staff and/or trained personnel to administer prescribed, emergency, and OTC medications per Dr. standing orders. I also hereby give permission to the physician selected by Pathfinder Ranch to order any X-rays, routine tests and treatment necessary for the proper maintenance of my child's health. In the event that I should be unavailable in an emergency, I hereby give permission to the physician selected by Pathfinder Ranch to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above.

SIGNATURE:_____ **DATE:**_____

Camper's Name:_____

PATHFINDER RANCH MEDICATION ORDER(S)

Pursuant to California Code # 49423 all medications including over the counter medication brought to Pathfinder Ranch must be accompanied by a Physicians order signed by the Physician and the Parent.
These orders must include an administration time and cannot be general in nature. Any failure to comply with this code will result in the sent medication not being administered.

TO BE COMPLETED BY THE PHYSICIAN

Due to the outdoor nature of our program medications are administered during meal times. HS meds are given after night program. All albuterol asthma inhalers are given to the child to carry.

Medication Name:_____ __Reason to be Given_____
Amt to be Given:_____
Times to be Given : Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐
Frequency: Daily ☐ BID ☐ TID ☐ QID ☐ HS ☐ Other:_____
Route: PO ☐ Inhalation ☐ Topical ☐ I.M. ☐ S.L. ☐ S.C. ☐ I.N. ☐

Medication Name:_____ ____Reason to be Given_____
Amt to be Given:_____
Times to be Given : Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐
Frequency: Daily ☐ BID ☐ TID ☐ QID ☐ HS ☐ Other:_____
Route: PO ☐ Inhalation ☐ Topical ☐ I.M. ☐ S.L. ☐ S.C. ☐ I.N. ☐

Medication Name:_____ ____Reason to be Given_____
Amt to be Given:_____
Times to be Given : Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐
Frequency: Daily ☐ BID ☐ TID ☐ QID ☐ HS ☐ Other:_____
Route: PO ☐ Inhalation ☐ Topical ☐ I.M. ☐ S.L. ☐ S.C. ☐ I.N. ☐

Physicians Signature:_____Date:_____
Physicians Name:_____Phone:_____
Address:_____ City:_____ Zip:_____

Physician Stamp Here

IMPORTANT MEDICATION INFORMATION FOR PARENT & PHYSICIAN

- All medications brought to Pathfinder Ranch must have a medication order completed by a doctor. An incomplete medication order means we **cannot** give the medication.
- The medication must be in the original container and only contain the amount to be used at Pathfinder.
- Please do not bring basic OTC medications unless it's Claritin. We have OTC's for most every ailment. If you have questions about our OTC supply please call. We have a physician that has provided standing orders for common ailments. Students on regular doses of OTC's will need a Medications Order to receive them.
- If a child is on a nebulizer, only the medicine and administration device needs to be sent. Please Call.
- If a health form is incomplete the student will not be able to participate.

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby give permission to the staff of Pathfinder Ranch to administer the medication listed above to my child. I also give permission to contact the physician for consultation as needed. I understand that should my child have any ailments at Pathfinder Ranch that the health staff will treat my child per the Pathfinder Ranch's physician standing orders that may include over the counter or emergency prescription medications.

Signature of Parent/Guardian:_____ Date:_____

PATHFINDER RANCH SCIENCE & OUTDOOR EDUCATION SCHOOL

BEHAVIOR CONTRACT

1. I agree to RESPECT MYSELF by:
    a. Having a positive attitude
    b. Always trying my hardest
    c. Trying new things
    d. Finding an adult to help me when I am scared or sick

2. I agree to RESPECT OTHERS including:
    a. Pathfinder staff
    b. All other students
    c. All chaperones
    d. Classroom teachers

    BY

    a. Being a good team member, sharing, and taking turns
    b. Listening and following directions
    c. Doing my share of work
    d. Respecting other peoples belongings
    e. Not fighting, bullying, teasing, or using bad language

3. I agree to RESPECT the NATURAL & BUILT ENVIRONMENT by:
    a. Keeping places CLEANER than I found them
    b. Remembering that we are visitors to the home of the plants and animals at Pathfinder Ranch
    c. Not misusing or vandalizing the buildings or equipment at Pathfinder Ranch
    d. Not throwing or kicking things (rocks, pine cones, sticks, snow, etc...)

4. I agree to learn and have fun while being SAFE:
    a. Staying with my group
    b. Making sure I am with an adult at all times
    c. Walking at all times
    d. Following directions

5. I understand that if I choose to behave inappropriately, the following steps may be taken:
    a. Behavior improvement request by an adult
    b. Warnings and discussion with classroom teacher
    c. Final warning and a call to my parents
    d. My parents called to take me home

I have read this contract and agree to follow the rules as they are outlined. I understand that I could lose my privilege in attending if I fail to follow them. I understand that Pathfinder Ranch is a school and operates under the same behavior expectations and consequences as my school.

Students' Name Printed_____School Name_____

Students' Signature_____Date_____

Parents' Signature_____Date_____

By signing this form, I the parent/ guardian of the aforementioned student, agree to provide or arrange for immediate transportation from Pathfinder Ranch if for any reason departure from camp is recommended for my son/ daughter.

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EQUIPMENT LIST

IMPORTANT NOTES

- ❑ Students must be able to carry ALL of their luggage.
- ❑ Bring warm and cold weather clothing (mountain temperatures vary widely).
- ❑ Pack all clothing and gear in one suitcase or duffel bag. Sleeping bag should be carried separately. All personal items should be labeled. Do not bundle luggage, it makes packing of busses very difficult.
- ❑ Label all personal items and expect them to possibly get lost, dirty, and/or broken.

MANDATORY GEAR

CLOTHING

- ❑ 2 Pair - Tennis Shoes/ Boots
- ❑ Warm Socks- 2 pair/day
- ❑ Underwear- 1 pair/day
- ❑ 3 Pair - Long Pants
- ❑ Short or Long Sleeve Shirts-1 for each day
- ❑ 2 Sweaters or Sweatshirts
- ❑ Warm Jacket
- ❑ Rain gear
- ❑ Hat to protect from sun

DORMITORY EQUIPMENT AND ITEMS

- ❑ Sleeping Bag
- ❑ Pillow
- ❑ Towel
- ❑ Soap & Shampoo
- ❑ Sun Screen
- ❑ Chapstick
- ❑ Toothbrush and Paste
- ❑ Comb/Brush
- ❑ Personal Hygiene Items

OTHER IMPORTANT ITEMS

- ❑ Water Bottle/Canteen with name
- ❑ Sun glasses

COLD WEATHER GEAR (October-April)

- ❑ Extra Sweaters or sweatshirts
- ❑ Thermal Underwear
- ❑ Warm Gloves
- ❑ Winter Hat
- ❑ Scarf
- ❑ Turtleneck

WARM WEATHER GEAR (October-April)

- ❑ 2 Pair - Short Pants (None November-April)

OPTIONAL LIST

- ❑ Plastic bags for laundry
- ❑ Shower Sandals
- ❑ Camera & Film
- ❑ Watch
- ❑ Reading book, playing cards, or quiet game
- ❑ Day Pack

ITEMS NOT ALLOWED

- ❑ Candy, gum, or food
- ❑ Radio
- ❑ Electronic games
- ❑ Blow Dryers
- ❑ Curling Irons
- ❑ Aerosol Sprays
- ❑ Knives or other weapons