

“Go where you may within the bounds of California, mountains are ever in sight, charming and glorifying every landscape... but within this general simplicity of features, there is great complexity of hidden detail.”

--John Muir

Mount Hermon Outdoors Science School



Counselor Manual

Mission Statement

The mission of Mount Hermon Outdoor Science School is to study the natural world in order to help students increase their awareness and understanding of our physical environment, while encouraging them to develop critical thinking skills as well as responsible actions. This complex process will help encourage students to take an active role both as wise consumers and caretakers of our natural resources. It is our objective to prepare students to cope intelligently with many of the environmental issues facing our world today. Students will observe and experience first-hand many of the fields of scientific endeavor, including geology, botany, zoology, ecology, etc. Special activities will include issues in wildlife management, forestry, plate tectonics, and environmental controls. Material content, field experiences, and level of difficulty will vary according to school grade.



About the Program

Mount Hermon Outdoor Science School offers an exciting, academic, hands-on science program based on the California Science Framework. Students in 5th-8th grades actively participate in one week of outdoor science exploration in the Santa Cruz Mountains. Numerous opportunities are given for students to increase their awareness and understanding of our physical environment while encouraging good stewardship of our natural resources.

Introduction

The purpose of this manual is to equip you to do the best that you can do as a science school counselor. It does not have all the answers. Our intent is for you to ask questions. If this manual does not sufficiently address your questions, then please ASK.

The task of covering every situation you will face and giving you solutions to all of them is impossible. This manual outlines basic camp policies and calls on you, the counselor, to make **wise choices** and decisions based on the information you do know.

For those situations when you are unsure, inquire and get help from a naturalist, teacher, or the director. We are a ***team***, working together for the benefit of the students in both praise and discipline. A winning team is a team that works and plays together.

So, you have decided to be a counselor! We sincerely hope that you have thought about what it truly means to be a counselor.

As a counselor you will be much more than a baby sitter. Your responsibilities will include much more than keeping the students quiet and to bed on time. HARD WORK and serious thought are involved as you deal with the students for whom you will be responsible.

You will be parent, counselor, and hopefully friend all at the same time. You need to show consistency, not only in praise and encouragement, but in discipline as well. In your hands are a parent's most precious treasure--their children. Always take that responsibility very seriously. Their health and safety are YOUR responsibility. The students will look up to you for what you say, and, more importantly, they will imitate what you do. So be responsible....for having an incredibly rewarding experience with your cabin group!

We sincerely appreciate you being here. You are a very important part of our program. **You** are making it possible for these students to have this exciting experience.



Health and Safety

While you are at Mount Hermon you will be responsible for the health and well being of the student in your cabin. The health and safety of all participants is of the utmost importance!

📌 THE HUB:

The HUB is our First Aid Station. There is a person in our 1ST Aid Station from 8am to 6pm. If you ever need assistance, please take your students to visit the First Aid Station or contact the teacher that is on duty in the evening. The teacher's from your school are available throughout the night to help with any emergencies.

If you have a life-threatening emergency, call 911.

📌 EMERGENCIES:

In case of a large scale emergency or natural disaster take your students quickly to the tennis courts, or the field if the courts are unsafe. The first night we will have a fire drill after Recreation time. Be Ready!

📌 REMEMBER:

It is important keep in mind several health and safety issues while you are at Outdoor Science School:

- » **Drink lots of water**
- » **Wear sunscreen**
- » **Learn to identify Poison Oak and Ticks**

Did You Know?

It is **State Law** that all medications must be kept in the 1ST Aid Station. You or the students may not keep any medications in your cabin. You must turn them into the 1ST Aid Station- **this includes even over-the-counter items such as Tylenol, cough drops, and skin creams.** Asthmatic inhalers and breathing machines are the only exceptions. You will be responsible to make sure that all students in your cabin have turned in all their medications. We dispense medications after breakfast, after lunch, before dinner and before bedtime.

Forms to Turn In:

- Health Form (Over 18? Fill out Over 18 Health form)
- Medication Form
- Cabin Leader performance Standards (for HS Counselors)
- Cell Phone Agreement
- Publicity Permission Form

All Forms are at the end of this packet

These Forms must be signed by a parent or guardian before coming if under 18:

- Emergency Health Information Form (If over 18 use "Over 18 Health Form")
- Prescription Medication Form
- Publicity Permission Form



Expectations

As a counselor you are an authority and role model to the students both in your cabin and trail group. There are several expectation placed on you while you are in this role and we ask that you carefully read and understand the following.

Students must ALWAYS be supervised.

ث CABINS

To make sure you and your cabin have the best time please remember that:

- Cabins are to be kept reasonably clean and orderly.
- Raiding cabins in any form is forbidden.
- Report any new graffiti or maintenance problems to the Administrative Staff.
- No pillow fighting or rough play is allowed in cabins.
- Turn heater down or off and turn off lights when not needed.
- 10:00 p.m. “curfew” and quiet camp. Students outside of the cabin after 10:00 will be sent home.
- Absolutely **no food** in the cabins. No gum allowed, period.

ث PRIVACY OF QUARTERS

The area around the girls’ cabins is a “girls only area.” The area around the boys’ cabin is a “boys only area.” **This includes counselors as well.** The privacy of each cabin must be respected.

ث PERSONAL APPEARANCE –

Certain rules apply to your dress and appearance. Please

- NO:** 1. Clothing with inappropriate wording, slogans, or logos.
NO: 2. Undergarments showing.
NO: 3. Chest or midriff exposure. Nothing too brief.
NO: 4. Gang related apparel.

ث RELATIONSHIPS

If you are a part of a boyfriend/ girlfriend relationship, and he or she is also here, you **MUST** put that relationship on hold for the whole week. This is to ensure that your focus stays clear and that you are the best role model you can be.

ث TRASH/RECYCLING

Please help us keep the campsite attractive by placing trash and recyclables in the containers provided. Keep cabins swept and clean. THANKS!

ث PLANNED ACTIVITIES

Counselors are expected to attend all planned activities, listen carefully to all directions and announcements, and participate fully unless excused by the Director for medical or other sufficient reasons. Counselor participation is a huge contributing factor to student attitude and willingness to take part in the new challenges facing them



Counselor Responsibilities

Along with being a positive role model you will have several other responsibilities throughout the week. These are listed below and will be gone over in the Counselor Meeting on the first afternoon.

ف DISCIPLINE

You will be responsible for discipline in the cabin and helping the naturalist during class time. Here are some guidelines to help you with discipline.

1. **FIRM:** Do not be afraid to set rules and standards for your group, and do not be afraid to enforce them. Students of this age know what is right and wrong, but they do not know if you know or if you care. They will test you to find out what you allow. Remember that it is always easier to allow extra privileges for correct actions than to withhold them for incorrect behavior. **It is always easier to “lighten up” after a firm start than to “tighten up” after a “loose” start.**

2. **FAIR:** Explain why you set certain standards. If you have rules, are they because of safety? To promote teamwork? Camp policy? If you cannot give a good reason for a rule, are you sure it is a good rule?

3. **FRIENDLY:** You do want to be a friend to the children. Everything you do should be done in a “friendly” manner. You should never make a student feel that you do not like

him or her or that you are angry with who he or she is. However, **do not try to be a friend at the expense of being firm and fair.** Your students will not respect you if you do not respect the rules and expect them to respect and obey them as well.

4. **CONSISTENCY:** Be consistent in all of your actions. Constantly demand that ALL students follow all rules. Do not play favorites or break a rule to reward individuals or the group--this may be a quick way of losing the respect of your students.

5. **TIME OUTS:** You may take recreation time away from students as a consequence of their behaviors. Do not give more than a 15 minute time-out. If there is a situation you are uncomfortable with or need help with, please talk to a teacher, naturalist or the director. Write time-outs down in the 1st aid station.

ف REC TIME

Rec. time (3:45-5:00) is **not** a counselor’s break time. Each counselor has a specific place he or she needs to be and a job to perform. Please make sure you know where you need to be. See the posted assignment sheet. Your responsibilities will be to supervise the students in your area. If you are at the swimming pool, you may not swim--you must help in the supervision of the students. (Cont’ on pg 6)



ف CABIN CLEAN-UP

Please oversee your cabin clean up time. Cabin clean up is a great way for students to learn stewardship and gain points. It is your responsibility to make sure all students engage in this activity. Remember...the best leaders lead by example, so participate in the clean up process. Post the cabin clean-up slip with student names next to the job you assign them, so students know what to expect. The specifics of cabins clean up will be gone over during the Monday night counselor meeting.

ف MEALTIME RESPONSIBILITIES

You will sit at the same table each meal with the same students. You will need to make sure the students feel welcome and included at your table...have everyone introduce themselves. Start conversations. Do not sit silently the whole time. Do not chat with neighboring counselors or students at other tables.

MEALTIME RULES:

1. Use good table manners: " Please... Thanks You."
2. Do not get up from you table unless you need to get more food or use the restroom.
3. Do not tilt your chair back
4. Do not turn around to talk to your friends at other tables.
5. Do not stand to grab food
6. Keep the noise level down
7. Absolutely no food eating contests
8. Everyone helps clean up your table

Your Break Time!

*The students have 2 classes a day. You will be on your break for one of those classes on Monday and Wednesday. You need to work out with the other counselor(s) in your trail group and your naturalist when you will have your break. You may go back to your cabins, but **no** boys in girls' cabins and vice versa. You may also get snacks, take a nap, read, etc.*

Phones

Phones are to be used during your break time only. Students are not allowed to use phones at any time.

Leaving the site

You must have permission from the Director to leave camp during your break. Otherwise you must stay on site in case we need you.

Snacks

At the Ponderosa site you may use the snack room during your break time only.

Swimming

You may use the pool during your break time if you have a (teacher) there to supervise.



Daily Schedule

Outdoor Science School is packed full of educational and fun activities. The day runs on a tight schedule so that the most learning can be accomplished. One principle of stewardship that is taught is to BE ON TIME! Here is a sample schedule of a normal day at OSS!

SAMPLE DAILY SCHEDULE:

7:00	a.m.	Day begins
7:30 - 7:55	a.m.	Breakfast Set-up (set up crew only)
7:55 - 8:00	a.m.	Line up/ Flag Raising
8:00 - 8:30	a.m.	Breakfast
8:30 - 8:45	a.m.	Clean up (clean up crew only)
8:30 - 9:00	a.m.	Class Prep time*/Cabin time (Posters/ skits)
9:00 - 11:15	a.m.	Line up/ Class
11:15 - 11:45	a.m.	Cabin time (Flat on Bunk, Journals)
11:25 - 11:45	a.m.	Lunch Set up (set up crew only)
11:45 - 12:00	p.m.	LINE UP/ Pre-lunch Announcements
12:00 - 12:45	p.m.	Lunch Posters Due Wednesday
12:45 - 1:00	p.m.	Clean up (clean up crew only)
12:45 - 1:15	p.m.	Class Prep time*/Rest & Relaxation (in cabins)
1:15 - 3:30	p.m.	Line up/ Class
3:30 - 3:45	p.m.	Prepare for Recreation Time in cabins
3:45 - 5:00	p.m.	Line up for Student Recreation Time
5:00 - 5:30	p.m.	Rest and Relaxation Time in cabins
5:30 - 5:55	p.m.	Line up/ All School Meeting in the Forum (Counselors off)
5:30 - 5:55	p.m.	Dinner Set up (set up crew leaves early)
5:55 - 6:00	p.m.	Line up/ Lowering of the Flag
6:00 - 6:45	p.m.	Dinner
6:45 - 7:00	p.m.	Clean up (clean up crew only)
6:45 - 7:15	p.m.	Cabin time (posters/ skits)
7:15 - 7:45	p.m.	(Tue only) Line up/ Teachers meet w/ their students only
7:15 - 7:45	p.m.	(Wed only) OSS staff meet w/teachers & counselors OSS Naturalists meet w/students
7:45 - 9:30	p.m.	Evening Activities (Geology Rocks/Campfire/ Nighthike/Skit Night)
9:30 - 10:00	p.m.	Bedtime Meds/ Prepare for bed/ Lights out 10:00 (5 th Graders 9:45)

Schedule Notes:

Monday starts around 10:30am

Friday ends around 10:30 am

Wednesday (for a 5 day week) has electives as the second class of the day

Thursday is Extended Hike: You will be in class from 9:00 am -3:15 pm

Rec Time is everyday from 3:45pm -5:00pm

Cabin Check is during the first class period

All Activities start at the first time listed and end at the second time listed.

*Class Prep Time = Go to the restroom, get backpack, water bottle, pencil, class manual, long pants, hiking shoes, warm clothes, rain gear, sunscreen, any other needed materials.



Weather

THE WEATHER AT MOUNT HERMON CAN BE VERY UNPREDICTABLE!

- ❖ **TEMPERATURES** can range from the 20's to the 100's. During the fall months, temps normally range from 50-80 during the day and 40-60 at night, although temperatures outside this range are normal. During the winter/spring months, temps dip very low and we see the most rain. Students should come prepared!
- ❖ **RAIN** can occur on any day of the year. We get the most rain from late October through May. All participants are required to bring rain gear of some sort—a light poncho or waterproof jacket. Sometimes, we get sleet or hail. Rarely, we get snow.
- ❖ **SUNSHINE** is welcome any day of the year, but may pose a health risk if we get too much. Please provide your camper with a good quality sunscreen of SPF 15 or more, especially for swimming.
- ❖ **WIND** occurs often, and may cause students to become colder much more quickly. Warm layers are essential!
- ❖ **CLOTHING** required for outdoor school: Rain gear, long pants, good hiking shoes or boots, an extra pair of shoes, warm layers such as long t-shirts, sweatshirts, light jackets, etc. are essential. Wool or fleece **HATS** go a long way to keep the body warm. If it rains, clothing gets wet and often stays wet. Extra dry clothing is very important!
- ❖ You will be outdoors for much of the time, from 7 am till 9:30 at night. You will need to bring layers and appropriate gear with them on all hikes and activities.
- ❖ **IF** you come prepared, you will have a much more enjoyable and comfortable time!

???Don't Know What to Pack For OSS???

Checkout the Counselor Packing List for a Good Start!

(Located on Page 9)



COUNSELOR PACKING LIST

*Thank you for your willingness to help. We are eager for you to arrive!
Please become familiar with all the following information and policies*

You Must Bring:

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Sleeping Bag & Pillow | <input type="checkbox"/> Extra socks | <input type="checkbox"/> Warm Jacket | <input type="checkbox"/> Sweatshirt |
| <input type="checkbox"/> Daypack (regular size) | <input type="checkbox"/> 2-3 pairs of shoes | <input type="checkbox"/> 2 Long Pants | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Water Bottle (1 Qt/ Liter) | <input type="checkbox"/> Outdoor Clothing | <input type="checkbox"/> Rain Gear | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> 2 Towels | <input type="checkbox"/> Bug spray | <input type="checkbox"/> Pajamas |
| <input type="checkbox"/> Watch or Alarm Clock | <input type="checkbox"/> Laundry Bag | <input type="checkbox"/> Bathing Suit (One-Piece suits only!) | |

Please Do Not Bring:

Extra Food or Beverages (except for medical reasons)
MP3, CD or Tape Players
Electronic Games or Radios
Playing Cards
Drugs, Alcohol or Tobacco Products
Knives, Firearms or other weapons (including pocket knives)
Fireworks

Optional Items:

- Camera
- Writing materials/ Stamps for letters
- \$10 for T-Shirt - either cash or check
- Quarters for snack room (No larger bills please!)

Clothing Guidelines:

1. ALL CLOTHING MUST BE MODEST
2. No clothing with inappropriate wording, slogans, or references
3. No clothing which is unacceptable for school
4. No midriff or chest exposure and no undergarments may show
5. No gang affiliated clothing

You May Be Sent Home For Bringing The Following:

1. Alcohol in any amount or type
2. Knives or any weapon (even small Swiss Army Pocket Knives)
3. Drugs or any Tobacco Products

Medications:

Note: All of your personal medications, including vitamins, cough drops, Tylenol, Advil, etc. must be turned in to the nurse's station upon arrival. **DO NOT even bring Over The Counter Meds** we have those for you if you need them. This is State Law for Counselors and Students.

PLEASE NOTE that a physical examination is **advised** within a three month period prior to arrival to science school. If you are over 18, make sure you fill out the "Over 18 Health Form." Camper's Insurance, a limited plan supplemental to you family's health/ accident insurance, is included in the camp fee. Doctors and fully equipped hospitals are 5-15 minutes from camp respectively. Our staff should be notified of any specific allergies or requirements.

We understand that there are many rules to follow for the week, and it may seem over whelming, but we know from past experiences that they work to provide a safe and positive atmosphere for all of the students! Thanks for your cooperation!



Publicity Permission Slip

One of the best ways for people to learn about our mission is through photos and videos that show the dynamics and fun of our program. This Publicity Permission form allows us to publish photos and portions of videos including your child in our promotional material. Please sign and date this form and return this copy to the child's teacher with the other forms. Thank you.

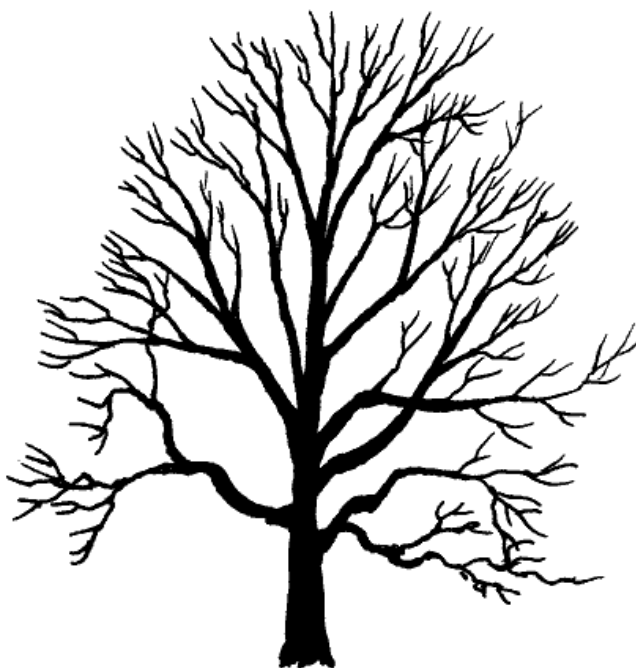
Publicity Permission: I [or my parent or guardian if I am a minor] hereby **authorize permission to Mount Hermon Association, Inc. to photograph and/or to record my son/daughter during the Outdoor Science School activities and to use the photographs, videos writing, artwork and/or testimonials in audio-visual materials, internet and forms without compensation rights or approval.**

Signature of Participant or Parent or Guardian (if under 18)

Date

Participants's Name

School Name



CABIN LEADER PERFORMANCE STANDARDS

I (the undersigned) Hereby Agree to the Following

1. CELLPHONE USE: According to Counselor Cell Phone Agreement.
2. As a cabin leader, I understand that I will be serving in a capacity of great responsibility and trust for the care of the younger students in my charge.
3. I will conduct myself in such a way that my personal behavior and appearance will serve as a positive role model to the students.
4. I acknowledge that the young students in my charge are very impressionable and must be protected from unwholesome language, jokes, and activities. I will refrain from such behavior.
5. I will try to help each child be an important 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.
6. 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. I will stay with my cabin group at all specified times.
7. If an undesirable situation or problem arises that is beyond my ability or responsibility to handle, I will bring it to the attention of my naturalist, the student's teacher, or the Director of the camp.
8. Recognizing that there will be times when I am on my own in determining my personal behavior, I agree not to use or possess liquor, tobacco, or controlled substances, or to behave in any way as to endanger the program or the welfare of the students. I understand that knives, firearms, explosives, and dangerous objects are strictly prohibited, and are cause for dismissal.
8. If after being selected I am unable to attend Outdoor Science School, I will notify my school immediately.

CABIN LEADER SIGNATURE

DATE

Cell Phone Agreement

I (the undersigned) Hereby Agree to the Following

1. As a counselor I know that my responsibility is to oversee the well being of the students I am in charge of.
2. My Cell phone will not be used during my time at Mount Hermon OSS except during my designated break time.
3. I acknowledge that all of the students had to give up their cell phones for the week and therefore I will not use my cell phone in form of them.
4. I will in no circumstance allow a student to use my cell phone.
5. I will keep my cell phone in the off or silent position at all times unless on my designated break time.
6. I recognize that I can use my cell phone as a alarm clock and/or watch but this privileged does not give me the right to use it as a phone unless on my designated break time.
7. I understand that any misuse of my cell phone or violation of the cell phone rules or contract will result in my cell phone being taken by a teacher until the end of the week.

CABIN LEADER SIGNATURE

DATE



Counselor Name: _____ School: _____ Teacher: _____

Mount Hermon Outdoor Science School Prescription Medication Form

All medications and a copy of this form should be placed in a zip-lock storage bag, labeled legibly with the student's first and last name, and given to the classroom teacher on Monday prior to boarding the bus for Outdoor Science School. Teachers are responsible for bringing any and all student medications to the nurse. No medications should arrive at science school in student luggage.

** To be filled out if and only if a student or counselor under the age of 18 is bringing prescription medication to science school.*

- I. Education Code 49423 requires:
 - A. Signed order from your physician, and parent consent. (Use form below.)
 - B. Signed parent's permission for camp medic or director to assist in carrying out the physician's instructions
 - C. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug. (Ask the pharmacist for two bottles of medication: one for home and the other for Science School.) **Do not send OTC (Over The Counter) medication** to Science School if so it must be labeled with the child's name, the medication name and dosage, as well as times to be given. No unlabeled medication can be administered.
- II. Education Code 49480 gives the school medic with parent consent, permission to communicate with the physician and counsel with the Science School personnel regarding possible effects of medication.
- III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 49423 and 49480.

Parent/ Guardian Signature _____

To Be Completed By Physician: _____ **Date** _____

_____ has medication to be taken at the Outdoor Science School.

MEDICATION _____ DOSAGE _____

FREQUENCY _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS:

Physician _____ **Address** _____ **Phone** _____

To Be Completed By Parent/ Guardian:

_____ has my permission to take the above medication to Outdoor Science School and for the Nurse or Director to assist and/ or allow him/ her to take the above medication as indicated for:

Reason For Medication _____

Parent/Guardian Signature _____ **Date** _____

Counselor/Teacher Name: _____

School: _____

Mount Hermon Outdoor Science School
Adult Health Emergency Information Form
(All Adults 18 and over Must Complete this Form)

Name _____ Date of Birth ____/____/____ Male ____ Female ____

Home Address _____ City _____ Zip _____

Day/Evening Phone _____ Cell Phone _____

EMERGENCY CONTACT

Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

HEALTH INFORMATION (Please fill out completely. No doctor signature is required. *Please explain* questions with an asterisk (*) in space below. If an "In Past" is marked, please put a date next to it.)

Medical Conditions

Bleeding/Clotting Disorder Yes No In Past
 Asthma Yes No In Past
 o Carry Inhaler Yes No In Past
 Diabetes Type 1 ; 2 Yes No In Past
 Kidney Disease Yes No In Past
 Heart Defects* Yes No In Past
 Hypertension Yes No In Past
 Immune-Compromised Yes No In Past
 Psychiatric Treatment Yes No In Past
 Tuberculosis Yes No In Past
 Bronchitis Yes No In Past
 Seizures/Epilepsy Yes No In Past
 Sleepwalking Yes No In Past
 Other Medical Conditions* Yes No In Past
 Other Diseases* Yes No In Past

Allergies

Hayfever Yes No In Past
 Poison Oak Yes No In Past
 Any Topical Application* Yes No In Past
 Medication Allergies* Yes No In Past
 Bees (state severity)* Yes No In Past
 Insects (state which)* Yes No In Past
 Nuts (state which)* Yes No In Past
 Latex Yes No In Past
 Other* Yes No In Past
 o Carry Epi Pen for any?* Yes No In Past

Last Tetanus Shot
 Date _____ For what? _____

**Please explain severity* and/or any conditions, diseases or allergies marked "Yes" _____

HEALTH QUESTIONNAIRE:

Are you taking regularly scheduled prescription medication? Yes No

Please list and explain all medications that you are taking (All medications, either Prescription or Over The Counter, have to be either on your person or held at the 1st Aid Station for you when you need it—*not* in the cabin.) _____

Are there any restrictions on your physical activity? Yes No

Please describe _____

Do you have any severe food allergies? Please list _____

Do you have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list _____

Name of Physician _____ Phone _____

Counselor Name _____ School Counseling For _____

Mount Hermon Outdoor Science School
Health Emergency Information Form: Counselors UNDER 18

Counselor Name _____ Date of Birth ____/____/____ Male _____ Female _____

Parent/Guardian Name _____ Home Phone () _____

Student Home Address _____ City _____ Zip _____

Father's Work Phone () _____ Father's Cell Phone () _____

Mother's Work Phone () _____ Mother's Cell Phone () _____

EMERGENCY CONTACT

Name _____ Relation _____ Email _____

Day Phone () _____ Eve. Phone () _____ Cell Phone () _____

PARENT/GUARDIAN AGREEMENT

Please initial, fill in blanks where applicable and sign at the bottom.

Initial ▼

_____ I give permission for my child _____ to attend Mount Hermon Outdoor Science School and all activities involving the program.

_____ I am aware that, at the discretion of the Science School Director, I will need to pick up my child due to medical or disciplinary reasons.

_____ I agree to be responsible for picking up my child. M.H.O.S.S. policy is that in the event that a child needs to be sent home for any reason, no amount of the paid fees will be refunded if my child has attended the Outdoor Science School program for 24 hours or more.

Medication Agreement

Note: By law, all Prescriptions and Over The Counter medications must be kept in the original container and will be kept by the Nurse in our 24 Hour 1st Aid facility, NOT in the child's cabin. Please give any and all medications to the teacher in its Rx or OTC container in a Ziploc bag labeled with the child's name and school—DO NOT put any medication in the child's luggage, as the child will miss part of the orientation when they have to retrieve it. A certified teacher will be available at all times during the week to dose any PRN (as needed) medication. Each day the Outdoor Science School Nurse will dose the Breakfast, Lunch, Dinner and Hour of Sleep medications for students with regular medications. Please contact your child's teacher for further information regarding our 24 Hour 1st Aid facility.

Are you sending any **Prescription (Rx)** or **Over The Counter (OTC)** meds for your child to Science School? Yes No
(Please circle: Rx OTC or Both)

Note: If bringing Rx meds, you will need to fill out the Prescription Medication Form. Also, instead of sending any of the four OTC medications listed below—per your approval, know that we have a student supply of these in the 24 Hour 1st Aid facility.

_____ I give permission for the School Teacher or the O.S.S. Nurse to give my child the following OTC medications determined by weight, in case of illness or allergy (we are well stocked with these four OTC meds—there is no need to send them with your child):

- | | | |
|--|------------------------------|-----------------------------|
| _____ 1. The correct dosage of Tylenol or equivalent (acetaminophen) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ 2. The correct dosage of Advil or equivalent (ibuprofen) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ 3. The correct dosage of Sudafed or equivalent (pseudoephedrine HCL) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ 4. The correct dosage of Benadryl or equivalent (diphenhydramine) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

_____ I give permission for the Outdoor Science School to obtain qualified medical or surgical assistance in case of an injury or illness to my child. (Parent/Guardian will be contacted as soon as possible in the event of an emergency.)

Parent/Guardian Signature _____ Date _____

**Mount Hermon Outdoor Science School
Health Emergency Information Form**

Page 2 of 2 (+ 3: Prescription Medication Form if applicable.)

2. Fill out completely. Please explain questions with an asterisk (*) in space below. If an "In Past" is marked, please put a date next to it.

Medical Conditions

- Bleeding/Clotting Disorder* Yes No In Past
- Asthma (State Severity)* Yes No In Past
- o Inhaler Yes No In Past
- Ear Trouble* Yes No In Past
- Eye Trouble* Yes No In Past
- Stomach Aches Yes No In Past
- Tuberculosis Yes No In Past
- Bronchitis Yes No In Past
- Diabetes* Yes No In Past
- Kidney Disease* Yes No In Past
- Heart Defects* Yes No In Past
- Immune-Compromised* Yes No In Past
- Psychiatric Treatment* Yes No In Past
- Seizures/Epilepsy* Yes No In Past
- Sleepwalking Yes No In Past
- Bedwetting Yes No In Past
- Carsickness Yes No In Past
- Menstrual Issues* Yes No In Past
- Other Medical Conditions* Yes No In Past

Other Diseases* Yes No In Past

Allergies (State severity below.)

- Hayfever* Yes No In Past
- Poison Oak* Yes No In Past
- Any Topical Application* Yes No In Past
- Medication Allergies* Yes No In Past
- Bees (State Severity)* Yes No In Past
- Insects (State Which)* Yes No In Past
- Nuts (State Which)* Yes No In Past
- Latex* Yes No In Past
- Other* Yes No In Past
- o Carry Epi Pen for any?* Yes No In Past

Note: If your child carries an epi pen, please send 2 epinephrine kits with your child. Both will be returned.

Last Tetanus Shot Yes No In Past
Date ____/____/____

Last Physical Exam Yes No In Past
Date ____/____/____

***Please explain severity and/or any conditions, diseases or allergies marked "Yes"** _____

3. Do you consider your child to be in good health generally? Yes No

4. Are there any restrictions on your child's physical activity? Yes No

(3 and/or 4) Please describe if so _____

5. Does your child have any severe food allergies? Please list _____

6. Does your child have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list _____

Note: The kitchen will do its best to provide for special food needs. However, if your child has extensive dietary needs, please contact your teacher and research the menu as you may need to make food preparations and send them for your child's week at O.S.S.

Insurance Information

A front and back copy of parent's insurance card must be included with this form.

Name of Insurance Company _____ Phone () _____

Claims Address _____ City _____ State _____ Zip _____

Group/Policy Number _____ Circle One: HMO PPO or Other: _____

Name of Insured _____ Name of Child _____

Name of Physician _____ Medical Facility _____ Phone () _____

If no Insurance or Health Care Plan exists, please read and sign below.

I authorize payment of any medical fees to physician or supplier for services described on any attached statements. I hereby authorize any physician who has attended my child or may attend him/her or any hospital where s/he may have been seen as a patient, or any other individual or association who may have given him/her medical treatment or supplies, to disclose any information thus acquired to the Hartford Life and Accident Insurance Company. My consent is hereby granted to use this original or a photo static copy as equally valid authorization.

Parent/Guardian Signature _____ **Date** _____