



FOR HIGH SCHOOL AGED CABIN LEADERS

ABOUT THE PROGRAM

The Mount Hermon Outdoor Science School seeks to increase awareness and scientific understanding of the natural world through hands on lessons and concrete experiences while providing exposure to the outdoors.

OUR PRIMARY VALUES INCLUDE:

- Character Development (i.e. respect, self-confidence, teamwork)
- Stewardship
- Science Literacy
- Wonder of Nature

Our program 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 while building confidence through the distinct challenges that students face throughout the week. 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

Thank you in advance for taking the time to be a cabin leader! As a cabin leader, you will be much more than a baby sitter. You will act as a parent, counselor, and friend to all of your students at the same time. Being a cabin leader is not an easy task! It will require a lot of hard work and will be demanding of ALL your time. Yet, the benefits of are invaluable and the students may never forget you and the impact that you have on them.

In your hands are a parent's most precious treasure – their children. Please take that responsibility very seriously. Their health and safety are your responsibility. Please also understand that this experience is not primarily about you. Your focus must be the students at all times!

The purpose of this manual is to equip you to be the best cabin leader that you can, yet it does not have all the answers. Therefore, you will be called upon to make wise choices in all that you do. Please let us know if there is any way we can help you as we are all a team working together for the benefit of the students!

We sincerely appreciate you! You are making it possible for these students to have this exciting, once in a lifetime experience.

CABIN LEADER RESPONSIBILITIES

- Supervise 8 elementary aged students
- Oversee safety and well-being of students during all activities
- Assist Naturalist during class times and help maintain class order
- Maintain student's schedule during the day
- Discipline students when necessary
- Sleep in cabins with the students
- Lead students at mealtime in conversation and table manners
- Lead games and fulfill Recreation Time assignments
- Participate in all activities with a good attitude so as to be a role model for students

Community service points may be awarded that will count toward graduation for your service at Mount Hermon. Talk to your career center for more information.

DAILY SCHEDULE SAMPLE

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. We will provide you with a daily schedule when you arrive.

7:00AM.....	Day Begins
7:55–8:00AM.....	Line Up/Flag Raising
8:00–8:45AM.....	Breakfast
8:45–9:10AM.....	Class Prep*/Cabin Time (Posters/Skits)
9:10–11:20AM.....	Line Up/Class
11:20–11:45AM.....	Cabin Time
11:45–12:00NOON.....	Line Up/Pre-Lunch Announcements
12:00–12:45PM.....	Lunch - Posters Due Wednesday
12:45–1:10PM.....	Class Prep*/Cabin Time (Posters/Skits)
1:10–3:20PM.....	Line Up/Class
3:20–3:45PM.....	Prepare for Recreation Time in Cabins
3:45–4:50PM.....	Student Recreation Time
4:50–5:25PM.....	Cabin Time
5:25–5:30PM.....	Line Up/Lowering of the Flag
5:30–6:15PM.....	Dinner
6:15–6:45PM.....	Class Prep*/Cabin Time (Posters/Skits)
6:45–7:15PM.....	Line Up/Game/Teacher Meetings
7:15–9:00PM.....	Evening Activities (Campfire/Night Hike/Clue/Skit Night)
9:00–10:00PM.....	Prepare for Bed/Lights Out 10:00

SCHEDULE NOTES:

MONDAY starts around 10:30AM

FRIDAY ends around 10:30AM

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

THURSDAY is Adventure Hike. Students are on the trail from 9:30AM–3:00PM

CABIN CHECK is during the first class period

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

IMPORTANT WAYS TO BE

- BE prompt and on time (even early!)
- BE patient
- BE sympathetic
- BE absolutely fair
- BE clean and tidy
- BE firm in decisions
- BE consistent
- BE thorough in all responsibilities
- BE always informed
- BE positive
- BE cautious—take no undue chances
- BE respectful to the outdoor school standards and staff
- BE a good sport
- BE expecting to work hard ALL DAY long!

GUIDELINES AND EXPECTATIONS

During your stay at Outdoor Science School you will be called on to make wise choices and decisions in all that you do. Please carefully read and understand the following expectations.

SUPERVISION

Never leave your students alone! They must be supervised at all times! Stay together as a group during all cabin times and as you transition between activities. Avoid any situations in which you find yourself completely alone with another student. If you need to speak with a student alone do this in a public space such as the front deck of your cabin. This is for your protection as well as for the protection of the students.

IMPORTANT CABIN RULES

- Cabins are to be kept reasonably clean and orderly. Cabin checks will occur each morning.
- Raiding/pranking cabins in any form is forbidden.
- Report any new graffiti or maintenance problems to OSS Admin.
- No pillow fighting or rough play is allowed.
- Turn heater down or off and turn off lights when not needed.
- Lights out and quiet hours are at 10:00PM. Students are not allowed outside of their cabin after 10:00PM.
- Absolutely no food in the cabins (it will attract critters!). Gum is not allowed anywhere at camp.
- Please help us keep the camp area attractive by placing trash and recyclables in the proper place.

PRIVACY OF QUARTERS

The area around the girl's cabins is a girl's only area. The area around the boy's cabins is a boy's only area. This includes cabin leaders as well. Students are not allowed to be in any cabin other than their own.

PERSONAL APPEARANCE

- Always wear closed-toe shoes. Cabin Leaders or students may not wear flip-flops or sandals!
- Absolutely no clothing with inappropriate wording, slogans, or logos
- Clothing must be modest and meet school standards. No chest, midriff or undergarment exposure. No crop tops or booty shorts.

RELATIONSHIPS

If you are a part of a boyfriend/girlfriend relationship, and he or she is also here, please remember that you are here for your students! Your focus throughout the week needs to be on them and not your significant other.

CHARACTER

We expect you to have upstanding character at all times. That means always make good choices and put others before yourself. Respect authority. All of our rules and guidelines are intended for the safety and well-being of the students.

CLASSES/ACTIVITIES

Cabin Leaders are expected to attend all planned activities, listen carefully to all directions and announcements, and participate fully. Be engaged! When your students see you doing something, they are more excited to join in. They will imitate what you say and do, so lead by example!

During class time, help your Naturalist keep the students together. Naturalists appreciate one cabin leader being at the back of the group when hiking on trails to make sure that no one is left behind. If anyone is on the margin, bring them in to the group. If someone is talking and being distracting, ask them to be quiet and listen. Be proactive and help pass things out or carry supplies.

Remember you are not here for yourself (just to have fun) you are here for the kids. By fully participating you are serving the kids and their teachers. Take ownership of your group!

DISCIPLINE GUIDELINES

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. It is always easier to “lighten up” after a firm start than to “tighten up” after a loose start.

FRIENDLY

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.

FAIR

Explain why you set certain standards. If you have rules, are they because of safety or to promote teamwork? If you cannot give a good reason for a rule, are you sure it is a good rule?

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.

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, your naturalist or Outdoor Science School Administration Staff. Write time-outs down in the office.

AT OUTDOOR SCIENCE

NO RUNNING

Please insist that your students only walk while going around camp. Face plants are no fun!

POINT SYSTEM

Encourage the students to get as many points as possible for their school. If you are excited about points, they will be too! Each week's schools compete together against other weeks. Here are some of the ways they earn points.

- Cabin clean-up
- Being on time
- Having no food waste at meals
- Guessing the correct mystery animal

QUIET CABIN AWARD

This award is an incentive to help the students quiet down quickly at night time. The cabins who earn this award receive first dismissal to the cereal bar at breakfast and the salad bar at dinner.

POSTERS

Your cabin will be drawing a poster of your endangered species in its native habitat. Each poster will be hung in the dining hall mid-week. If you don't know what your endangered species looks like, ask your Naturalist. Let your students be creative in this!

SKITS

Your skit topic is located on the crayon can in your cabin. Ask your naturalist for help with your skit if you need it—they usually have some good ideas. Make sure you work on it during cabin time. It should be only 2–3 minutes long and include everyone.

CABIN CLEAN-UP

Cabins are checked and scored for cleanliness during each morning class. You will be responsible to oversee the cabin clean up time. This time is a great way for students to practice stewardship. Remember that the best leaders lead by example, so participate in the clean-up process. Assign students specific jobs (from the clean cabin checklist) so they know what to expect.

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.

- Use good table manners and communicate these to the students at your table. Pass serving dishes around instead of reaching. Say, "Please" and, "Thank you."
- Everyone needs to stay seated at all times unless going to get more food or use the restroom.
- Keep the noise level down.
- Encourage students to take small portions instead of big piles of food on their plates. Seconds are always available! Food waste will be measured at each meal.
- Absolutely no food eating contests.
- Everyone helps clean up your table.

RECREATION TIME

Each cabin leader has a specific place he or she needs to be during Recreation Time. See the assignment sheet posted outside the office for your assigned location. Your primary responsibility during Recreation Time is to supervise the students in your area but please also organize a game or play with the students at your area. If no students show up to your assigned area you still need to stay there for the entirety of Recreation Time.

If you are a Cabin Escort, stay near the flag pole to escort students to and from cabins. Female cabin leaders may escort female students and male cabin leaders may escort male students. Students typically need to go to their cabin to change after swimming. They are not allowed to shower, nap or hang out in their cabins during Recreation Time.

At the end of Recreation Time meet your students back at the line up area before heading to your cabin.

YOUR BREAK TIME!

On Tuesday and Wednesday the students have 2 classes. You may take a break for one of those classes. It is very important that you coordinate with the other cabin leaders in your trail group and your naturalist when you will have your break so that your naturalist is never left alone. During your break you may go back to your cabin, but no boys in girls' cabins and vice versa.

Cell Phones: are for use during your break time only. Students are **NOT** allowed to use cell phones at any time.

Snack Room: may be used only during your break time. Do not buy snacks for your students or take them to your cabin.

HEALTH AND SAFETY

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

The Health Center is staffed every day from 7:30AM-10:00PM. If you or your students need assistance with any health issues, please visit the Health Center. If it is after hours, the contact information for each teacher is posted on the door of the Health Center. Please do not hesitate to contact the teacher from your school if you need any assistance during the night.

It is State Law that all medications must be kept in the Health Center at all times. You or the students may not keep any medications in your cabin. This includes any over the counter medications such as Tylenol, Ibuprofen, antacids, creams, ointments, and food supplements as well as any prescription medications. Our Registered Nurse will dose all these medications at the correct times. Asthma inhalers are kept in the health center and may be picked up prior to hiking or strenuous activity. Please make sure that all students in your cabin have turned in all their medications.

One of the most common problems the Health Center treats is dehydration. Urge your students to drink plenty of water. The Health Center has extra water bottles to lend out if you or a student needs one. Additionally, please encourage students to apply sunscreen before each class.

EMERGENCIES

If you encounter a life-threatening emergency, *first* call 911. Give the operator your location (Ponderosa Lodge at Mount Hermon) and our physical address (this is at the end of this packet and will be given to you when you arrive). *Secondly*, call the OSS office (this number is also at the end of this packet).

In case of a large scale emergency or natural disaster, take your students quickly to the line up area. The first day we will have a fire drill.

CABIN LEADER PACKING LIST

REQUIRED ITEMS

- | | |
|--|---|
| <input type="checkbox"/> Sleeping Bag & Pillow | <input type="checkbox"/> Toiletries (Including Sunscreen) |
| <input type="checkbox"/> 2 Pairs Long Pants | <input type="checkbox"/> Watch or Alarm Clock |
| <input type="checkbox"/> Extra Socks | <input type="checkbox"/> Pajamas |
| <input type="checkbox"/> 1-2 Towels | <input type="checkbox"/> Warm Jacket or Sweatshirt |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Laundry Bag (Trash Bag Works) |
| <input type="checkbox"/> Rain Gear
(Rain Jackets, Ponchos, Rain Pants, Boots) | <input type="checkbox"/> Water Bottle (1 Quart/Liter) |
| <input type="checkbox"/> 2–3 Pairs of Closed-Toe Shoes | <input type="checkbox"/> Outdoor Clothing |
| | <input type="checkbox"/> Flashlight |

CLOTHING GUIDELINES

- | | |
|---|--|
| <ul style="list-style-type: none">• All clothing must be modest• No clothing which is unacceptable for school• No clothing with inappropriate wording, slogans, or references | <ul style="list-style-type: none">• No gang affiliated clothing• No midriff or chest exposure and no undergarments may show |
|---|--|

OPTIONAL ITEMS

- ☐ Camera
 - ☐ Quarters for Snack Room
 - ☐ \$12 for T-Shirt*
 - ☐ \$5 for Draw String Bag*
- *either cash or check (make checks out to **Mount Hermon**)

PLEASE DO NOT BRING

Extra Food or Beverages (except for medical reasons)	Any Electronics (other than cell phone)
Knives, Firearms or Other Weapons (including pocket knives)	Fireworks
	Drugs, Alcohol or Tobacco Products

FORMS THAT MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE COMING

- ☐ Minor Health Form
- ☐ Prescription Medication Form (ONLY if bringing prescription medications)
- ☐ Participant/Guardian Waiver Form

CABIN LEADER PERFORMANCE STANDARDS

1. 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.
 2. I will conduct myself in such a way that my personal behavior and appearance will serve as a positive role model to the students.
 3. 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.
 4. I will do my best to help each student be an important part of the cabin group and the activities of Outdoor Science School. In managing my group, I will not embarrass or humiliate any member of the group.
 5. I understand that the safety of each student is my prime responsibility. I will stay with my cabin group at all specified times.
 6. 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, a teacher, or the Outdoor Science School administration.
 7. Recognizing that there will be times when I am on my own in determining my personal behavior, I agree not to use or possess 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

1. My cell phone will not be used during my time at Mount Hermon OSS except during my designated break time.
 2. 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 front of them.
 3. I will in no circumstance allow a student to use my cell phone.
 4. I will keep my cell phone in the off or silent position at all times unless on my designated break time.
 5. I recognize that I can use my cell phone as an 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.
 6. 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 until the end of the week.
-

CABIN LEADER SIGNATURE

DATE

**MOUNT HERMON
MINOR HEALTH FORM****Outdoor Science School
P.O. Box 413
MOUNT HERMON, CA
95041**Dates attending OSS: from _____ to _____
Month/Day/Year Month/Day/YearStudent Name _____
First Middle Last☐ Male ☐ Female Birth Date _____ Age at OSS _____
Month/Day/Year

School _____

*To Parent(s)/Guardian(s): Please complete all pages and sections of this form and make a copy!
GIVE the original, signed forms to the school teacher. Please keep the copy for your records.*Student Home Address _____
Street Address City State Zip**Parent/Guardian with legal custody to be contacted in case of illness or injury**

Name _____ Relationship _____ Preferred Phones (____) (____)

Home Address _____
(if different from above) Street Address City State Zip**Second Parent/Guardian with legal custody to be contacted in case of illness or injury**

Name _____ Relationship _____ Preferred Phones (____) (____)

Additional contact in event parent(s)/guardian(s) can't be reached

Name _____ Relationship _____ Preferred Phones (____) (____)

MEDICAL INSURANCE INFORMATIONThis student is currently covered by a health insurance plan ☐ Yes ☐ No**Include a copy of your insurance card; copy both sides of the card so information is readable.**

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

If you do not have health insurance please read and sign below.

If you do not have your own health care plan, we can provide insurance to your student while at camp. We are insured through Harford Life and Accident Insurance Company. By signing below you authorize payment of any medical fees to physician or supplier for services described on any attached statements to be disclosed to Harford Life and Accident Insurance Company for the fees to be paid. My consent is hereby granted to use this original or a photo static copy as equally valid authorization.

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Student _____

HEALTH-CARE PROVIDERS

Name of student's primary doctor(s) _____ Phone (____) _____

Name of dentist(s) _____ Phone (____) _____

Name of orthodontist(s) _____ Phone (____) _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH-CARE

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all Mount Hermon Outdoor Science School activities except as noted by me and/or and examining physician. I give permission to the physician selected by Mount Hermon Association to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with OSS staff. I give permission to photocopy this form. In addition, Mount Hermon Association has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. 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. Mount Hermon Outdoor Science School 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.

Signature of Custodial Parent/Guardian _____ Date _____ Relationship to Student _____

MOUNT HERMON MINOR HEALTH FORM

Student Name _____
First Middle Last

- DIET, NUTRITION**
- ☐ This student eats a regular diet
- ☐ This student eats a regular vegetarian diet
- ☐ This student has special food needs (**Please describe below**)

Note: Our kitchen will do its best to provide for special food needs. However, if your student has extensive dietary needs, please contact us to discuss the menu. You may need to send additional food with your student.

- RESTRICTIONS**
- ☐ This student has permission to go swimming while at Outdoor Science School
- ☐ This student does not have permission to go swimming while at Outdoor Science School
- ☐ I have reviewed the program and activities of OSS and feel the student can participate without restrictions.
- ☐ I have reviewed the program and activities of OSS and feel the student can participate with the following restrictions or adaptations. (**Please describe below**)

- ALLERGIES**
- ☐ No known allergies
- This student is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
- Please describe any allergies and the reaction seen**

- MEDICATION**
- ☐ This student will not take any daily medications while attending Outdoor Science School
- ☐ This student will take the following daily medication(s) while at Outdoor Science School

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. By law, all prescriptions and over the counter medication must arrive in the original and appropriately labeled pharmacy containers. ALL medications must be turned in to the Health Center upon arrival. The Health Center staff will store and distribute medications as directed/needed.

Name of Medication	Date Started	Reason for Taking it	When is it Given	Amount or Dose Given	How it is Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

The following non-prescription medications are representative of what may be stocked in the Health Center and are used on an **AS NEEDED BASIS** to manage illness and injury.

Cross out those the student should NOT be given

Acetaminophen (Tylenol)	Guaifenesin DM (Cough Medicine)	Tums
Ibuprofen (Advil, Motrin)	Docusate Sodium (Stool softener)	Aloe Vera Lotion
Pseudoephedrine (Sudafed)	Medicane Swab (Sting Relief)	Cough Drops
Diphenhydramine (Benadryl)	Antibiotic Ointment	
Technu Extreme (Poison Oak skin wash)	Hydrocortisone Cream	

MOUNT HERMON MINOR HEALTH FORM

Student Name _____
First Middle Last

IMMUNIZATION HISTORY

Provide month and year for each immunization. If that immunization has not been received write "none" in the space provided

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, Tetanus, Pertussis (DTaP) or (TdaP)						
Tetanus Booster (dt) or (TdaP)						

GENERAL HEALTH HISTORY

Check "Yes" or "No" for each statement.

- | | |
|--|--|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Ever had back or joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had mononucleosis (mono) during the past 12 months? .. <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. If female, had problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have problems falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? .. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will this student bring an inhaler to Outdoor Science School?

Yes ☐ No ☐

Will this student bring an Epi-Pen to Outdoor Science School?

Yes ☐ No ☐

Please explain "Yes" answers in the space below, noting the question number and if the student is currently under treatment for that specific item. For travel outside of the country, please name the countries visited and dates of travel.

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Check "Yes" or "No" for each statement.

- | |
|---|
| 1. Has the student ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactive disorder (AD/HD)? ... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect daily life and functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.) |

Please explain "Yes" answers in the space below; noting the question number.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide in the space below any additional information about the student's health that you think important or that may affect their ability to fully participate in the Outdoor Science School program. **Attach additional information if needed.**

MOUNT HERMON OUTDOOR SCIENCE SCHOOL PRESCRIPTION MEDICATION FORM

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

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.

EDUCATION CODE 49423 REQUIRES:

- Signed order from your physician, and parent consent. (Use form below.)
- Signed parent's permission for camp medic or director to assist in carrying out the physician's instructions
- 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.) All OTC (Over The Counter) medication sent to Science School 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.

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.

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 Mount Hermon Outdoor Science School.

MEDICATION _____ DOSAGE _____

FREQUENCY _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS

Physician Signature _____ 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:

Parent/Guardian Signature _____ Date _____

PARTICIPANT/GUARDIAN WAIVER FORM

School _____

Please read this document carefully. It must be signed by all Mount Hermon Outdoor Science School Participants. Since the participant is a minor, at least one parent or guardian must also sign as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor.

1. I acknowledge that I have voluntarily applied to participate in the Mount Hermon Outdoor Science School program operated by Mount Hermon Association, Inc. which can be a physically demanding and/or challenging program. Students may participate in standard Outdoor Science School activities with manageable medical conditions. However, if I am participating in the Redwood Canopy Tour Zip-line, I do not have any medical conditions which might create an unsafe risk to myself or others who are participating in this activity with me.

2. ACKNOWLEDGEMENT OF RISKS

I understand that the Mount Hermon Outdoor Science School at Mount Hermon may expose participants to certain risks. The activities require moderate physical exertion and may be conducted at heights up to 150 feet (Redwood Canopy Tour Zip-line). Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; collisions; abrupt and possibly harmful contact with structures, objects and persons; anxieties and fears associated with heights; close contact with other people; coordination and misjudgments on the part of participants; the failure of structures or equipment; and the unpredictable forces of nature. Participants may experience increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, a fear of height, or of unprotected falling, loss of balance, coordination and misjudgments, including failure to follow procedures and instructions, physical or mental or psychological stress, fatigue, chill and /or dizziness which may diminish reaction time and increase the risk of an accident. Injuries associated with participation may include breaks, sprains, bruises, and in extreme cases, emotional upset, anxiety and even death. Participants acknowledge that the description of risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death. Participants acknowledge that this program is purely voluntary, and with full knowledge of the inherent risks of the activities.

3. ASSUMPTION OF RISKS

I understand that participation in the Mount Hermon Outdoor Science School entails certain risks. I am voluntarily participating in this program with knowledge of the risks involved. I hereby accept any and all risks of injury or death to myself or any minor children for which I am responsible, arising out of or in any way connected with the use of the program, the Mount Hermon Adventure facilities, and/or one of affiliated organizations of Mount Hermon Association, Inc.

4. RELEASE AND INDEMNITY

As consideration for being permitted to participate in the Mount Hermon Outdoor Science School, I hereby agree that I, my assignees, heirs, and/or as the parent/guardian of a minor participant, will release and hold harmless and not bring any claim or legal suit against Mount Hermon Association, Inc., its directors, managers, officers, agents, employees and volunteers or its affiliated organizations or the supplier of any of the equipment used in the activity ("Released Parties"), for any and all claims of injury, disability, death or other loss or damage to person or property suffered by me or my minor child arising in whole or in part from participation in this program, both foreseeable or unforeseeable.

In addition, I agree **TO INDEMNIFY** (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) Released Parties from any claim of loss, injury or death, brought on by myself or my child against another co-participant. These agreements of release and indemnity include loss or damage caused or claimed in whole or in part by the negligence of a Released Party, but not intentional wrongs or the gross negligence of a Released Party.

_____ (please initial) This student has permission to fill out a survey about his/her experience in nature. This is a voluntary survey and the student may stop at any time. The information from the survey is confidential and anonymous.

I HAVE CAREFULLY READ THIS VOLUNTARY PARTICIPATION AGREEMENT FORM AND PARTICIPANT REQUIREMENTS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY IN WHICH I AM GIVING UP IMPORTANT LEGAL RIGHTS AND A CONTRACT BETWEEN MYSELF AND MOUNT HERMON ASSOCIATION, INC. AND/ OR ITS AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL.

Print Parent/Guardian Name	Signature	Date
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Student Participant Name	Signature	Date
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