



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.

FACILITIES & LODGING

Just 6 miles from the Pacific Ocean and Monterey Bay, Mount Hermon's 440 acres rest in the middle of the coastal redwoods, about 70 miles south of San Francisco, where the students are able to explore and learn in a dynamic environment. Endless hiking trails are located in the adjacent Henry Cowell State Park where students can view ancient redwoods or the unique sand hills that are distinct to this area.

Accommodations: Ponderosa Lodge has 24 cabins that are heated, carpeted and have full bathrooms (3 sinks, 2 showers and 2 toilets). Each cabin has 4 bunk beds (sleeping 8) and one roll-a-way bed. Each student has an individual closet and a drawer under the bunk.

Facilities and Grounds: Our Forum provides a central meeting area which is utilized for orientation, certain evening activities and as a classroom. Recreation options include a game room, ping-pong, foosball, a 25 meter heated lap pool and diving pool, basketball courts, sand volleyball court and a large field. Ponderosa lodge dining room has round tables that serve 8 students family style meals.

WEATHER

The weather at Mount Hermon will often change rapidly! Students will be outdoors for much of the time, from 8 am till 9 pm. They will need to bring layers and appropriate gear with them on all hikes and activities. If students come prepared, they will have a much more enjoyable and comfortable time!

Temperatures can range from the 30's to the 100's. During the fall months, temps usually range from 50-80 during the day and 40-60 at night, although temperatures outside this range are also normal. During the winter/spring months, temps dip very low and we see the most rain.

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 such as a light poncho or waterproof jacket. If it rains, clothing gets wet and often stays wet. Extra dry clothing is very important!

Wind occurs often and may cause students to become colder much more quickly. Warm layers are essential!

Clothing that every student must bring includes: rain gear, long pants, good hiking shoes or boots, an extra pair of shoes and warm layers such as a long sleeve T-shirt, sweatshirt, or light jacket. A Wool or fleece hat can also go a long way to keep the body warm.

Please see the student packing checklist on page 9 for a full packing list!

TEACHING STAFF

Mount Hermon provides naturalists who will instruct students during classes and night activities throughout the week. They are the teachers of OSS and they are passionate about teaching in the great outdoors. The naturalists are hand selected by the director of the program, and come with diverse backgrounds in education and science as well as distinct expertise and passions that make them dynamic teachers in the field.

ALL OF OUR NATURALIST HAVE THE FOLLOWING

- A College Education
- Experience working with children
- First Aid/CPR certifications
- Ability to lead hikes and outdoor activities

To see photos of our naturalists, please visit our website at outdoorscience.com.

CLASSES & ACTIVITIES

Each day is filled to the brim with fun and educational experiences. Our classes are all based on the California State Science Standards and will stimulate students to become good stewards as well as promote team building. Each class includes at least one chaperone and varies from 14-18 students in size.

CONSUMERS:

Students will learn to identify different types of consumers and how they interact with their environment. Class activities include observation of birds in the bird sanctuary, interactive modeling of the food web, and the study of snakes in our Lab.

ADVENTURE HIKE:

One day a week, the students take an all-day adventure through the many acres that surround our facilities. This hike expands across 4 different ecosystems, taking the students through the redwoods, over the sand hills, by the creeks and to secret lunch spots on river beaches.

ECOSYSTEMS/PRODUCERS:

Throughout this class students will grow in their knowledge of how photosynthesis drives plant growth and development as well as what role plants play in ecosystems. Students will be introduced to the local flora and edible plants.

CLIMBING TOWER:

The Climbing Tower provides a wonderful chance for students to conquer their fear of heights and learn about setting and obtaining reasonable goals for themselves, while having fun!

NIGHT HIKE:

As the sun sets and the stars and moon appear, students begin an exciting evening of learning how their night vision works, what nocturnal animals are, and all about the night sky. Students are faced with the challenge of hiking at night in a safe and supportive environment.

CAMPFIRE:

This is a great time for the students to relax and have a good time singing as skits and songs are performed by the naturalists. The night concludes with a campfire story and a yummy s'more cooked over the open campfire.

WATERSHED STEWARDSHIP:

Students begin by learning about the basics of a watershed then hike through a portion of our watershed, through the riparian corridor and finish at Bean or Zayante Creek. At the creek, students explore concepts and look for specific attributes that make a creek healthy.

CLUE:

This evening activity focuses on problem solving and deductive reasoning. Students move from station to station around camp, with their cabin, to question different suspects and ultimately solve the mystery of the "squirrel napping".

ELECTIVES:

Electives are a fun time where students can learn about additional activities that cater to personal interests. A few example electives include: basket weaving, candle and chap-stick making, art with nature, rockets, survival, and field games.

SKIT NIGHT:

The last night of the week is a chance for the students to practice their public speaking and dramatic skills as they perform skits that they have been preparing all week during their cabin time. Each cabin group is assigned a skit topic relating to something learned throughout the week.

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.

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.

FOOD AND DINING

Mount Hermon maintains a full time kitchen staff serving thousands of guests per year. At each meal, each food item is served separately and individuals with common dietary needs (e.g. dairy free, gluten free, vegetarian) are typically able to find suitable options. We provide a full salad bar at dinner as well as gluten free, dairy free and vegetarian options at each meal.

Mount Hermon is a nut safe facility meaning that although we are not completely nut free, the meals we prepare do not contain nuts.

Please make sure to indicate any dietary needs your student may have on page 2 of the MINOR HEALTH FORM found at the end of this packet. If your student has extensive dietary needs or allergies, please contact us to request a sample menu or discuss specific needs.

PARENT COMMUNICATION WITH STUDENTS

To avoid homesickness and maintain a safe environment, Mount Hermon is a closed campus. Parents may NOT visit or drop off items/packages. Additionally, students are not allowed to call home or receive calls from their parents. We recommend sending hand written letters - not emails to your student. Please do not send "care packages" to your student including any amount of food, candy or toys. Parents that send mail to Outdoor Science School need to make sure it will be received by Friday morning. We recommend sending mail to your student one week in advance and we will hold it until they arrive. If students plan to write to their parents, make sure they come with pre-addressed and stamped envelopes.

Return Address	Stamp
<p style="text-align: center;">Student's Name Outdoor Science School – Ponderosa Lodge PO Box 413 Mount Hermon, CA 95041 Your School Name (<i>i.e. Mesa Elementary</i>)</p>	

HEALTH & SAFETY

One of our health aids, who are certified in Red Cross CPR and Adult First Aid, is on duty from 7:30am – 10:00pm every day. Our Registered Nurse is present every day to dose all medications and as needed to dispense over the counter medication. The Health Center is fully stocked with all the basic medication and equipment, a phone, two beds, a bathroom, and a shower. If further assistance is needed, an emergency medical clinic is located in Scotts Valley, 5 minutes away, and a full service hospital is located 20 minutes away.

By law, students may not keep any medications with them, and they may not dispense medications to themselves. 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 nurse's station and may be picked up prior to hiking or strenuous activity.

Please be sure that all students are in good general health before arriving. A student will be promptly sent home for any of the following health issues:

- Vomiting more than once
- Signs and symptoms of a fever
- Temperature above 100.4 degrees
- Signs of a contagious disease or lice
- Missing more than 1 class

If a student has been sent home for a medical reason, they must be symptom free for at least 24 hours and cleared through their doctor before returning to camp.

If you are sending any prescription medication with your student you must have all the medical information available on both the bottle and you must have the PRESCRIPTION MEDICATION FORM at the end of this packet completely filled out. All medications MUST be in their original packaging. Please place all medications in a one gallon clear plastic Ziploc bag and label the bag with the student's name. This bag must be turned in to the teacher before arriving at Mount Hermon.

Unless the student has a medical condition requiring regular dosing each day, Parents DO NOT need to send the over the counter (OTC) medications listed below. Our Health Center is well stocked with these medications and if needed students will be given the proper doses of these OTC medications. We are ONLY able to dispense these medications if approved by the parent/guardian on page 2 of the MINOR HEALTH FORM.

OVER THE COUNTER MEDICATIONS PROVIDED AS NEEDED IN THE HEALTH CENTER:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Diphenhydramine (Benadryl)
- Technu Extreme (Poison Oak skin wash)
- Guaifenesin DM (Cough Medicine)
- Medcane Swab (Sting Relief)
- Antibiotic Ointment
- Hydrocortisone Cream
- Antacids (Tums)
- Aloe Vera Lotion
- Loratadine (Claritin)
- Cough Drops

It is extremely important that parents review and thoroughly fill out the MINOR HEALTH FORM at the end of this packet. If you anticipate that your student will require additional health related assistance while at camp please be sure to communicate these needs to your school well in advance.

RESPONSIBILITIES & EXPECTATIONS OF STUDENTS

Outdoor Science School is just that... a school. Students will be required to follow certain rules and will be expected to have the needed supplies to make their time an exciting educational experience!

PACKING

Students will need to review and pack according to the attached student packing checklist on page 9 of this manual. Please note that most items are mandatory and must be packed! Students are **NOT ALLOWED** to bring electronic devices or weapons of any kind. This includes items such as cell phones, iPods, and pocketknives! Both parents and students are encouraged to read the packing checklist carefully.

DISCIPLINE

Students are under continuous supervision by their cabin leader and naturalist during the Outdoor Science School week. For minor disciplinary issues students will be given 5–10 minute time-outs from their afternoon Recreation Time.

If discipline issues occur that require more discipline or if the student acquires more than 15 minutes of time-out, the student's parents will be contacted. Additionally, the teacher along with OSS admin will meet with the student and assign them a task for a portion or all of Recreation Time.

If the student breaches one of the below actions the student will be promptly sent home. In this situation, the student's parents will be contacted and will need to pick them up. In the event that a student needs to be sent home for any reason, no amount of the paid fees will be refunded if the student has attended the program for 24 hours or more.

The following breaches of discipline are grounds for **immediate dismissal** from Mount Hermon's Outdoor Science School program:

- Fighting
- Unauthorized leaving of cabin
- Any activity that is inherently dangerous to self or others
- Possession of illegal substances
- Stealing
- Possession of any weapons whatsoever
- Cabin raiding/pranking
- Bullying
- Outright defiance
- Intentionally destroying property
- Other behaviors at the discretion of the Director of the Outdoor Science School

STUDENT PACKING CHECKLIST

REQUIRED ITEMS

- | | |
|--|---|
| <input type="checkbox"/> Sleeping Bag & Pillow | <input type="checkbox"/> Toiletries (Including Sunscreen) |
| <input type="checkbox"/> 2 Pairs Long Pants | <input type="checkbox"/> 2 Pencils |
| <input type="checkbox"/> Extra Socks | <input type="checkbox"/> Pajamas |
| <input type="checkbox"/> 2 Towels | <input type="checkbox"/> Warm Jacket & 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 |

PLEASE DO NOT BRING

- | | |
|--|---------------------------------------|
| • Extra Food or Beverages (except for medical reasons) | • Any Money besides T-Shirt/bag Money |
| • Knives, Firearms or Other Weapons
(including pocket knives) | • Electronic Games or Radios |
| • Cell Phone | • Drugs, Alcohol or Tobacco Products |

OPTIONAL ITEMS

- ☐ Disposable Camera
 - ☐ Lip Balm
 - ☐ Watch/Alarm Clock
 - ☐ Writing Materials For Letters & Stamps
 - ☐ Bathing Suit (one piece bathing suits only)
 - ☐ \$12 for T-Shirt*
 - ☐ \$5 for Draw String Bag*
- *either cash or check (make checks out to **Mount Hermon**)

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

MOUNT HERMON OUTDOOR SCIENCE STUDENT CONTRACT

We are excited that you are going to spend a week with us soon! Our commitment is to provide meaningful experiences, fun learning opportunities, and safe adventures. If you choose to participate in your school's week at Mount Hermon Outdoor Science School, we ask that you make a commitment of your own: to live by the following guidelines. **If you can agree to this contract, please put your initials next to each item and sign at the bottom.** Thanks!

GENERAL AGREEMENTS

- _____ I agree to fully participate in my school's week of Outdoor Science School.
- _____ I agree to be on time for all activities.
- _____ I agree to respect the privacy, property, and feelings of others. I understand that we'll be living together in cabins and sharing the campus.
- _____ I agree to treat my fellow students, cabin leaders, teachers, and naturalist with respect. I understand that how I talk to people is important. I will also do my best to be respectful when someone is talking to me, whether it's a cabin leader, naturalist or my best friend.
- _____ I agree to follow my Student Packing List and bring the things I'll need for my stay (like raingear, a leak-proof water bottle, extra clothes, etc.)
- _____ I agree to stay out of other students' cabins.
- _____ I agree to be quiet and respectful in the evening so that everyone can get enough sleep to participate and stay healthy.
- _____ I agree to keep food out of my cabin.

BOTTOM-LINE AGREEMENTS

I understand that a violation of any one of the following or a combination of the above contract agreements may result in a return trip home at my parent/guardian's expense.

I agree to not do any of the following during my stay at Mount Hermon Outdoor Science School:

- | | |
|---|---|
| _____ Fighting | _____ Unauthorized leaving of cabin |
| _____ Any activity that is inherently dangerous to self or others | _____ Possession of illegal substances |
| _____ Stealing | _____ Possession of any weapons whatsoever |
| _____ Cabin raiding/pranking | _____ Bullying |
| _____ Outright defiance | _____ Other behaviors at the discretion of the Director of the Outdoor Science School |
| _____ Intentionally destroying property | |

Signature

Date

Student's Name: _____ School: _____ Teacher: _____

**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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