



CALVIN CREST OUTDOOR SCHOOL MEDICAL & PARTICIPANT AUTHORIZATION FORM - Cabin Leader

Calvin Crest Conferences 45800 Calvin Crest Road Oakhurst, CA 93644
(559) 683-4450 Fax (559) 683-7118 www.calvincrest.com outdoor.school@calvincrest.com

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

Student LAST NAME: _____ FIRST NAME: _____

SEX M F BIRTH DATE: ____/____/____ AGE: _____ SCHOOL: _____

PARENT/GUARDIAN 1: _____ Relationship: _____

Contact information where you can be reached:

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

PARENT/GUARDIAN 2: _____ Relationship: _____

Contact information where you can be reached:

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

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

Name: _____ Relationship to student: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

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

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

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

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

PHYSICIAN(S): _____ Phone: (____) _____

_____ Phone: (____) _____

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

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

Circle symptoms from last allergy attack (students may take Benadryl for allergic reaction only with Doctor's written orders):

Shortness of Breath/Hives/Tightness in Chest/Sneezing, Runny Nose, Redness in Eyes

Explain all items checked above: _____

Disability, Chronic or Recurring Illness, or Medical Condition: _____

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

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

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

History of Surgeries (include type and date): _____

History of Hospitalizations (include type and date): _____

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

Dietary Modifications: _____ (Please contact office if special diet needed)

Activity Restrictions/Limitations: _____

Immunization History:

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

Medications Is the student currently taking any medications? Yes No

All prescriptions and over-the-counter medications, including vitamins and herbal products must be turned into the Outdoor School designated personnel upon arrival. (One inhaler for students with asthma may be kept by them, if necessary.) Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician. This information will be kept confidential.

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

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

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

Other Information

To help us deal tactfully with students, please let us know if your child: Wets the bed Sleepwalks Has night or sleeping problems
 Prone to homesickness Has had recent changes/trauma which may impact emotional, physical or mental well-being

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

PARENTAL STATEMENTS, PERMISSION, AND RELEASE

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

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

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

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

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

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

Signature of Parent or Legal Guardian _____ Date _____

To NOT grant consent for treatment

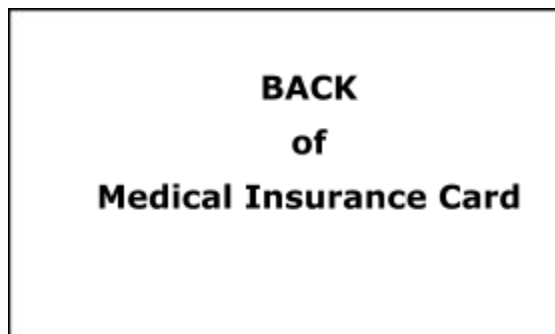
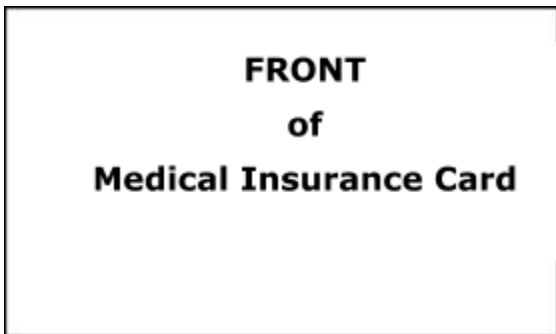
I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to (Instructions to be followed) _____

Signature of Parent or Legal Guardian: _____ Date: _____
Printed name: _____ Phone: _____
Address: _____

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

If yes, name of Insurance Company: _____ Primary Policy Holder Name: _____
Policy Holder ID: _____ Policy Holder Date of Birth: ____/____/____ Relationship to student: _____
Policy Holder Address: _____ Phone: (____)_____
Student Insurance ID: _____ Student Date of Birth: ____/____/____

If needed for treatment, please provide the pre-authorization phone number: _____
Please supply a copy of the student's health insurance card – **front & back** – cut out & attach with tape. No staples, please.



Calvin Crest Outdoor School

Information and Policies for the Cabin Leader

You have been selected as a cabin leader for Outdoor Education at Calvin Crest Outdoor School. This position carries a tremendous responsibility. You hold a key position in the entire program and are as important to the Outdoor Education program as the Calvin Crest staff and the classroom teacher. Therefore, you are placed on a professional level as part of a professional team working together towards a common goal: **to provide a safe, educational, and fun experience for the students involved.**

ROLE OF THE CABIN LEADER

Since this is a 24-hour-a-day school, students must be supervised virtually every minute. As a cabin leader, your main responsibility is one of supervision. At no time are you to leave your group unsupervised. If you must leave your group, do so in the care of another cabin leader, teacher, or Calvin Crest staff person. If none of these people are available, take your group with you. Also, part of supervising the students is making sure that the rules of Calvin Crest are enforced. For the safety of all those participating, insist that all rules be followed. The success of the program largely rests on the attitude, actions, words, and enthusiasm of the cabin leader. Calvin Crest appreciates your time and efforts in making this week enjoyable and fun, as well as educational for the students.

THE TEACHER

A large part of the instruction will be done by the regular classroom teacher. You are responsible to the teacher in assisting him/her in any way that you can. Ask if you can help. Do not wait until (s)he asks, but volunteer your services. The teacher is responsible for the instructional program during each class period. You are responsible to help guide the behavior of the class group while on the trail. Please help the students maintain their attention on the teacher. Any distraction takes away from the educational experience for the students. Your example, enthusiasm, and assistance are greatly appreciated.

THE OUTDOOR EDUCATION DIRECTOR

The administration and supervision of the Outdoor Education program and the safety and welfare of the individuals connected with the program is the responsibility of the Director. To maintain this responsibility, the Director must have the complete cooperation of the teachers and cabin leaders. You, as a cabin leader, are responsible to the Director and teachers for the safety and welfare of the students.

DISCIPLINE AND BEHAVIOR

When dealing with students, the cabin leader is required to maintain a high level of professionalism. The following policies and standards are expected from all who are involved with the Outdoor Education program:

A. Discipline Standards

1. Do not yell at students. Talk normally.
2. Do not embarrass a student in front of others. Talk privately to resolve a problem.
3. Do not touch students, including any horseplay. A "hands off" policy protects you and the students.
4. Do not tell inappropriate or sexual stories to the students. If you are unsure whether something is appropriate, please keep the story, joke, or comment to yourself.
5. If you are uncertain how to handle a problem or if you lose control of your group, always go to a teacher, or Calvin Crest staff person for help.

B. Helpful Techniques For Handling Your Cabin

1. Establish standards and authority quickly. Be firm at first. Do not be a "buddy."
2. Be on the alert for behavior problems.
3. Treat the students with respect. "please" and "thank you" go a long way.
4. Do not lecture. Make it short and easily understood.
5. Be consistent. Do not change rules or change your mind simply to please the students.
6. Learn and use the names of your students the very first day. Remember their names.
7. Show an interest in each student. Try to get to know them.
8. Be patient and understanding (especially with difficult or unpopular students).
9. Watch what you say. Kidding or sarcasm can be easily misunderstood and hurtful.

FINAL RULES FOR CABIN LEADERS

The level of professional standards at Calvin Crest are the same for all who are supervising students. Most rules that we must follow are dictated by state law, with the rest being established by the Calvin Crest Outdoor School and the schools attending the program.

1. No cabin leader will leave Calvin Crest grounds without the knowledge of the Director.
2. No cabin leader will leave his/her assigned students without another adult or cabin leader being left in charge.
3. No cabin leader (18 years or under) will come to or leave Calvin Crest Outdoor School by means other than a school bus or transportation agreed upon by the elementary school involved and his/her parents.
4. Firearms or weapons of any kind are not permitted at Calvin Crest. Students and cabin leaders are not allowed to have pocket knives. If a student, cabin leader, or teacher is found with a weapon and/or illegal substances in his or her possession, it will be confiscated and the Madera County Sheriff's Department will be contacted. The individual will be removed from Calvin Crest and may be prosecuted, as it is against the law to have a weapon or illegal substances on a school site.
5. Alcoholic beverages and drugs are not allowed on the Calvin Crest grounds. Cabin leaders and teachers who are over 18 are strongly discouraged from smoking tobacco during their stay. If it is necessary for a person who is of age to smoke, they are only permitted to do so by the luggage platform in the parking lot and out of the sight of the students. Cigarette butts should be disposed of in the metal can to the side of the platform.
6. Behavior and dress standards established by your school apply during Outdoor Education.
7. The use of abusive or foul language is not permitted.
8. The use of physical force when dealing with students is not permitted and will not be tolerated.

TO BE COMPLETED BY CABIN LEADER AND RETURNED TO THE SCHOOL:

I hereby volunteer to participate as a cabin leader at the Calvin Crest Outdoor School. I understand there will be no pay for my services except that I will receive room and board. I also understand that I will be living with the students, that I will accompany the classes on activities and will be responsible for them for most of the 24-hour day. My performance will be evaluated and recorded by the Outdoor Education staff. I have read and understand all cabin leader policies.

Cabin Leader's Name _____ Signature _____ Date _____

CALVIN CREST OUTDOOR SCHOOL INSTRUCTIONS FOR CABIN LEADERS

School: _____

1. Your departure time is _____ A.M. on the day of _____.

The meeting area for departure is _____.

It will be your responsibility to get to the meeting area. All teachers, cabin leaders, and students must be at the meeting area for departure about one-half hour before departure time.

2. Have your completed Medical and Participant Authorization form with you. (If you are in high school, you should also have turned in your permission slip.)

3. Check the weather reports/forecasts for the 5,000 foot level near Yosemite (or on the Calvin Crest website) to guide you in securing proper and adequate clothing (follow the suggested clothing and equipment guidelines).

4. We do not permit students to make purchases at any scheduled stops en route to/from Calvin Crest. Therefore, we ask you to comply as well.

5. Encourage the students to maintain a minimum noise level on the bus.

6. Upon arrival at Calvin Crest, everyone will remain on the bus until oriented by a Calvin Crest staff person.

7. You should be arriving back at the departure point on Friday around _____ P.M. If any changes occur, you will be notified in time to make necessary arrangements.

8. It is very important to remember that you, as a cabin leader, are serving as a role model for the students. They watch you closely, and often imitate your words, actions, and attitudes. Be certain to set a high standard of behavior for them to follow.

If you have any questions or need to make any changes, please call the elementary school or Calvin Crest at 559.683.4450, as soon as a problem arises.