



Dear Parent or Guardian:

Your school is preparing for a time of outdoor education provided by Calvin Crest Conferences. The administration, teachers, and the Calvin Crest staff want your child to have a safe, fun, and educational experience while attending Calvin Crest. Outdoor education includes learning about the outdoors, social growth, and personal maturing. There are at least five hours of class time each full day of participation and additional learning is integrated throughout the program.

Calvin Crest is located approximately one hour north of Fresno and Madera (20 minutes north of Oakhurst), east of Highway 41 at 5,000 feet elevation. There are housing, dining, and recreational facilities on site. Each cabin is heated and equipped with bunk beds and mattresses. Bathrooms have private restroom and shower stalls and plenty of sinks. There are approximately 25 Calvin Crest staff living on site.

The charge for the outdoor education sessions will vary among schools. The school will notify you of the exact amount prior to the time your child will be participating in the program. Please note that the student's family insurance plan is the primary source of coverage for an accident that occurs while the student is attending the program at Calvin Crest.

As this is a week for the students, we do not encourage parent visits and discourage phone calls as hearing a parent's voice can bring on feelings of homesickness. We do encourage you to write to your child at least once during the week. Not receiving mail can be a contributing factor to homesickness. It takes 3-4 days for mail to reach Calvin Crest, and mail that arrives on Friday does not come before students depart. Letters mailed Saturday, Monday, and Tuesday will most likely reach your student while (s)he is at Calvin Crest. We recommend asking the post office about delivery time for any mail you send. Should mail come after your child leaves Calvin Crest, we will do our best to return to sender.

Please address mail to your students this way: Calvin Crest Conferences
(Your student's name), (School name)
45800 Calvin Crest Road
Oakhurst, CA 93644

Calvin Crest has a small store where candy, sodas, t-shirts, and other items can be purchased. If your child's school decides to have the store open, we suggest looking at our website to see current prices. Care packages are also available through the camp store. Please see the website or call for more information.

Oakhurst is equipped with 12-hour/day medical services. In the event your child becomes ill or is injured and needs medical attention, we will make every effort to contact you as soon as possible. If there is an emergency at home and you need to visit or call your child, please notify Calvin Crest (559.683.4450) and the school. We will do what we can to make the necessary arrangements to meet the need of the situation.

The weather at Calvin Crest is often unpredictable, including rain and snow. Nights and mornings are always chilly. Therefore, if possible, it is important that your child have sufficient warm clothing and good shoes. Please follow the guidelines on the enclosed equipment/clothing list. We do have a supply of rubber boots and a limited number of jackets available for student use at no cost. Rain ponchos are for sale at our cost in our store. Please watch weather forecasts on television and check the weather link on our website (www.calvincrest.com) for current forecasts.

We look forward to serving you and your children. If you have any questions, feel free to contact your school or the staff at Calvin Crest: (559) 683-4450 outdoor.school@calvincrest.com

Sincerely,

Christina Melahn
Outdoor School Director

CALVIN CREST CONFERENCES

CALVIN CREST OUTDOOR SCHOOL SUGGESTED CLOTHING AND EQUIPMENT LIST

The weather at Calvin Crest is often unpredictable, ranging from warm, sunny days to very cold, wet evenings. During some weeks of Outdoor Education we are certain to have rain and snow. Since we spend time outdoors on these days regardless of weather, it is very important for students to be well prepared for a variety of weather conditions.

WHAT TO BRING TO CALVIN CREST:

- Sleeping bag (or sheets and 2 blankets) and pillow
- Shoes (at least 2 pairs of comfortable, closed-toe shoes – tennis shoes are fine, boots are great for cold, wet weather)
- Socks (thick and warm in winter; minimum of 5 pairs, more are desirable and recommended)
- Tough pants (minimum of 3 pairs of jeans or rain or snow pants in winter; shorts are *not* allowed during classes)
- Warm clothing (nights are often chilly, days can be cold)
- Underwear
- Warm jacket
- Sweatshirt/sweater
- Towel and washcloth
- Toiletries (soap, shampoo, toothpaste, toothbrush, etc.)
- Rain gear (rubber boots and ponchos are recommended; boots are available at Calvin Crest to borrow; ponchos are available at our cost through our store – approximately \$1.25) **Check the weather forecast!**
- Sunglasses
- Chapstick
- Plastic water bottle or canteen – **ESSENTIAL!**
- Plastic garbage bag for dirty clothes

WHAT IS OPTIONAL TO BRING TO CALVIN CREST:

- Camera with fresh batteries (and extra film if your camera is not digital)
- Flashlight with fresh batteries
- Spending money if the school has decided to use the store (see our website for costs of items in the store)
- Hat or cap (warm hats or beanies are very helpful in cold temperatures)
- Gloves or mittens during the winter
- Writing materials (paper, pen, pencil, stamps, envelopes, etc.)
- Umbrella for rainy weather
- Hair dryers (*Due to potential fire hazard, curling irons and straighteners are not acceptable.*)
- Watch or alarm clock
- Binoculars
- Suggested for Cabin Leaders: Travel mug, watch and alarm clock

WHAT NOT TO BRING TO CALVIN CREST:

- CELL PHONES**, video games, MP3 players/iPods, CD players, radios
- Gum, candy, food of any kind (exceptions for diabetic students - dietary needs should be arranged in advance)
- Sandals, open-toed shoes (except sandals brought to be worn in the shower - optional)
- Valuables (expensive jewelry, cameras, etc.)
- Tobacco products, drugs, alcoholic beverages (**see below)
- Pocket knife or weapons OF ANY KIND (**see below)

****IF ANY STUDENT OR CABIN LEADER is caught with a weapon, or illegal substances in his/her possession: the weapon/substance will be confiscated and the Madera County Sheriff's Department will be contacted. The individual will be removed from Calvin Crest and may be arrested and prosecuted, as it is against the law to have a weapon or illegal substance on a school site.**

*All clothing and equipment should be marked with the student's name. Calvin Crest is not responsible for lost or stolen belongings.



CALVIN CREST OUTDOOR SCHOOL MEDICAL & PARTICIPANT AUTHORIZATION FORM

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

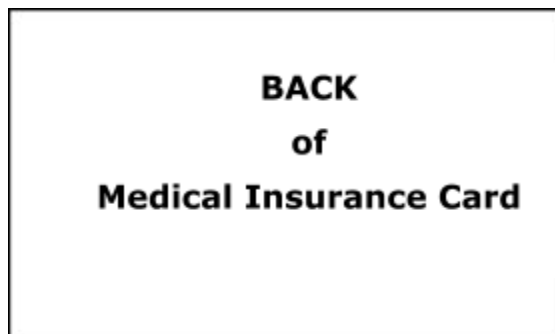
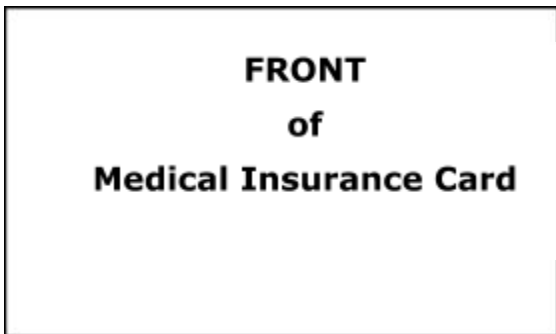
I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to (Instructions to be followed) _____

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.



PHYSICIAN'S ORDER FOR MEDICATION AT CALVIN CREST OUTDOOR SCHOOL

Calvin Crest Outdoor School 45800 Calvin Crest Road Oakhurst, CA 93644 (559) 683-4450 outdoor.school@calvincrest.com

STUDENT'S NAME: _____ **SCHOOL NAME:** _____

Dear Parents and Guardians;

Education Code Section 49423 defines certain requirements for administration of medication, "...any pupil who is required to take, during the regular school day, medication prescribed by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement."

A. PHYSICIAN'S ORDER

Diagnosis or Reason(s) for Medication: _____

Standard times for medicines are at meals and bedtime. (8:20am, 12:20pm, 6:30pm, 9:00pm.)

Please note if student needs medication at a different time or if it is an as-needed medication.

Medication	Dose	Route	Time(s)

***If other medications are required please check box , and provide details on back of paper, or additional page.

Possible reactions or other serious considerations regarding medication(s): _____

For ASTHMA INHALERS ONLY: Child may carry inhaler and self-medicate: Yes No

For EPINEPHRINE AUTO - INJECTORS ONLY: Child may carry epinephrine auto-injector and self-medicate: Yes No

B. PHYSICIAN'S SIGNATURE: _____ **Date:** _____

Physician's Name (Please Print) _____ Phone: _____

C. PARENT'S REQUEST AND AUTHORIZATION

I request that this/these medications be given at Calvin Crest Outdoor School as prescribed. I authorize the designated Outdoor School personnel to administer the medication. I release Calvin Crest personnel from any liability in administering this medication as prescribed. I give Calvin Crest Outdoor School authority to communicate and exchange medical information related in this medication order with the ordering physician.

I understand that Calvin Crest Outdoor School must receive the medication in a container with a pharmacy label that indicates the child's name, medication, dosage, route, time to administer, and the prescribing doctor's name; or if an over-the-counter medication was ordered, the medication must be in the original container/packaging.

I understand that medications cannot be taken at Calvin Crest Outdoor School unless the school has received each of the following: a) current physician's order, b) parent/guardian signature, c) properly labeled medication.

Signature of Parent/Guardian: _____ **Date:** _____



Tim Simms
 Director of Food Services
 tim@calvincrest.com
 559.683.4450

If you are attending a camp or event at Calvin Crest and have a food allergy, dietary need, or food restriction, please complete and return this form two weeks prior to your arrival date. Use additional pages if needed.

PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions, including: peanut/nut allergies, vegetarian diets, lactose and gluten intolerances.

Tim Simms is available to answer any questions regarding diets and menus: tim@calvincrest.com; 559.474.8631.

Camper/Student/Participant Name: _____ Phone Number: _____

Parent/Guardian Name (if under 18 years old): _____

School/Group/Camp Name: _____ Dates of Event: _____

Food Allergies or Medical Dietary Needs	Non-Allergy, Non-Medical Dietary Restrictions
<p>Please list any food allergies or dietary needs due to a medical condition identified by a doctor: Examples: Peanut allergy, Celiac Disease.</p>	<p>Please list any <u>non-allergy, non-medical</u> dietary restrictions: Examples: Vegetarian diet, non-Celiac gluten free.</p>
<p>Please list necessary precautions and/or substitute food options:</p>	<p>Please list food substitutes that may be considered:</p>
<p>To help us better understand your allergy, please check one:</p> <p><input type="checkbox"/> Consumption (Allergic reaction occurs when the individual eats the allergen.)</p> <p><input type="checkbox"/> Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen.)</p> <p><input type="checkbox"/> Not sure</p> <p>If you have been prescribed an epinephrine auto-injector, please check here: <input type="checkbox"/></p>	