



Los Angeles County Outdoor Science School

"The best education on earth"

Forms and Resources

The following forms are included in this packet:

Confirmation Letter

A copy of your Outdoor Science School confirmation, previously sent to your school, is included again as part of this packet.

Parent Information Packet Instructions

A few copies are included in both English and Spanish. Please duplicate as needed for your students. Begin to have students complete these forms as soon as possible. The first sheet (front and back) the parents keep, it describes the Outdoor Science School and includes a list of what and what not to bring. The second sheet (front and back) is the registration information and must be completely filled-out and brought to OSS for every student. The third sheet (one sided) is used if the student will bring any medication to OSS.

Common Questions

A summary of a few questions, especially for new schools, to help you be prepared for your week at Outdoor Science School.

Area and Site Maps

These maps will help you arrange for busses and find your way around the OSS campus. These are specific to the site that you will attend.

Student Contract of Agreement

This form may be useful for students who need to be released from high school classes. It is not required by OSS.

Winter Instructions

Specific winter instructions are included for the Blue Sky Meadow site. These may or may not apply to your week of participation.

Steering Committee Invitation

Please consider joining us for the Steering Committee Meeting in October.

Important Note! e-mail communication

An e-mail address for the lead contact at each school will help us keep in timely communication and save costs on mailing and duplication. Please send an e-mail message to Gary and Michelle, and we will keep your e-mail address on file. In the message, be sure to include the name of your school so we connect your name, e-mail, and school.

Widdison_Gary@lacoed.edu • Ramirez_Michelle@lacoed.edu

Gary Widdison, Los Angeles County Office of Education, Outdoor Science Schools
562.922-6330 (office) • widdison_gary@lacoed.edu • 562.522-3276 (cell)



Los Angeles County Outdoor Science School Parent Information Packet Instructions

The following information will be very helpful to you as you prepare your child for his or her week at Outdoor Science School. Please read it carefully and completely.

What is the Outdoor Science School

Your school has chosen to enhance your child's education by participating in an outdoor learning experience at the Los Angeles County Outdoor Science School (LACOSS). This excellent education program has been providing science enrichment experiences to Los Angeles County schools since 1960. It is coordinated by the Los Angeles County Office of Education as a Residential Outdoor Science School authorized by the State of California.

Science Instruction

The week of Outdoor Science School is an important part of your child's class work, and he or she should attend if possible. Outdoor Science School will be a new educational experience for your child. The outdoors is our classroom and the natural environment is our laboratory. Students learn through direct experience and observation within the natural environment surrounding our school sites. The Outdoor Science School curriculum is focused on the study of ecosystems. Students learn about different types of ecosystems, the different parts of an ecosystem, how those parts function together, and how humans interact with ecosystems.

Group Responsibilities

In addition to the academic learning, the Outdoor Science School experience provides a unique opportunity to teach about human interrelationships. Students live at the school site for the week in a cabin with approximately 10 other children. With the help of their cabin leader, they are responsible for keeping their cabin neat and clean, setting and cleaning tables during meals, and working cooperatively with their cabin mates to accomplish the tasks of daily living.

Staff and Safety

The Outdoor Science School staff are trained educators with degrees in science and experience teaching children in the outdoors. They are also trained in safety, first aid, and emergency response. Your child will be supervised at all times during their stay at Outdoor Science School, and will be covered by accident insurance from the time they leave school until they return. Every possible effort will be made to provide your child with quality education, nutritious meals, safe activities, and adequate rest. For many children, attendance at Outdoor Science School is a very memorable highlight of their school year.

Where and When

The Outdoor Science School sites are located in the mountains surrounding the greater Los Angeles metropolitan area. Blue Sky Meadow is in the San Bernardino Mountains near the town of Big Bear City. Malibu is in the Santa Monica Mountains on the coast near the Ventura County line. Your child will be attending Outdoor Science School at the following school:

NAME OF OUTDOOR SCIENCE SCHOOL

The bus will leave school at the date and time listed below. Please make sure your child is present at least 30 minutes prior to the listed departure time. This gives the teachers time to check in the students, load the luggage, and get the children seated on the bus. The time the students return is also listed below.

Table with 3 columns: Time, Date, Bus Leaves School, Bus Returns to School

Mail

Your child will really appreciate receiving a letter from home while at Outdoor Science School. Due to our remote locations, mail service can be very slow. Please plan ahead. It is best to mail letters the weekend before your child leaves. Any letters mailed later than Monday are not likely to arrive before your child returns home. If the principal or any teacher from your child's school is planning to visit Outdoor Science School during the week, you could give your letters to them to deliver. If mailing letters, the addresses for all sites are printed below. Please make sure you address the letters to the Outdoor Science School site your child is attending!

Your Child's Name/School LACOSS - Blue Sky Meadow P.O. Box 2860 Big Bear City CA 92314-2860

Or

Your Child's Name/School LACOSS - Malibu 11495 E. Pacific Coast Hwy. Malibu CA 90265-9796

Visiting and Calling

We are proud of our school and love having visitors observe our program. You are encouraged to arrange a time to visit Outdoor Science School any weekday of the school year, except the week your child is here. To avoid problems with homesickness, we ask that you not visit your child while he or she is at Outdoor Science School. In addition, the students are kept very busy during their week at Outdoor Science School and do not have access to a telephone. They will not be able to call home, and will not be available to receive calls from you. Please do not send a cell phone with your child.

Contact Information

If your child becomes ill while at Outdoor Science School, or if there is any other type of emergency, we would need to be able to contact you quickly. On the first page of the health form that follows, please provide all information necessary to contact you (or a guardian designated by you) during the entire week your child is at Outdoor Science School. Also, if your child needs to leave Outdoor Science School for any reason (illness, injury, misbehavior, etc.), we would need you (or someone designated by you) to drive to Outdoor Science School to take your child home. For these reasons, your child's Outdoor Science School week is not a good time for you to go away on vacation.

What to Pack

The following checklist of clothing and equipment will help you as you pack. Your child will be hiking, sitting on the ground, and playing active games. Please don't send anything you would not want to get dirty. Older but serviceable clothing is best. We urge you not to buy new clothing or footwear. New items can be uncomfortable and may need "breaking in." Since space on the busses is limited, please plan your child's luggage to include only a sleeping bag or bedroll and one duffle bag or suitcase. To prevent loss, please mark all luggage and clothing with your child's name.

Necessary Basics

- Sleeping bag or bedroll (sheets and blankets)
- Warm coat or jacket
- 2 pairs of sturdy shoes
 - 1 pair boots (old ones don't cause blisters)
 - 1 pair sneakers (2 pairs if no other option)
- 6 pairs of socks (at least 3 heavy, if possible)
- 3 pairs of long pants
- 5 shirts (at least 1 long-sleeved)
 - 1 warm sweater or sweatshirt
- 5 changes of underwear
- 1 set of bed clothes (pajamas, sweats, shorts and T-shirt, etc.)
- Bath towel and wash cloth
- Toiletries (soap, shampoo, toothbrush, chapstick, etc.)
- Water bottle or canteen
- Letter writing materials (stationery or postcards, and stamps)
- Sunglasses and sunscreen (SPF 15 at least)
- Pencils

Check the mountain weather forecasts before the week of attendance. Send seasonal items of clothing if appropriate. We have rain boots and ponchos for all children.

Seasonal Items

Cold weather, rain, snow (mid-fall to mid-spring)

- Hat, gloves, and scarf
- Raincoat and/or rainpants
- Warm, waterproof boots
- 6 extra pair of socks
- Long underwear or thermals
- 3 more pants
- 3 more layerable shirts and sweaters

Hot weather (early fall and late spring)

- Airy, brimmed hat or cap
- Insect repellent
- 2 pair shorts

Optional Items

- Flashlight
- Daypack
- Camera and film
- Pillow
- Bathrobe

Filling out the Health Form

Attached to this page is a three-page registration and health form. It is very important that the health form be filled out completely, signed in the proper places, and turned in to your child's teacher. Brief instructions for each page follow.

Top of Page 1 - Registration Information

Fill in all of the registration and emergency contact information at the top of page 1, and sign and date at the "X." Without your signature on this page, your child will not be able to attend Outdoor Science School.

Bottom of Page 1 - Health Information

This section gives us information regarding any special health needs of your child. Fill in all information that applies to your child. There is also a box in this section for telling us about any special dietary needs. We can accommodate most dietary restrictions. (vegetarian, no pork, lactose intolerance, most food allergies), but if your child has numerous or severe food allergies, or any unusual dietary restrictions, it would be best to send pre-prepared food with your child's teacher. We have refrigerators, freezers, and microwaves available to store and cook any food sent.

Page 2 - Medication Information

Please read the information on this page carefully. Check "Yes" for medication that we have your permission to dispense to your child. Check "No" for medication you would prefer we not give to your child. Sign and date this form in the box at the bottom of the page. Without your signature on this page, we will not be able to give your child any nonprescription medication listed.

Page 3 - Request for Medication

If you are sending any medication for your child, whether prescription or nonprescription, this form needs to be completed and signed by both you and your child's physician. Without this completed form and both signatures, we will not be able to dispense any medication sent. The medication being sent needs to be given to the teacher or teachers who will be accompanying your child to Outdoor Science School. No medication is to be in the possession of your child nor in their luggage.

If you are not sending any medication for your child, you do not need page 3 of the health form and can detach and recycle it.

If your child normally takes medication at school for any attention deficit or hyperactivity disorders, please complete this form and send the child's medication. Remember, this is school and the students are in class all day. Just because our school is in the mountains and the outdoors is our classroom, does not mean that your child can do without his or her medication for the week. Please help your child have a successful and enjoyable week by sending their medication.

Prohibited Items

- No hair dryers or curling irons
- No money, jewelry, or valuables
- No tanktops, halters, crop tops, midriffs
- No radios, CD players, or electronic games
- No knives
- No aerosols
- No candy, gum, or food
- No cell phones



**Los Angeles County
Office of Education**

Leading Educators • Supporting Students • Serving Communities

**Los Angeles County Outdoor Science School
Registration for Outdoor Science School**

Your child may not attend without your signature below.

NAME OF CHILD (LAST NAME, FIRST NAME)		BIRTHDATE (MONTH/DAY/YEAR)	NAME OF SCHOOL CHILD ATTENDS
HOME ADDRESS OF CHILD (NUMBER, STREET, CITY, STATE, AND ZIP CODE)			
PRIMARY TELEPHONE NUMBER ()	WORK MESSAGE TELEPHONE NUMBER ()	ALTERNATE/EMERGENCY TELEPHONE NUMBER ()	
DATES OF ATTENDANCE AT OUTDOOR SCIENCE SCHOOL To	TOTAL COST FOR PROGRAM FOOD SERVICE AND CAMPER INSURANCE \$	NAME OF YOUR INSURANCE COMPANY	
TELEPHONE NUMBER OF INSURANCE COMPANY ()	POLICY NUMBER	GROUP NUMBER	
ADDRESS OF INSURANCE COMPANY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)			

I am the parent or guardian of the pupil named above ("the pupil"). I wish to register my child for a one- to five-day experience in the Los Angeles County Outdoor Science School (LACOSS). I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that participant being sent home at his/her expense and/or the parent's or guardian's expense. I agree to provide transportation from LACOSS to my home for my child should he or she need to be removed for any reason. As the parent or guardian of the Pupil, I agree to release and hold harmless the Los Angeles County Office of Education (LACOE), its Board of Education, officers, employees, agents, volunteers, and representatives from any and all claims, losses, damages, liability, costs or expenses that may related to or arise from the Pupil's participation in this event or activity. I understand and agree that this release relates to any claims, losses, damages, liability, costs or expenses brought by the Pupil, the Pupil's parents or guardians, the Pupil's immediate family, and anyone else who may stand in the place of or derive a claim from the Pupil. In the event of illness or injury, I permit LACOE to render necessary emergency medical treatment for the Pupil. I understand that the resulting expenses will be the responsibility of the Pupil's parent(s) or guardian(s). In the event of an accident or illness, I hereby grant permission to the Los Angeles County Office of Education personnel to authorize first aid for my son/daughter. In addition, in the event of an emergency, if reasonable attempts to contact those named parents or guardian prove unsuccessful, I hereby give consent to transport my son/daughter to the emergency medical department of the nearest hospital. If his/her physician, (named on the attached sheet/reverse side) cannot be contacted, medical treatment deemed necessary by an attending physician or dentist may be administered.

Signature of Parent or Guardian	X	DATE SIGNED
---------------------------------	---	-------------

Health Information

IF CHILD HAS BEEN ILL RECENTLY, PLEASE DESCRIBE ILLNESS

1.

2. Check all applicable conditions of child and explain below.

- | | | |
|--|---|--|
| A. <input type="checkbox"/> Allergies - General | F. <input type="checkbox"/> Bedwetting (Send extra bedding if checked.) | K. <input type="checkbox"/> Headache |
| B. <input type="checkbox"/> Allergy to Bee Stings | G. <input type="checkbox"/> Bowel Problems | L. <input type="checkbox"/> Heart Trouble/Murmur |
| C. <input type="checkbox"/> Food Allergy To: _____ | H. <input type="checkbox"/> Car Sickness | M. <input type="checkbox"/> Sinus Trouble |
| D. <input type="checkbox"/> Asthma: If your child uses an inhaler, send three (3) along. | I. <input type="checkbox"/> Epilepsy or Convulsive Disorder | N. <input type="checkbox"/> Sleep Walking |
| E. <input type="checkbox"/> Backaches or Weak Back | J. <input type="checkbox"/> Hay Fever | O. <input type="checkbox"/> Vomiting |
| | | P. <input type="checkbox"/> Other _____ |

Remember: Three (3) inhalers if your child ever uses one. Sometimes students will use them more heavily in the mountains and sometimes they lose one. Ask their physician for samples to use as spares.

Briefly explain your child's health condition: _____

APPROXIMATE DATE OF LAST KNOWN TETANUS/TOXOID SHOT	IF CHILD IS A VEGETARIAN OR HAS ANY SPECIAL DIETARY NEEDS, BRIEFLY DESCRIBE DIET
3.	4.
IF CHILD HAS BEEN EXPOSED TO COMMUNICABLE DISEASE(S) DURING PAST MONTH, PLEASE SPECIFY DISEASE(S)	
5.	

6. If your child is under a doctor's care for an acute or chronic problem, your physician needs to know that the child will be away from home for four or five full days. Please have physician give instructions for care of child during time child is away from home.

Physician's Instructions: (use additional sheets as needed) _____

Photographic Permission:

Occasionally, LACOSS may wish to photograph or videotape children during their stay at Outdoor Science School. These materials would be used in the production of promotional or educational videos, multimedia presentations, slide shows, or for display on the LACOSS web site. May we photograph or videotape your child?

I give LACOSS permission to photograph or videotape my child. Yes No

SIGNATURE OF PARENT OR GUARDIAN GIVING PERMISSION	DATE SIGNED
X	

Medication and Physician Contact Information
No medication is given without your permission.

1. Prescription Information

If your child regularly takes prescribed medications for chronic or recurrent medical conditions, and requires continued medication coverage while attending the Outdoor Science School, it is necessary for your child's physician to complete and sign a medication request form (Form No. 601-079). If you wish your child to have available emergency prescriptive medicines for some serious condition which may occur infrequently, your child's physician will need to complete the medication request form designating the symptoms and signs prerequisite to or contraindications to administering these additional medications.

2. Nonprescription Medications (from student's home pharmacy)

If your child is bringing nonprescription or "over-the-counter (OTC)" medications, please label each medication, provide written instructions for medicine used on the medication request form, and a note from your physician that such medication will not interfere with other prescribed medications your child is using, your child's dietary restrictions or food allergies, and/or other insect or animal allergies or sensitivities. Any medications provided without instructions or permission cannot be administered. Please do not send any vitamins or medications your child can do without for a week. Such items must have medication approval by your physician

3. Nonprescription Medications (at Outdoor Science School)

If we become concerned about your child's health, we will contact you promptly. If your child's temperature reaches 101, we will call and ask that you come to pick him/her up. For mild or minor conditions, we have a supply of the following simple nonprescription medication. The professional staff of the Outdoor Science School or the visiting classroom teacher will follow our consulting doctor's protocols in administering these medications. If you will allow us to give these medications under doctor's protocols, please check each box and sign at the bottom of the page.

Please Check:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Chloraseptic or other spray or throat lozenge for sore throat |
| <input type="checkbox"/> | <input type="checkbox"/> | Benadryl for allergic reaction, including insect bite |
| <input type="checkbox"/> | <input type="checkbox"/> | Calamine lotion for skin rashes or insect bites |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums, Mylanta, Maalox or similar medication for upset stomach |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrocortisone cream for skin rashes, insect bites, or poison oak |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough syrup and/or cough drops |
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Tylenol generic) for headaches, sore throat, or elevated temperature. You may wish to check its use with your child's physician. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen (e.g. Motrin) for muscle aches, sprains, etc. |

Other simple remedies may be given but only under the direction of our consulting physician.

Comments _____

4. Physician Information and Contact Authorization

In the event of an accident or illness, I hereby grant permission to the Los Angeles County Office of Education personnel to authorize first aid for my son/daughter. In addition, in the event of an emergency, if reasonable attempts to contact those named parents or guardian prove unsuccessful, I hereby give consent to transport my son/daughter to the emergency medical department of the nearest hospital. If his/her physician, (name and contact information below) cannot be contacted, medical treatment deemed necessary by an attending physician or dentist may be administered. I authorize designated school staff to communicate with my son/daughter's physician or caregiver regarding his/her medical condition and/or the medication prescribed for it. (See Education Code Section 49480).

PHYSICIAN'S NAME	PHYSICIAN'S TELEPHONE NUMBER ()
SIGNATURE OF PARENT OR GUARDIAN	DATE SIGNED

Request for Medication to be Taken During School Hours
(Please read regulation below.)

SECTION I - TO BE COMPLETED BY PARENT OR GUARDIAN (To list additional medications, please complete a second request form.)

NAME OF PUPIL (LAST, FIRST)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE (MO/DAY/YR)	NAME OF SCHOOL
<i>I request that my child (named above) be assisted by authorized persons in taking these described medications at the Outdoor School in compliance with the school's policies and procedures</i>			
DATE SIGNED (MONTH/DAY/YEAR)	HOME TELEPHONE NUMBER ()	SIGNATURE OF PARENT OR GUARDIAN X	

SECTION II **TO BE COMPLETED BY CHILD'S PHYSICIAN** MEDICATION(S)

	A.		B.		C.		D.	
	NAME OF MEDICATION	DATE PRESCRIBED	NAME OF MEDICATION	DATE PRESCRIBED	NAME OF MEDICATION	DATE PRESCRIBED	NAME OF MEDICATION	DATE PRESCRIBED
PURPOSE OF MEDICATION								
DOSAGE PRESCRIBED								
TIME SCHEDULE								
DOSE FORM (tablet, liquid, etc.)								
PRESCRIPTION DATE	DATE PRESCRIBED	DATE EXPIRES	DATE PRESCRIBED	DATE EXPIRES	DATE PRESCRIBED	DATE EXPIRES	DATE PRESCRIBED	DATE EXPIRES
LENGTH OF TIME MEDICATION IS NECESSARY								
PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECT(S), OR COMMENTS								
PRINT NAME OF PHYSICIAN			TELEPHONE NUMBER			NAME OF MEDICAL OFFICE		
ADDRESS (NUMBER, STREET NAME, SUITE OR ROOM NUMBER, CITY, STATE AND ZIP CODE)								
<i>The above named pupil for whom the above medication is prescribed is under my care.</i>				SIGNATURE OF PHYSICIAN			DATE SIGNED (MO/DAY/YR)	

REGULATION OF THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

No pupil shall be given medications during school hours except upon written request from the parent or guardian of the pupil and a licensed physician who has the responsibility for the medical management of the pupil.

School personnel, if authorized by the responsible administrator, may assist pupils who must take prescribed medication during school hours through use of the following procedures.

1. A request form for prescribed medication must be completed by the pupil's physician, signed by the parent or guardian, and filed with the school's administrator.
2. The container must be clearly labeled with the following information:

- a. Pupil's full name
- b. Physician's name
- c. Physician's telephone number
- d. Name of medication
- e. Dosage, schedule, and dose form
- f. Date of expiration of prescription

Each medication is to be in a separate container labeled as above. The school's administrator will assume responsibility for placing medications in a locked cabinet which shall be used only for storage of educational materials.

3. Pupils will be assisted in taking medications according to the physician's instructions under the direction of the school's administrator, and the procedure shall be observed by a certificated school staff member.

4. The parent or guardian will assume full responsibility for the supplying of all medications.

No medications may be brought to school by pupils on the school bus. Parent or guardian shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier any medication to be administered under the provisions of this policy. Parent or guardian shall be encouraged to cooperate with the physician to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.

