

SANTA CRUZ COUNTY OUTDOOR SCIENCE SCHOOL

PARENT/GUARDIAN INFORMATION

Welcome to Santa Cruz County Outdoor Science School, a school without walls or desks, sponsored by the Santa Cruz County Office of Education. The Outdoor Science School experience is available to fifth and/or sixth grade students accompanied by their classroom teacher who spend four or five days living on site.

Classes are conducted in the forest, at the edge of the creek, in the chaparral, and in the meadow. The most useful tools for learning are readily available: the students' five senses. The subject area most emphasized in this hands-on learning experience is the science of ecology, the relationship between living things and their environment. From an understanding of basic ecological concepts, we hope that a deeper connection and sense of responsibility for the environment will result.



The Curriculum

The curriculum of the outdoor science school program is aligned with the *Next Generation Science Standards*. We work with classroom teachers before they reach outdoor science school, and strive to aid in student's learning before and after outdoor science school through our curriculum handbook. We focus on authentic inquiry as students explore, interact with and discuss the natural wonders of the redwood forest ecosystem.

The Social Aspect

A second and equally important outcome of the program is the social aspect. The 3 Rs are emphasized; respect, responsibility, and reliability, and are reinforced through the sharing of chores and small group living. Shared cabin living encourages making new friends and working through problems as they occur. Friendships that are made during this week may last a lifetime. The students are encouraged to understand the value of a positive attitude and of being willing to adapt to new settings and situations.

How is the Outdoor Science School Organized?

The Santa Cruz County Office of Education is responsible for the administration of the Outdoor Science School. Koinonia Conference Center is the site where the program takes place; Koinonia is contracted to supply the site facilities, maintenance, kitchen crew, and the ropes course staff. The instructional staff from the County Office of Education consists of outdoor education specialists (we call them naturalists) who work closely with the students. The instructional staff works under the leadership of the director, program coordinator and program assistant of the outdoor science school and the credentialed teachers to provide a positive living and learning experience. Another value of the program is the opportunity for supervised leadership training and community service offered to high school students who serve as cabin leaders through our service learning program.

Staff and Cabin Leaders at Science School

The staff at Outdoor Science School are carefully interviewed, referenced and background-checked. Each naturalist is a college graduate and certified in wilderness first aid and CPR. They are safety-oriented, positive, enthusiastic, and they know how to make learning fun for your child. Cabin leaders are trained high school volunteers. They work under the supervision of the Outdoor Science School staff. The cabin leader selection process requires good academic standing and includes an application, a letter of recommendation, and signatures from teachers, counselor and principal indicating readiness for leadership. An extended group interview takes place during leadership training the evening before the 5th/6th grade students arrive. The cabin leader training includes (but is not limited to) positive discipline, abuse prevention and risk management.

Food at Science School

While involved in our program, your child will be eating nutritional and tasty food. Children serve themselves during family style meals in our spacious dining room and are encouraged to eat as much as they would like. Our cooks are experienced in preparing and serving balanced meals to help make sure your child's needs are met. The cooks are also able to accommodate some special diets with advance notice. If your child has special dietary needs, please read and fill out the attached SPECIAL DIETARY NEEDS form. You may need to contact the Outdoor Science School ahead of time to discuss your child's dietary accommodations.

Accommodations at the Science School

Students stay in carpeted and heated cabins that accommodate between 10 and 14 individuals each. The beds are furnished with plastic covered mattresses. Bathrooms are located in each cabin with private shower facilities. Students are required to clean their living quarters each day. One or more cabin leaders will stay in the cabin with the students. Classroom teachers stay in separate cabins nearby.

Student Safety

The Outdoor Science School has clear policies and practiced procedures that address students' physical and emotional safety. Staff members participate in extensive training which includes (but is not limited to) Emergency Procedures, Positive Discipline, Mandatory Reporting and Abuse Prevention. Our Cabin Privacy Rules are shared with students on arrival day and posted in each cabin, visible for all, to ensure that everyone has a clear understanding of appropriate rules and boundaries in a shared living environment. Our twice-daily, routine "Quick-Writes" activity allows every student the opportunity to communicate any concerns in writing and confidentially to their naturalist and/or classroom teacher each morning and evening. If you have questions or would like further information about the details of our policies and procedures, please call the director at 831-466-5715.

Poison Oak + Ticks

Poison oak exists near our hiking trails. As long as students follow our important school rule of "stay on trail," they are very unlikely to encounter poison oak. Naturalists survey all areas before allowing students to go off trail for exploration. If your child is highly allergic to poison oak, please indicate so on their registration form. We have Tecnu wash available in the health office for students who have accidentally come into contact with poison oak.

Ticks also exist in the redwood forest. On rare occasions, they will "hitchhike" on a student. For this reason, we give self-tick-check instructions to every student on arrival day and encourage them to do self-tick checks in the bathroom each night and morning. If a student discovers a tick, the health supervisor will remove it, save it and send it home with the student. We will also notify parents.

Health Care at the Science School

A Health Supervisor is in residence 24 hours a day while your child is attending science school. If a child becomes too ill to participate in activities, parents will be called to pick up their child. If an emergency arises or your child is hurt while at the outdoor school, you will be notified immediately. Emergency Medical care is just minutes down the road at the local fire station. If parents cannot be reached, medical treatment will be given under the authorization parents sign as part of the registration procedure. Please fill out all health forms carefully and completely in ink.

Medications

In order for your child to receive any medications at the Outdoor Science School, you must complete and sign the Authorization to Administer Medication form in this packet. If your child takes regular medications (prescription and/or OTC not listed on the form), your child's physician must also complete and sign the form. ALL medication sent with your child must be in the ORIGINAL CONTAINER (including over-the-counter). Medication in pill-boxes cannot be administered. Prescription containers must have the original prescription label that is legible and includes the following information:

1. STUDENT'S NAME
2. PHYSICIAN'S NAME
3. NAME OF MEDICATION
4. DOSAGE (how much and when)

Information and directions on the prescription label must match the written physician's orders on the Authorization to Administer Medication form.

Homesickness

While many students may feel very confident away from home, some may experience separation anxiety and display signs of homesickness. The outdoor science school staff members are caring and respectful and are trained to work with students struggling with homesickness. Staff members work together with the student's teacher and cabin leader to provide the nurturing, support and counseling that is needed. If a student is experiencing homesickness, a phone call home is not our first approach. Students are more successful when they are able to stay focused on participating in the activities rather than focusing on home. In more severe cases, the administrative staff may call the student's parents to inform them of their child's homesickness, outline steps taken to support their child and answer any questions the parents may have. It is our policy to keep parents informed if their child is experiencing severe homesickness. If you anticipate that your child will experience severe homesickness, setting up a tour (by calling the number listed below) to visit the campus before their attendance week is a great way to alleviate anxiety.

The First Day's Lunch

PLEASE PROVIDE YOUR CHILD WITH A BEVERAGE AND A BAG LUNCH TO BE EATEN DURING THE FIRST DAY OF OUTDOOR SCIENCE SCHOOL (No peanuts or peanut products, please). No other snacks or meals should be sent with your child unless there is a medical reason for doing so. We ask that no food be in the child's cabin because of potential insect and rodent pest problems.

Transportation

School sites will arrange the transport of students each way. Check with your school site to find out what time your child needs to be at school the first day of science school, and when your child will be arriving on the last day of science school.

Letter from Home

Cheerful letters from home, which are "general" in nature (no bad news please), are always appreciated by the students. Please mail your letters early (the Saturday before the program week is best) in order to ensure their arrival by Tuesday or Wednesday. Please do not send packages, food, gum or candy. Mail is delivered to the students each morning at breakfast. Mail that arrives Friday afternoon after your child has departed, or later, will be stamped with "return to sender" and sent back to you.

ADDRESS MAIL AS FOLLOWS:

Return Address	<input type="checkbox"/>
Child's name	
Santa Cruz County Outdoor Science School	
1605 Eureka Canyon Road	
Child's School	Watsonville, CA 95076

Please direct phone calls during the program week to our Koinonia site office at (831) 722-8222. If you cannot reach anyone at that phone number please try the Santa Cruz County Office of Education at (831) 466-5715.

Outdoor School T-Shirts and Sweatshirts

Please remember to check the Outdoor Science School store order form for items your child may like to buy. All items should be pre-ordered. Look for the attached order form. Please do not send cash with your child as they will not have the opportunity to buy anything while on site. Contact your child's teacher for further instructions.

All checks that are written to purchase store items should be made payable to Santa Cruz County Office of Education

A Typical Day at Outdoor Science School

7 AM----Wake up/Shower/clean cabin	4:30-----Song/rap/poem/cheer practice
7:50----Flag ceremony/set tables	5 PM-----Cabin Time
8 AM----Breakfast	5:20-----Flag ceremony
9:30----Field Study	5:30-----Dinner
11:45---Set tables	6:30-----Class meeting
Noon----Lunch	7:30-----Evening Activity
12:45---Cabin rest time	9:00-----Return to cabin
1:15 PM---Field Study or Ropes Course	9:20-----Lights Out and quiet

For More Information...

Check out our website at <https://osp.santacruzcoe.org> and/or our online parent presentation at <https://youtu.be/m9XDEwZyeoE> for English and: <https://youtu.be/kTUhE35zGDc> for Spanish.

Site Phone at Koinonia #: 831-722-8222

Santa Cruz County Office of Education #: 831-466-5715

Take Highway 17 south to Highway 1. Proceed south to Freedom Blvd. Exit and proceed left over the freeway. Continue approximately 5 miles to Corralitos Road. Turn left on Corralitos Road and continue approximately 1.5 miles to a four way stop sign. Check the odometer on your car, Koinonia is straight ahead almost 5.2 miles up Eureka Canyon Road. We're located on the left side of the road up a steep driveway. There is a sign at the entrance



WHAT TO BRING LIST FOR OUTDOOR SCIENCESCHOOL

Items with an asterisk* are suggested but not required

Bedding

- _____ Sleeping Bag and/or 2 or 3 warm blankets
- _____ Pillow

Toiletries:

- _____ 2 bath towels and wash cloth
- _____ Toothbrush and toothpaste
- _____ Comb and/or brush
- _____ Soap and soap box (bar or body wash)
- _____ Shampoo
- _____ Lip Balm*
- _____ Kleenex*
- _____ Deodorant*
- _____ Sunscreen*

Equipment:

- _____ Laundry bag (large plastic garbage bag works fine)
- _____ Camera* (Disposable cameras are encouraged. **Please mark w/ your child's name**)
- _____ Backpack*
- _____ Flashlight*
- _____ **Water Bottle** (essential)
- _____ Paper, Pen/Pencil, Stamps w/pre-addressed envelope*

Clothing:

- _____ Underwear- 4 changes
- _____ Socks - 8 pairs
- _____ Pajamas (only to be worn in the cabin)
- _____ Jeans or Durable *long pants* 2-4 pairs (students must wear long pants on hikes)
- _____ Shirts - Long and short sleeve 4 total
- _____ Heavy sweater or sweatshirt
- _____ Warm jacket
- _____ Shoes - 2 pairs (closed toed), suitable for hiking (please do not buy special shoes/boots)
- _____ Gloves (in winter time only)
- _____ Hat (warm cap for cold weather)

Rain Gear:

- _____ Raincoat or poncho

The weather is often unpredictable & rain gear may be needed all times of the year!

Please DO NOT bring the following items:

Cell Phones/tablets (cell phone cameras are prohibited. Cameras must be a camera only with no other electronic function)

IPods/MP3 players	Hair dryers	Curling Irons	Gum
Pocket Knives	Electronic games	Hair Spray	Money
Fishing Gear	Food	Aerosols (No cologne/perfume)	Candy

Any items requiring electricity or battery (Exceptions: camera, watch and flashlight)

TO AVOID LOSS OF CLOTHING/ARTICLES, PLEASE LABEL ALL ITEMS

Dress Code: *Suitable clothing for outdoor experiences; chest, torso and undergarments must be covered; see-through clothing is not allowed. *Long pants and close-toed shoes are required on trail. *No gang-related attire *No chains hanging from the pants



Santa Cruz County Outdoor Science School STUDENT REGISTRATION AND HEALTH FORM



Please Print Clearly

Name of Student (last)	(First)	(Middle Initial)	Circle one: Male Female Other
Date of Birth	School	Teacher	
Home Address (Street)	(City)	(Zip Code)	Home Phone ()
Parent/Guardian #1 Name	Work Phone ()	Cell Phone ()	
Parent/Guardian #2 Name	Work Phone ()	Cell Phone ()	
Family Medical Insurance Carrier:	Group #	I.D. #	
Name of Family Physician			Physician's Telephone ()

PERSONS TO CONTACT IN AN EMERGENCY IF PARENTS/GUARDIANS CANNOT BE REACHED

Name	Relationship to Student	Home Phone ()	Cell Phone ()
Name	Relationship to Student	Home Phone ()	Cell Phone ()

STUDENT HEALTH INFORMATION

Does student have a recent history of any of the following conditions? Please check ALL that apply and briefly explain below

<p>A <input type="checkbox"/> ADHD</p> <p>B Allergies <input type="checkbox"/> Bee stings/insect bites (circle) <input type="checkbox"/> Food <input type="checkbox"/> Hay fever <input type="checkbox"/> Medication <input type="checkbox"/> Other (explain below) <input type="checkbox"/> Anaphylaxis to any of the above allergies</p> <p>C <input type="checkbox"/> Asthma</p> <p>D <input type="checkbox"/> Bedwetting (send extra bedding)</p> <p>E <input type="checkbox"/> Bowel problems</p> <p>F <input type="checkbox"/> Diabetes</p> <p>G <input type="checkbox"/> Epilepsy or seizure disorder</p> <p>H <input type="checkbox"/> Exposure to any contagious disease (e.g. chicken pox, measles, etc.) during the last month</p>	<p>J. <input type="checkbox"/> Fainting</p> <p>K. <input type="checkbox"/> Headache</p> <p>L. <input type="checkbox"/> Homesickness</p> <p>M. <input type="checkbox"/> Nosebleeds</p> <p>N. <input type="checkbox"/> Recent broken bone or surgery Body part affected _____ Date of injury/surgery _____ Activity restrictions _____</p> <p>O. <input type="checkbox"/> Recently Ill (please explain below)</p> <p>P. <input type="checkbox"/> Restriction of strenuous activity (hiking, running games, etc)</p> <p>Q. <input type="checkbox"/> Sleep walking</p> <p>R. <input type="checkbox"/> Special diet required (e.g. vegetarian, no pork, please explain below)</p>
<p>Briefly explain all items checked above (refer to each item by preceding letter) and explain any other health issues not listed above (use additional paper if necessary).</p>	

Yes **No** Does your child take ANY prescription or non-prescription medicine on a regular basis? If yes, then please supply the pertinent information on the Authorization to Administer Medication form on the back of this page. **Please be aware that a physician's signature on the back of this page is required for prescription medication.**

PARENT/GUARDIAN CONSENT AND MEDICAL AUTHORIZATION

_____ (child's name) has my permission to participate in the Santa Cruz County Outdoor Science School Program in conjunction with their regular school program. My child is in good health, as indicated and I accept financial responsibility for my child's attendance. I hereby authorize medical and/or surgical care to be provided for my child in the unlikely event of an emergency which may occur while being transported to and from the Outdoor School and/or while participating in the Outdoor School Program. (In the event of an emergency, parent/guardian will be notified as soon as possible). As stated in California Educational Code Section 35330, I understand that I hold Santa Cruz County Office of Education, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my child's participation in outdoor science school. I fully understand that participants are to abide by all rules and regulations governing conduct during all activities. Any violation of these rules and regulations may result in that individual being sent home at the expense of their parent/guardian. No refunds will be issued for students who depart from the outdoor science school early due to discipline issues. It is the responsibility of the parent or guardian to pick up a student sent home for any reason. I hereby authorize the Santa Cruz County Office of Education full and absolute permission to take, or contract with others to take, photographs or video of my child. Such photographs or video may be published in any media form by the Santa Cruz County Office of Education for educational and/or public information purposes without compensation or liability from such use. If you do not wish to have your child included in such videos or photos, it is your responsibility to contact the Outdoor Science School no later than 2 weeks prior to your child's participation at 831-466-5715.

SIGNATURE of PARENT/LEGAL GUARDIAN _____ **Date** / /



Santa Cruz County Outdoor Science School AUTHORIZATION TO ADMINISTER MEDICATION



Name of Student (Last)	(First)	Date of Birth
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The over-the-counter (OTC) medications listed below or their generic equivalents are provided by OSS. Please indicate below, whether or not your child has permission to receive the listed medications.

- | | | | |
|---|---|--|--|
| <u>ANALGESICS</u>
Advil/Ibuprofen
Tylenol (LIQ&TAB) | <u>COLD/CONGESTANT/ALLERGY</u>
Benadryl (LIQ&TAB)
Robitussin DM Cough & Congestion
Cough Drops | <u>CONSTIPATION/DIARRHEA</u>
Milk of Magnesia
Immodium | <u>SKIN</u>
Neosporin Ointment
Benzocaine
Calamine Lotion
Hydrocortisone Cream |
| <u>INDIGESTION</u>
Tums
Pepto Bismol | <u>MOUTH</u>
Chloraseptic | | |

May your child be given the medications listed above if needed? **YES** (signature below is required) **NO**

ALL other medication sent with your child, both prescription and non-prescription, must be in the ORIGINAL CONTAINER and authorized below by his/her physician. The container must be clearly labeled with the following information:

1. STUDENT'S NAME
2. PHYSICIAN'S NAME (prescription medications only)
3. NAME OF MEDICATION
4. DOSAGE (how much and when)

Please pack enough for 2 extra days in case of emergency, accidental loss or damage. It is important that students continue to take their medication while at OSS. Medication must be given to your child's classroom teacher for delivery to the OSS Health Supervisor. **DO NOT** pack medication in your child's luggage.

TO BE COMPLETED & SIGNED BY THE STUDENT'S PHYSICIAN: Medication sent from home to be administered at OSS:

Name of Medication	Dosage (e.g. 1 Tab, 10mg)	Route (Oral, inhale, topical)	Schedule					Condition(s) for Given Medication
			Break- fast	Lunch	Dinner	Bed- time	Other	
1.								
2.								
3.								
4.								
5.								

Comments:

For students with asthma or severe allergies, please indicate if they have your permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Santa Cruz County Outdoor Science School.

- Yes**—This student has my permission to carry their inhaler and/or epi-pen at all times.
 No—This student may not carry their inhaler and/or epi-pen. His/her medication must be on the person of an adult guardian at all times.

Physician Authorization: The above named student for whom the medication(s) on this form are prescribed is under my care.

Physician's Name: _____ **Phone Number:** _____ **Address:** _____

Signature: _____ **Date:** _____

Parent/Guardian Authorization

The Board of Education recognizes that certain students may need to take prescribed or over-the-counter medication during their stay at the Outdoor Science School (OSS). The Health Supervisor, or other persons designated by the administration, shall assist such students in taking their medication. OSS is not legally required to administer medication to students participating in the program. However, at the request of the parent/legal guardian, with proper authorization, OSS will administer medication in an effort to carry out the wishes of the parent/legal guardian and the recommendations of a physician. I request that my child be assisted by authorized persons in taking the described medications listed above at the Santa Cruz County Outdoor Science School in compliance with established policies and procedures.

I understand that medication may be dispensed by someone other than a registered nurse. I hereby agree to hold the Santa Cruz County Office of Education and its officers, agents, and employees harmless from any and all liability which may arise out of SCCOE's performance under this agreement.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

<u>Checklist</u> (Make sure of the following before returning this form)	
<input type="checkbox"/> Medications are in their original containers	<input type="checkbox"/> Medications are not expired
<input type="checkbox"/> Medications inside a gallon sized zip lock bag	<input type="checkbox"/> Parent/Guardian (and doctor for prescription meds) have signed this form

Santa Cruz County Outdoor Science School Special Dietary Needs Form

(If your child is a vegetarian or vegan, and does not have other food restrictions, do not fill out this form.
Indicate these dietary needs on the Student Health and Registration form)

Name of Student (Last)	(First)	Date of Birth
Parent/Guardian Name	Phone Number	School/Teacher

Please indicate which foods/ingredients your child MAY NOT HAVE (circle all that apply):

Peanuts **Tree nuts** **Gluten** **Dairy**
Egg **Soy** **Corn**
Other (please be specific) _____

If your child does not eat certain foods or ingredients for personal choice reasons (this does not include picky eaters), but IS NOT allergic, please circle the foods your child does not eat. You do not need to fill out the rest of the form.

How long ago was your child diagnosed with the food allergy? _____

When was their last exposure/reaction? _____

Please indicate the severity of your child's most recent reaction (circle one):

Anaphylaxis **Severe (Systemic with no Anaphylaxis)** **Moderate** **Mild**

Please describe your child's most recent reaction in detail:

What were the symptoms? _____

Did your child take any medication to alleviate the symptoms? (Please list medication(s) taken):

Did your child go to the hospital? **Yes** **No** How long did the symptoms last? _____

What triggers your child's reaction (e.g. eating the food, touching the food, touching a contaminated surface, airborne, etc)? List all that apply: _____

Does your child have an epi-pen (circle one)? **Yes** **No**

If No, skip to IMPORTANT INFORMATION

If Yes, please send at least TWO epi-pens with your child to Outdoor Science School. Also, thoroughly complete the **Physician and Parent Authorization to Administer Medication form** (in the parent packet) and the **Anaphylaxis Action Plan** (on the back of this form).

- Has your child used an epi-pen before (circle one)? **Yes** **No**
 - o List approximate date(s) that the epi-pen was used: _____

IMPORTANT INFORMATION

The Outdoor Science School kitchen is a peanut and tree-nut free facility, with the exception of desserts served after dinner each evening, which do not contain nuts, but may have been processed in a plant that also processes tree nuts. If your child is allergic to peanuts or tree nuts, they will receive Oreo cookies for dessert each night. The kitchen is prepared to provide Gluten free, Dairy free, Vegetarian and Vegan meals without prior notice. **If your child is allergic to EGG, SOY or CORN, or you have any other dietary concerns, please call our office (831-722-8222) two weeks before your child is scheduled to attend to discuss menu substitution options. You may be asked to send up pre-made substitution meals if the dietary restrictions are beyond the scope of the Outdoor Science School kitchen.**

Santa Cruz County Outdoor Science School Allergy and Anaphylaxis Action Plan

To be completed by the child's physician if the student will bring an Epi-Pen to Outdoor Science School

Name of Student (Last)	(First)	Date of Birth
Parent/Guardian Name	Phone Number	School/Teacher

Allergen that may cause a severe reaction: _____

Note: In addition to this form, please complete the Physician and Parent Authorization to Administer Medication Form

If the student has these symptoms:

Give this Medication (circle):

1. If a food allergen has been ingested or in the case of bee allergies, the student has been stung, but <i>no symptoms</i>	Epinephrine	Antihistamine
2. Mouth (itching, tingling, swelling of lips/tongue/mouth)	Epinephrine	Antihistamine
3. Skin (hives, itchy rash, swelling of face or extremities)	Epinephrine	Antihistamine
4. Gut (nausea, abdominal cramps, vomiting, diarrhea)	Epinephrine	Antihistamine
5. Throat (tightening, hoarseness, hacking cough)	Epinephrine	Antihistamine
6. Lungs (shortness of breath, repetitive coughing, wheezing)	Epinephrine	Antihistamine
7. Heart (thread pulse, low blood pressure, fainting, pale, blueness)	Epinephrine	Antihistamine
8. Other	Epinephrine	Antihistamine
9. If reaction is progressing (several of the above areas affected)	Epinephrine	Antihistamine

Medication Dosage:

Epinephrine auto injector: Inject into outer thigh 0.15mg OR 0.30mg

Antihistamine (medication/dose/route): _____

Other (medication/dose/route): _____

Give Medication then CALL:

1. Call 911 if epinephrine is given and/or symptoms are progressing to potentially life-threatening
2. Call the Outdoor Science School director on the two-way radio
3. Call parents/guardians

The child named above is under my care. It is necessary for him or her to receive the above prescribed medication while attending the Outdoor Science School. The medication may be administered by trained, nonmedical school employees, under the supervision of the health supervisor/EMT. The health supervisor/EMT may not be present during the administration of the medication.

Physician: _____ Phone Number: _____

Physician Signature: _____ Date: _____

Primary.Health Standard Consent

School-based Testing

Please carefully read and sign the following Informed COVID 19 Screening Test Consent and Authorization for the Release of Information and Test Results:

For non-minors, all sections that reference "my child" refer to the individual signing

To help make our California schools safer and reduce the risk of COVID-19 being transmitted at school, the California Department of Public Health (CDPH) in partnership with your school is implementing a COVID-19 testing program. The COVID-19 tests under this program may include, but not be limited to, self-administered over-the-counter antigen tests, school administered antigen tests, and molecular (e.g., PCR) and pooled molecular tests. Students and staff who are studying or working at the school may be tested one to two times a week for COVID-19. All testing will be free of charge.

Rapid test results will generally be available within one hour. If additional confirmatory laboratory-based testing is needed, you will be notified. You will receive a message when the test result is available for both negative and positive cases. This document provides consent for participation in the school-based testing program:

- I authorize on behalf of myself or my child COVID-19 testing by collecting a nasal swab. Most children and adults will swab the first inch or so of their nose themselves.
- I represent that I am the parent or guardian authorized to sign this document for my child.
- I acknowledge that a positive test result is an indication that I or my child must isolate at home, follow state and county quarantining procedures, and wear a mask or face covering as directed in an effort to avoid infecting others.
- I authorize that my or my child's test results may be disclosed to the district, county or state health department, or to any other governmental entity.
- I authorize Primary Diagnostics, Inc. ("Primary") and each of the parties listed below to release patient personal and test information in order facilitate testing for COVID-19 infection and for making further disclosures as set forth in the Primary Privacy Policy, available at <https://primary.health>:
 - The ordering provider for your COVID-19 test
 - The ordering provider for your child's COVID-19 test
 - The California Department of Public Health and local public health agencies
 - Any laboratory partner providing confirmation RT-PCR tests and/or providing mandatory reporting to the state health department
 - The participating school and other Primary partners, as necessary and determined by Primary Diagnostics, Inc.
- I understand that "patient personal and test information" includes the following:
 - The patient's name, gender, date of birth
 - If applicable, dependent and/or guardianship information
 - Contact information including telephone number, email address, and physical or mailing address
 - Appointment information, transaction identification number, COVID-19 test information and results
- I understand that this testing site does not act as a medical provider and that testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action

with regards to the test results. I agree I will seek medical advice, care, and treatment from a medical provider, as applicable, if I have questions or concerns, or if conditions worsen.

- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I have been informed about the test purpose, procedures, possible benefits and risks, and, if requested, have received a copy of this Informed Consent for participation in the COVID-19 test. I have been given the opportunity to ask questions before I sign, and throughout the entire testing procedure.
- I understand that I may revoke my authorization for consent at any time by notifying Primary.Health in writing at Primary Diagnostics, Inc. at 595 Pacific Ave FL4, San Francisco, CA 94133 or support@primary.health of my desire to revoke it. In addition to notifying Primary Diagnostics, I must also provide written notice to the designated school. I understand that any action already taken in reliance on this authorization prior to my revocation cannot be reversed.
- Unless revoked earlier, this authorization expires 12 months from the date of this authorization.
- I understand the school may also request and conduct molecular (e.g., PCR) tests as an additional precautionary measure for certain individuals tested through the COVID antigen rapid test screener. For example if a person who was exposed or has no symptoms tests positive. In this instance, I authorize the California Department of Public Health and designated partners to use my insurance information to ensure that there is no cost to me for this service.
- **Warning of Risks & Assumption of Risks:** Participating in COVID-19 screening involves inherent health risks. There is a risk that upper respiratory tract swabbing may cause mild discomfort, sneezing, or nosebleed. By consenting to participate, I acknowledge that I understand that the risk of my or my child's participation is low, and I voluntarily accept any health risks.
- **Waiver, Release, and Indemnification:** I know that participating in this screening is an activity that may be a potentially hazardous activity for some individuals. I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my or my child's participation. I hereby release, waive, hold harmless and covenant not to bring a suit against the administrators, sponsors, organizers, volunteers, employees, agents or any affiliated individuals or entities associated with this screening from any and all losses, damages, liabilities or other claims and causes of action that may arise out of my participation.
- To the extent permitted by applicable law, in the event of a conflict between the English and Spanish language versions of this Informed Consent, the English language version shall control.

Note: Electronic Consent will be collected through the Primary.Health platform. If written or verbal consent is needed, the electronic consent may be exported to a printable format with the appropriate signature lines and information.

Student Name: _____

Parent/Guardian Signature

Date



BEHAVIOR EXPECTATIONS

RULES AND GUIDELINES FOR SANTA CRUZ OUTDOOR SCIENCE SCHOOL

Behavior guidelines are necessary at the outdoor school as they are everywhere else. These are simple, common sense rules that are not meant to restrict students from having an experience that is fun, but to insure that everyone is safe and enjoying the Outdoor Science School equally.

The Outdoor School “3 R’s” will help you remember what is expected:

- * Be **RESPECTFUL**. Show respect for yourself and others, their feelings, their rights, their bodies (treat others as you would like to be treated) and their property (do not touch anything without the owner’s permission).
- * Be **RESPONSIBLE**. Think before you act and make the appropriate choices that are in the best interest of everyone at the Outdoor Science School. You will be held accountable for the choices you make and for the consequences of those actions. Your parents, your classroom teacher, your school, and especially your classmates will be depending on you to behave in a way that will not be disruptive or take away from their experience. Inappropriate behavior wastes everyone else’s time.
- * Be **RELIABLE**. Show your cabin leader, naturalists and teachers that you can be counted on to follow the rules. Take care of your own personal space in your cabin. Show your cabin leader, naturalists, teachers and friends that they can rely on you to help out.

The staff at the Outdoor Science School will be relying on each student to be responsible for knowing, understanding, and following the guidelines listed below!

CABINS: Students are expected...

1. not to enter other cabins (failing to follow this rule could result in immediate suspension).
2. to be in bed and quiet by lights out (usually 9:20 P.M.) except for emergencies.
3. to remain in bed until 7:00 A.M. when the Cabin Leader asks you to get up.
4. to stay with your cabin group at all times.
5. to refrain from pillow fights, wrestling, roughhousing or pranks of any kind.
6. not to have any food of any kind in cabins (in order to avoid attracting rodents and insects).
7. to follow the directions of, and cooperate with the Cabin Leader.

DINING ROOM: Students are expected...

1. to talk quietly at the table.
2. to stay seated (only the Hopper has reason to leave the table during meals).
3. to understand that playing with or throwing food is inappropriate.
4. to listen quietly when it is time for announcements and instructions.

TRAIL AND GROUNDS: Students are expected ...

1. to stay on the trail and walk **behind** the Naturalist or Cabin Leader.
2. to wear long pants and close-toed shoes on trail.
3. to refrain from throwing objects, pushing, or carrying walking sticks.
4. to respect all plants and animals and not to remove or hurt them in any way.
5. to listen quietly at all times when a Teacher, Naturalist, or Cabin Leader is speaking.

IN GENERAL: Students are expected...

1. to use appropriate language.
2. to avoid statements that could be thought of as put-downs to or about others.
3. to cooperate with staff and other students.
4. to refrain from doing anything that could cause harm to self or others or damage to Outdoor School buildings and grounds

I have read the three R’s and the guidelines. I understand them, and I am willing to follow them. I understand that my failure to follow them could result in my parents being called and could cause suspension from the Outdoor School.

Student Signature _____ Parent/Guardian Signature _____

Santa Cruz County Outdoor Science School Souvenir Order Form

PLEASE RETURN THIS FORM WITH PAYMENT TO YOUR CHILD'S TEACHER

(Your child will receive the items ordered when he/she arrives at Outdoor Science School)

Sweatshirts and T-Shirts



Cinch Backpack



Water Bottles



Hats



Student's Name _____ **School** _____

Item	Color CIRCLE ONE	Size	Quantity	Unit Price	Total
Sweatshirt Adult (Small, Medium, Large, XL)	Grey Navy Black Forest Green		x	\$40.00	=
Sweatshirt Youth (Large, XL)	Grey Navy Black Forest Green		x	\$35.00	=
Short Sleeve T-Shirt Adult (Small, Medium, Large, XL)	Grey Navy Black Forest Green		x	\$20.00	=
Long Sleeve T-Shirt Adult (Small, Medium, Large, XL)	Grey Navy Black Forest Green		x	\$25.00	=
Hat	Navy Forest Green		x	\$35.00	=
Cinch Backpack	N/A	N/A	x	\$20.00	=
Water Bottle (26oz)	N/A	N/A		\$8.00	=
Every Child Outdoors Donation	If you would like to contribute to our foundation please enter amount here. Any amount helps. See below for details.				=
Please make checks payable to the Santa Cruz County Office of Education				Order Total	=

100% of profits from souvenir sales go to the Every Child Outdoors Foundation, providing Outdoor Science School scholarships to students in lower income communities. Check out our website at www.everychildoutdoors.org