

Student Packet (2016)

# **Dear Parents & Students,**

Your student's visit to Pathfinder Ranch is sure to be filled with new experiences and memories. Since we are committed to providing a safe and fun learning environment, we need your help in preparing your student for his/her visit. Please carefully review this packet and return all of the necessary forms to your trip coordinator. If any form is not completely filled out, your student might not be able to participate in activities until the missing sections/forms are completed and faxed or emailed to Pathfinder Ranch. Enclosed you will find the following information and forms:

**Activities & Classes** – This page describes the overall camp experience and classes we offer, but we work with each trip coordinator to create a specialized itinerary for your group.

**Food & Medical Services** – This page addresses many frequently asked questions regarding food services, dietary restrictions, health services, and medications at Pathfinder. The page also includes our limitations. Please visit our website for more information, and contact your trip coordinator if your student requires special accommodations or has any restrictions.

**Student Information Form** – It is essential that this form be properly completed. Unsigned and/or incomplete forms will prevent your student from participating until the completed form is received by Pathfinder staff. Be sure to include dietary restrictions and physical limitations.

**Medication Order Form** —For Benadryl, Tylenol, and/or ibuprofen, **DO NOT** complete a Medication Order Form. Pathfinder's infirmary stocks these basic medications and Pathfinder health staff has a physician's standing orders to administer them as needed. For all other medications, the completed Medication Order Form must accompany the medications in their original containers and not be expired, in order to be administered.

**Student Behavior Form** – This form outlines the behavioral expectations of your student while at Pathfinder. Both you and your student must read and sign this form. Students with major behavioral issues will be sent home at the discretion of the trip coordinator and/or school administrators.

**Equipment List** – Please be sure to send your student with the listed essential gear. The weather varies drastically in the mountains, so double check the weather link (http://pathfinderranch.com/ranch-weather/) on our website right before the trip. It is critical that your child is prepared for his/her visit.

Please contact your trip coordinator with questions regarding your student's upcoming trip or visit our website at <a href="https://www.pathfinderranch.com">www.pathfinderranch.com</a> for more information. See you soon!

Sincerely,

Ryan Mayeda
Outdoor Education Director



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# **ACTIVITIES & CLASSES**

Pathfinder Ranch is proud to offer a broad and engaging curriculum. Following is a list of the classes that we offer, but the trip coordinator will decide which of these classes your students will participate in. Please visit our website (http://pathfinderranch.org/science-classes-info/) for a full description of each class.

### **Arrival Day**

Students must bring a sack lunch to eat on their arrival day. Check with your trip coordinator to determine if the school will provide these sack lunches. Pathfinder staff will provide all other meals from arrival day dinner to departure day lunch. After this sack lunch, students split into their study groups and receive an orientation to campus and our policies/procedures.

### **Academic Classes**

Cultural History, Earth's Resources, Ecology, Permaculture, Wilderness Skills, and Wildlife

### Adventure Activities

Archery, Canoeing, ExCEEd (Equine-Centered Experiential Education), Hikes, Horseback Riding, Horsemanship, Ascent (Alpine Tower, Climbing Wall, Rock Climbing), and Team Challenge

### **All Group Activities & Evening Programs**

Astronomy, Catapults, Electives, Free Time (Recess), Lorax & Town Meeting, Mad Science Fair, Night Hike, Predator & Prey, Skit Night, Weather

For the safety of participants and staff, individuals should NOT participate in Adventure Program activities (see list above) if any of the following conditions apply:

- Over 250 lbs in body weight (only applies to Horseback Riding and Ascent activities)
- Pregnancy (only applies to Horseback Riding and Ascent activities)
- Cardiac disease
- Received an organ transplant
- Currently experiencing abdominal organ enlargement (e.g. Mononucleosis)
- Active orthopedic and/or joint problems (e.g. Rheumatoid arthritis, recent fracture or sprain, or current sutures or staples)
- History of head, neck, or back injuries
- Any condition that a physician has determined creates a limitation to physical activity or if you think that participating in Adventure Program activities will aggravate any previous medical condition

Contact the Recreation Director at 951-659-2455 ext 19 with further questions or concerns about participating in Adventure Program activities.



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# **FOOD & MEDICAL SERVICES**

Pathfinder food service staff strives to accommodate as many special diets as possible including gluten free, vegetarian, no shellfish, no pork, lactose free, and mild nut allergies. We cannot accommodate severe nut allergies, because we serve some food items that are processed in facilities that also process nut products. If your child has severe nut allergies, multiple food restrictions, or something not listed, please contact our food service staff at 951-659-2455 ext. 28 to discuss options.

Pathfinder health staff is available 24 hours a day to address basic first aid, minor illnesses, and distribute student medications. Pathfinder health staff **does not** provide care for chronic injuries or illnesses such as type 1 diabetes and severe cystic fibrosis. If a student requires special care, please contact your trip coordinator to discuss care options and make proper arrangements before your student's trip. If you decide to attend and care for your child, it is critical you go through all the steps with the trip coordinator to be a chaperone. If you have additional questions or requests from our health staff, please call 951-659-2455 ext. 22.

### **STUDENT FORMS**

- ➤ Please <u>complete and sign</u> the *Student Information Form* along with the *Student Behavior Form*.

  Incomplete forms will prevent your student from participating, and they may have to leave immediately.
- <u>Prescription (Rx) medication</u> must be accompanied by a *Medication Order Form* that is signed by a physician. The pharmacist's label must be legible and display the patient's full name.
- ➤ <u>Over-The-Counter (OTC) medication</u> must be accompanied by a *Medication Order Form* that is signed by a physician OR a parent/guardian.

### IMPORTANT INFORMATION

- Pathfinder Ranch has standing orders, approved by a physician, to administer **Benadryl**, **Tylenol**, and **ibuprofen** as needed, which we have in the infirmary. DO NOT send these three medications unless the medication is to be administered in a manner other than as directed on the manufacturer's label, or it is to be administered on a regularly scheduled basis.
- ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS.
- DO NOT send expired medications.
- All student medications will be locked up, and administered only by Pathfinder Ranch health staff. The one exception is if a student has an emergency albuterol inhaler, which they will keep with them at all times.
- A medication order on-file at school can be used for EMERGENCY MEDS (e.g. Epi-pen, inhaler, nebulizer).
- Please mark albuterol **INHALERS** with the student's name using **PERMANENT MARKER.** Inhalers must be non-expired and inside the original prescription box. Emergency inhalers will be issued to the students to whom they belong, on the first day, to carry with them at all times.
- All medications and *Medication Order Forms* should be transferred to Pathfinder Ranch health staff by the trip coordinator upon arrival.
- For any treatment a parent/guardian does not want for their child, they must submit to Pathfinder staff a signed statement specifying the action to be taken should the student need care or treatment.



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# **STUDENT INFORMATION FORM**

SCHOOL NAME:					
STUDENT NAME:			BIRTH	I DATE:	
	LAST	FIRST	M.I.		
HOME ADDRESS:					
S	TREET ADDRESS		CITY	STATE	ZIP
1. PARENT/GUARDIAN:					
HOME PHONE:	CELL PHONE:		WORK P	HONE:	
2. PARENT/GUARDIAN:					
HOME PHONE:	CELL PHONE:		WORK P	HONE:	
ADDITIONAL EMERGENCY	CONTACT:		PHONE	i:	
	<u>HEAL</u>	TH HISTO	<u>PRY</u>		
Pertinent medical history and	d/or current medication(s	):			
Any allergies and/or dietary	restrictions:				
Date of most recent tetanus	shot (mm/yy) /	_			
Any camp activities from whi			or health reasons:		
	·	•			
Any condition(s) requiring m	edication, treatment, or s	pecial restric	ction/consideration	while at camp:	
☐ I <u>DO NOT</u> grant permissi Only mark the box if you	on for my child to ride hold on ot grant permission. P	- '	•		es.
Parent/Guardian Authorizati physically, mentally and emotionally those specified activities that I have these images may be used in promo of the setting, certain natural risks a agents from and against all claims, leactivity. I hereby attest that all imme personnel to administer prescribed, selected by Pathfinder Ranch to ord event that I should be unavailable in proper treatment for, and to order in	If the price of the property o	e in all authorize in all authorized erstand that met the activities indemnify and alting from, arising up to date. I gens per Dr. standardestreatment necestression to the	ed activities prescribed in y child may be photograp at Pathfinder Ranch may hold harmless Pathfindering out of, or in any way ogive permission to the carding orders. I also hereby ssary for the proper main physician selected by Par	the camp program agen hed while at Pathfinder be physically challenging Ranch and its employee connected with the abov mp health staff and/or tr give permission to the pitenance of my child's he thfinder Ranch to hospit	nda, except for Ranch and g and, because es, servants and e mentioned rained hysician ealth. In the
SIGNATURE:			DATE:		

# PATHFINDER RANCH MEDICATION ORDER FORM

Name of Student:	ndent;	DOB:	S	School:		Trip Dates:	S:			
Rx Medicati OTC Medica	Rx Medications: Doctor's signature required. Place meds in their ori OTC Medications: Doctor OR parent/quardian's signature required.	<ul> <li>d. Place meds in their origian's signature required.</li> </ul>	ginal containers. Place meds in th	ginal containers.						
	TO BE COMPLETED	TO BE COMPLETED BY A PHYSICIAN, PARENT OR GUARDIAN	RENT OR GU	ARDIAN		FOR PA	THFIN	FOR PATHFINDER USE	E ONLY	
					TIME	MON	TUE	WED	THR	FRI
Medication:		Amount to be given:	2		AM					
Freq: Daily	Ily U BID TID OID	PRN	Times: AM	PM HS						
(0)	BID, TID, QID = 2x, 3x,or 4x daily F	PRN = as needed AM=after	AM=after breakfast P	PM=after dinner HS=bedtime	PM					
Route:	by mouth by	by inhalation b	by intranasal spray	spray topically	HS					
Rx # or Lot #:	#	Exp. Date:	#	# in bottle:	# left in bottle:	ottle:				
					TIME	MON	TUE	WED	THR	FRI
Medication:		Amount to be given:	**		AM					
Freq: Daily	ily   BID   TID   QID	PRN Times:	S: AM	PM HS						
(2.0)	BID, TID, OID = 2x, 3x,or 4x daily F	pep	AM=after breakfast P	PM=after dinner HS=bedtime	PM					
Route:	by mouth by	by inhalation b	by intranasal spray	spray topically	HS					
Rx # or Lot #:	#	Exp. Date:	#	# in bottle:	# left in bottle:	ottle:				
					TIME	MON	TUE	WED	THR	FR
Medication:		Amount to be given:	**		AM					
Freq: Daily	Ily BID TID QID	PRN Times:	E AM	PM HS						
	BID, TID, QID = 2x, 3x,or 4x daily F	PRN = as needed AM=afte	AM=after breakfast P	PM=after dinner HS=bedtime	PM					
Route:		by inhalation b	by intranasal spray	pray topically	HS					
Rx # or Lot #:	1	Exp. Date:	#	ttle:	# left in bottle:	ottle:				
						Ph	ysicia	Physician's Stamp	du	
Physician	Physician Signature:			Date:						
I hereby giv	I hereby give permission to Pathfinder Ranch to administer, to	anch to administer, to n	ny child, the	my child, the medication(s) listed above.	_					
Doesel Creation	and the same of th									
Signature:	uaruian e:			Date:						
or inder Only	Initials:	Signature:		Name:					Health Director	ector
oq Birlisq Dse (	Initials: Sign	Signature;		Name:					Program Asst.	Asst.



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# **Student Behavior Form**

- 1. I agree to **RESPECT MYSELF** by:
  - Having a positive attitude
  - Always trying my hardest
  - Trying new things
  - Finding an adult to help me when I am scared or sick
- 2. I agree to **RESPECT OTHERS** including:
  - Pathfinder staff
  - All other students
  - All chaperones
  - Classroom teachers and other faculty
- 3. I agree to:
  - Be a good team member, sharing, and taking turns
  - Listen and follow directions
  - Do my share of work
  - Respect other peoples' belongings
  - Not fight, bully, tease, or use bad language
- 4. I agree to **RESPECT** the **NATURAL** & **BUILT ENVIRONMENT** by:
  - Keeping places CLEANER than I found them
  - Remembering that we are visitors to the home of the plants and animals at Pathfinder Ranch
  - Not misusing or vandalizing the buildings or equipment at Pathfinder Ranch
  - Not throwing or kicking things (rocks, pine cones, sticks, snow, etc...)
- 5. I agree to learn and have fun while being **SAFE**:
  - Staying with my group
  - Making sure I am with an adult at all times
  - Walking at all times
  - Following directions
- 6. I understand that if I choose to behave inappropriately, the following steps may be taken:
  - Behavior improvement request by an adult
  - Warnings and discussion with classroom teacher
  - Final warning and a call to my parents/guardians
  - My parents/guardians called to take me home

I have read this form and agree to follow these behavior expectations. I understand that I could be sent home if I fail to follow them. I understand that my school's behavior expectations and discipline policy applies during my school's field trip to Pathfinder.

Student's Name Printed	_School Name
Student's Signature	Date
Parent's Signature	Date

By signing this form, I the parent/guardian of the aforementioned student, agree to provide or arrange for immediate transportation from Pathfinder Ranch if for any reason departure from camp is recommended for my son/daughter.



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# **EQUIPMENT LIST**

	IMPORTA	TNA	N	OTES
	Sack lunch on arrival day is provided by participants (someals from arrival day dinner to departure day lunch. Students must be able to carry ALL of their luggage. Pack all clothing and gear in one suitcase or duffel bag luggage, because it makes packing the buses/vehicles thabel all personal items and expect them to possibly go Our mountain weather varies widely, so check the weat a few days prior to determine if you'll need the extra content of the second se	. Sleevery	epin diff st, d r rep	ng bag should be carried separately. Do not bundle icult.  lirty, and/or broken.  ports (http://pathfinderranch.com/ranch-weather/)
	ESSENTIAL GEAR			COLD WEATHER GEAR
CL	OTHING			Extra Sweater or Sweatshirt
	OTHING  Tennis Shoes/ Boots- 2 Pair			Thermal Underwear
	Warm Socks- 2 Pair/Day			Warm Gloves
	Underwear- 1 Pair/Day			Winter Hat (e.g. Beanie)
	Long Pants- 3 Pair			Scarf This Minter to that
	Short or Long Sleeve Shirts- 1/Day		_	Thick Winter Jacket
	Sweaters or Sweatshirts- 2	Ī		
	Warm Jacket			WARM WEATHER GEAR
				Shorts- 2 Pairs
	Rain Gear	Ĺ		Shorts- 2 Pairs
	Rain Gear Hat (Sun Protection)			Shorts- 2 Pairs  OPTIONAL LIST
	Rain Gear Hat (Sun Protection) DRMITORY EQUIPMENT		_	
	Rain Gear Hat (Sun Protection)		_	OPTIONAL LIST
DC	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag		_ _	OPTIONAL LIST Plastic Bags (Laundry)
<u>DC</u>	Rain Gear Hat (Sun Protection)  PRMITORY EQUIPMENT  Thick Sleeping Bag  Pillow		_ 	OPTIONAL LIST  Plastic Bags (Laundry)  Shower Sandals
<u>DC</u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT Thick Sleeping Bag Pillow Pajamas			OPTIONAL LIST  Plastic Bags (Laundry)  Shower Sandals  Sunglasses  Camera
<u>DC</u>	Rain Gear Hat (Sun Protection)  ORMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera
<u>D</u>	Rain Gear Hat (Sun Protection)  ORMITORY EQUIPMENT Thick Sleeping Bag Pillow Pajamas Towel Body Soap			OPTIONAL LIST  Plastic Bags (Laundry)  Shower Sandals  Sunglasses  Camera  Watch
<u>D</u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game
<u> </u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game
	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED Phone
<u>DC</u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush Other Hygiene Items			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED Phone Candy, Gum, or Snacks
<u>DC</u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED  Phone Candy, Gum, or Snacks Radio
<u>DC</u>	Rain Gear Hat (Sun Protection)  DRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush Other Hygiene Items			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED  Phone Candy, Gum, or Snacks Radio Electronic Games
	Rain Gear Hat (Sun Protection)  PRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush Other Hygiene Items PHER IMPORTANT ITEMS Sack Lunch (Arrival Day) Water Bottle/Canteen With Name			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED  Phone Candy, Gum, or Snacks Radio Electronic Games Blow Dryers
	Rain Gear Hat (Sun Protection)  PRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush Other Hygiene Items HER IMPORTANT ITEMS Sack Lunch (Arrival Day) Water Bottle/Canteen With Name Pencil or Pen			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED  Phone Candy, Gum, or Snacks Radio Electronic Games Blow Dryers Curling Irons
<u> </u>	Rain Gear Hat (Sun Protection)  PRMITORY EQUIPMENT  Thick Sleeping Bag Pillow Pajamas Towel Body Soap Dry Shampoo/Conditioner Sunscreen Chapstick Toothbrush and Paste Comb/Brush Other Hygiene Items PHER IMPORTANT ITEMS Sack Lunch (Arrival Day) Water Bottle/Canteen With Name			OPTIONAL LIST  Plastic Bags (Laundry) Shower Sandals Sunglasses Camera Watch Reading Book, Playing Cards, Or Quiet Game  ITEMS NOT ALLOWED  Phone Candy, Gum, or Snacks Radio Electronic Games Blow Dryers