

SCIENCE CAMP PARENT PACKET

CAMP DATES- Wednesday, May 22 - Friday, May 24

CHECK OFF LIST

- o **FIELD TRIP WAIVER LIABILITY FORM** (Must be returned by all attending camp)
- o **MEDICATION AUTHORIZATION FORM** (If your child needs medication: Epipen, Inhaler etc, this form must be returned along with your child's medication. If you already have meds in the nurse's office, you need to provide another solely for Science Camp.)

All Medications need to be into the office by May 3 in a Ziploc bag along with **the signed form.**

- o **SCIENCE CAMP T-SHIRT ORDER FORM-** This will be a google form. See the QR code below. All students receive a Science Camp T-shirt so make sure to select the size.



Forms are due by April 15 with the exception of the Medication Authorization Form

SCIENCE CAMP IMPORTANT INFORMATION
CAMP DATES- Wednesday, May 22- Friday, May 24, 2024

WEDNESDAY, MAY 22

6:30 AM- Arrive at DJAES. Please make sure to arrive **on-time**. We need to get everything done: check-in, loading, attendance etc. so the buses can leave by 7:20 am in order to avoid the morning drop-off traffic. Buses will arrive at 7am. Do not park in the staff parking lot, use off campus parking. Please eat breakfast at home.

Science Camp T-shirt- Make sure your child is wearing their science camp t-shirt on the day of departure. Make sure to select your t-shirt size on the google form. The link was emailed to all parents.

When you arrive on May 22, there will be parent volunteers and signs that will direct you to the correct area.

1. **Check-In:** You will first check-in your child and their luggage. See the suggested packing list. Please use a duffel bag or small carry-on suitcase, no large suitcases. Keep in mind that there are 100 students going and that's a lot of luggage. Your child should bring a day pack/small backpack as well.
2. **Temperature check:** Please check your child's temperature at home and do not send your child to camp if they are ill. Teachers and staff will screen students at check-in.
3. **Bus Line-** Each bus will have a teacher's name on it so they know where to line-up. This is where you can say your quick goodbye. Parents should not board the buses as that will slow down our departure and boarding of students.
4. **No Cell Phones or devices-** See the policy information from Pali about cell phones and devices on the packing list.
5. **Photo Site-** The teachers will set-up a photo site where pictures will be uploaded daily, sometimes more than once a day. You can get a very good idea what they are experiencing from all the pictures the teachers take.
6. **Pali Arrival-** When the students arrive at Pali, the teachers will communicate with Mr. Freda and he will send an email to all the parents letting them know that they have arrived safely.
7. **Friday Arrival (May 24)-** Mr. Freda will send out an email with the anticipated time of arrival. If necessary, students will be supervised until the normal dismissal of 2:05pm. Parents will need to make arrangements to have their child picked up since they will have all their gear.
8. **LABEL, LABEL, LABEL, LABEL-** Make sure to label your child's belongings. Items do get mixed up and labeling helps identify who it belongs to. Especially the science camp t-shirt.
9. **Money for Pali Store-** You can send your child with \$10-\$40 to buy something at the Pali Store. Apparel can range from \$22-\$55 dollars but there are other less expensive items like refrigerator magnets and stuffed animals. **This is not required.**
10. **Pali Registration/Parent Pack-** Pali will be sending you an email to register. Make sure to complete the registration. This is where you give permission for over-the-counter medications to be administered, allergy information and any dietary restrictions, among other important information.
11. **DOES YOUR CHILD TAKE MEDICATION?** - Make sure to complete the medication authorization form and include the medication in its original bottle and in a Ziploc bag with your student's full name and teacher. This is separate from the medication that you may already have in the nurse's office at DJAES. **Due by May 3.**

Capistrano Unified School District
FIELD TRIP LIABILITY WAIVER AND MEDICAL RELEASE FORM

Field Trip _____ Date(s) of Field Trip _____
Destination _____ Teacher _____ School _____

PARENT/GUARDIAN: Please complete this form, sign, date and return to your student's teacher.

MEDICAL RELEASE AND STUDENT EMERGENCY INFORMATION

As the parent/legal guardian of _____, I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

Date of Student's Birth ____/____/____
Month/day/year

Date of last Tetanus Booster ____/____/____
Month/day/year

Known allergies of this student, including allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify if parent/guardian is unavailable: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Policy Number: _____

LIABILITY WAIVER

Dear Parent or Guardian of _____. Your son/daughter has been invited to participate in the field trip described above. If you wish your son/daughter to attend this field trip, you must give permission, sign the statement printed below, and return the signed copy to the school prior to the trip. It is important for you to know that according to Education Code 35330, all persons making the field trip are "deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion." Thank you for your cooperation. If there are questions concerning this matter, please call _____.

STATEMENT

I give my permission for _____ to attend the field trip described above.
Student's name

I have read the information quoted above on liability of the District and the State of California for occurrences on field trips and I understand it. I have read and authorize the medical release as stated above. I further understand that the field trip described above is a voluntary activity and not put in any way required as a part of the curriculum of the School District. Further, I understand that participation or non-participation in the field trip described above will not affect the grade of any pupil in any course.

Signed: _____ Date: _____

Parent/Guardian signature



Orange County Department of Education
Community and Student Support Services

PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR MEDICATION

Name of Student: _____ Birthdate: _____
School/District: _____ Teachers Name: _____ Grade _____

**PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NONPRESCRIPTION**

California Education Code Section, 49423 allows the school nurse or other designated non-medical school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning.

I request that medication be administered to my child in accordance with our authorized health care provider written instructions. I understand that designated non-medical school personnel may assist in carrying out written orders under supervision of a qualified School Nurse. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for the school nurse to exchange medication-related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

Emergency medicine such as EpiPen or inhalers may be carried by the student when recommended by an authorized health care provider and parent. Back-up medication should be kept at school for emergency use. I release the district and school personnel from civil liability if my child suffers an adverse reaction as a result of self-administering medication.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____ Time: _____

If PRN: Amount of time between doses _____ Maximum number of doses _____

Possible medication reactions: _____

Instructions for emergency care _____

Authorized Health Care Provider Signature: _____

Authorized Health Care Provider Name (print clearly): _____

Telephone _____

Provider NPI # _____

Date of Request: _____

Date to Discontinue Medication: _____



Office Stamp

Regarding EpiPen/Inhalers: It is my professional opinion that this student should be permitted to carry/self administer this emergency Inhaler/EpiPen. This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials _____

SCHOOL USE:

Reviewed by: _____ Date: _____

This request is valid for a maximum of one year.



Orange County Department of Education
Community and Student Support Services

***PARENT NOTIFICATION FOR THE
ADMINISTRATION OF MEDICINE AT SCHOOL***

Name of Student: _____

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at school when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

California Education Code, Section 49423 allows school personnel to assist in carrying out an authorized health care providers written orders. Designated non-medical school personnel may be assisting with your child's medication. They will be trained and supervised by credentialed school nurses. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or inhalers may be carried by the student **when recommended by a authorized health care provider and parent**. When appropriate, the school nurse will evaluate the student's ability to safely self-administer the medication based on written district guidelines. (Title 5). Back up medication should be kept at school for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in the event of a disaster.

**IF MEDICATION IS TO BE ADMINISTERED AT SCHOOL, ALL OF THE FOLLOWING
CONDITIONS MUST BE MET:**

1. A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. If pill splitting is required to obtain the correct dose of medication to be administered, only pills that are scored may be split, scored pills may be split in half only, and a commercial pill splitting device should be used for correct splitting.
7. Over the counter medication that has been prescribed by an authorized health care provider must be in its original container.
8. A separate form is required for each medication.

NOTE: Whenever there is a change in medication, dosage, time, or route the parent/guardian and authorized health care provider must complete a new form. Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

This request is valid for a maximum of one year.

Student Packing List

5-day Trip

Water bottle
4 pairs of underwear
6 pairs of socks
3 pairs of long pants
2 pairs of tennis shoes (No Uggs, converse, or similar shoes)
6 t-shirts & 2 long sleeve shirts
2 sweatshirts & 1 jacket
1 towel and face cloth
2 pairs of pajamas
1 pair of slippers
Sleeping bag & pillow
Toiletries & lip balm
Small backpack / day pack
Sunscreen (non-aerosol)
Insect repellent (non-aerosol)
Pens, paper, and pencils
Sunglasses
Flashlight
Money for camp store (optional)

3-day Trip

Water bottle
2 pairs of underwear
3 pairs of socks
2 pairs of long pants
2 pairs of tennis shoes (No Uggs, converse, or similar shoes)
3 t-shirts & 1 long sleeve shirt
1 sweatshirt & 1 jacket
1 towel and face cloth
2 pairs of pajamas
1 pair of slippers
Sleeping bag & pillow
Toiletries & lip balm
Small backpack / day pack
Sunscreen (non-aerosol)
Insect repellent (non-aerosol)
Pens, paper, and pencils
Sunglasses
Flashlight
Money for camp store (optional)

Cold Weather: October – April*

In addition to the above lists, please bring:

Waterproof hat & gloves
Waterproof rain/snow jacket
Waterproof rain/snow pants
Wool socks + extra socks
Waterproof snow boots
Long underwear

Please see reverse for Unnecessary and Prohibited Items

Unnecessary and Prohibited Items

Please pack conservatively according to the above list. We have found that generally students do not need additional items.

To avoid the loss of valuable items, we strongly suggest that the following items remain at home: cell phones, video games, computers, portable music devices and other expensive electronics. We cannot guarantee any of these items' safekeeping and will not replace them if lost. The Pali Institute staff may confiscate the previously listed items upon your child's arrival.

Cell phones are not permitted at Pali as we find it distracts from the learning environment and the camp experience. According to our policy, your child will not be permitted to call home during their visit except in the case of an emergency. Ebook readers such as the Kindle or Nook will be allowed, provided they do not have the capability to access the internet with a Wi-Fi, 3G/4G or other connection.

Please do not pack aerosol cans or any flammable items. Any food or candy will be confiscated upon arrival as we do not allow these items in the cabins in order to prevent pests.

*Located at 6,400 feet above sea level, Pali experiences cold weather during which there is a good chance of rain, snow or both. Snowstorms can occur as early as October and as late as mid-April. Even when days are warm and sunny, evenings can be cold. We experience stronger UV rays at our elevation and recommend sunscreen and sunglasses year round. Because your child will be spending most of their time outdoors, please help them pack the appropriate layers indicated on the packing list. Pali Institute recommends checking the weather forecast frequently prior to your visit. The weather can change drastically from day to day, and we want you to ensure that your child is properly prepared.

A warm student is a happy student!