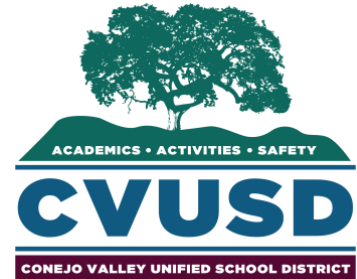


# *Conejo Valley Unified School District*

**Kenny Loo**

Assistant Superintendent, Instructional Services



Dear Parent/Guardian:

Your child's 6<sup>th</sup> class have the opportunity to attend outdoor school in the mountains at Camp Ramah. Camp Ramah is located on Fairview Rd. in Ojai, CA. The camp provides comfortable and modern facilities including heated cabins with indoor flush toilets and showers, a fully equipped central kitchen, and large central hall. In addition, CVUSD and Camp Ramah will be implementing established [Health and Safety Guidelines](#) in order to ensure the health and safety of students as they participate in the Outdoor School program. This project has been carefully planned by teachers and administrators and has received the approval of the Conejo Valley Unified School District's Board of Education. This trip will be one of the highlights of your child's educational experiences. For four days and three nights, students will participate in activities such as hiking, nature information and conservation. The classes provide your child with hands-on science instruction in the out-of-doors aligned with Earth Science standards.

**LOCATION:** Camp Ramah, 385 Fairview Rd. Ojai, CA 93023

**FEE:** A fee for your student's participation in this event is \$250.00 for 6th graders. Checks can be made payable to your student's school. Fees are due one month prior to departure. No student shall be denied the opportunity to participate due to a lack of funds.

**SUPERVISION:** Students will be under the supervision of your school's teachers and the staff of Outdoor School.

**STAFF:** The staff at each session will consist of Mr. Tom Hoegeman, Coordinator of the Outdoor School Program, classroom teachers, Outdoor School instructors, and cabin counselors. The instructors include experienced teachers and guides with experience in environmental education. The cabin counselors, most of whom are high school seniors, have been carefully selected, based on their qualifications and backgrounds. The children will be supervised 24 hours a day by Outdoor School staff members who are experienced in working with children and are knowledgeable in first aid.

**CONTACT: Outdoor School Phone Numbers:**

Office - (805) 497-9511 ext. 4248

*Emergencies* (805) 660-6219 – Phone number during Camp (from Jan. 29 - March 29, 2024)

**Outdoor School E-Mail:**

You may e-mail Mr. Tom Hoegeman, Coordinator, Outdoor School : [thoegeman@conejouisd.org](mailto:thoegeman@conejouisd.org)

**Outdoor School Website:**

Please visit our website : <https://www.conejousd.org/Schools/Outdoor-School> to learn more about the program.

**Please note:** All rules and regulations noted in your school’s Student Handbook apply when at Outdoor School. Your student must still follow the school/district guidelines regarding: Dress Code, Code of Conduct, Harassment, Unauthorized items on campus, Weapons/Dangerous Object/Dangerous Actions, etc. while at Camp Ramah. Students violating district rules may be required to leave camp.

**The following items are prohibited:** Cell phones, new or expensive clothing, radios, music players, walkie-talkies, electronic games, food items, gum, candy, money, or matches. Please reinforce this with your student.

Pocket knives often used on camping trips are prohibited. Please check your student’s luggage and pockets to make sure they do not have a prohibited item. Students found with prohibited items will not be allowed to attend Outdoor School and will be subject to the same disciplinary action/consequences as when they are at school.

**Students should bring the following items to Outdoor School:** Student’s clothing, equipment and luggage should be clearly labeled to prevent loss or confusion. CVUSD is not responsible for any lost or stolen items.

- 5 face masks (masks are optional)
- Sack lunch for the first day
- Backpack
- Water bottle/Canteen (Required)
- Sleeping Bag (or Warm Blankets and Sheets if you do not have a sleeping bag)
- Fitted Sheet (Twin)
- Pillow
- Warm Jacket
- Raincoat
- Warm Shirts
- Heavy pants or jeans
- Underwear
- Socks (bring extra)
- Shoes (two pairs)
- Warm Pajamas

- Soap
- Shampoo
- Toothbrush and Toothpaste
- Bath Towel
- Hat

**The following items are optional but recommended:**

- Chapstick
- Sunscreen
- Inexpensive Sunglasses
- Flashlight
- Gloves
- Reading Book
- Postcard to write home (include address and stamp)

### Outdoor School Schedule 2024

Colina 6a	Feb. 6 - 9, 2024
Colina 6b	Feb. 12 - 15, 2024
Los Cerritos 6a	Feb. 20 - 23, 2024
Los Cerritos 6b	Feb. 26 - 29, 2024
Sycamore Canyon 6	March 5 - 8, 2024
Sequoia 6a	March 12 - 15, 2024
Sequoia 6b	March 19 - 22, 2024
Redwood 6	March 25 - 28, 2024

# FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

In-state

(Minor)

Out-of-state

**Completion of this form is required for all field trips / excursions.**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth (for emergency purposes)

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Class/ Program

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date(s) of Field Trip/Excursion

\_\_\_\_\_  
Location of Field Trip/Excursion

\_\_\_\_\_  
Transportation Provider

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?  
 No     Yes. Please explain \_\_\_\_\_
3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?  
 No     Yes **Parent/Guardian must contact the school office** to obtain form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone

6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

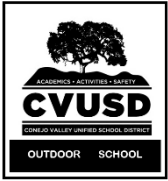
\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Mobile telephone or pager



## CONEJO VALLEY UNIFIED SCHOOL DISTRICT OUTDOOR SCHOOL HEALTH FORM

Student's Name, Last Name First (please print clearly) \_\_\_\_\_

School \_\_\_\_\_

The following remedies will be available to use if needed by your child during their stay at Outdoor School:

1. Children's Tylenol for headaches
2. Tums for upset stomach
3. Cough Drops and mouthwash for coughs or sore throats
4. Calamine lotion for itching
5. Neosporin ointment for cuts / abrasions
6. Benadryl

**I agree that the above remedies may be used, as needed, by my child.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*This form is in addition to the Field Trip or Excursion Authorization and Medical Treatment Authorization form for minors (SFA-2010 and SFA 2010S) and is not intended to replace the Authorization form.*

To help us better meet your child's needs, please complete the following information:

1. Is your child allergic to any medication or foods? \_\_\_\_\_  
If so, please list in detail and to what degree these foods should be avoided: \_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any special dietary requirements? Please **circle** all that apply:  
Kosher      vegetarian      gluten-free      no pork      no beef      lactose intolerant
3. Does your child require an Epi- pen for any of the noted allergies above? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child walk in their sleep, need to limit liquids, or have any other problems sleeping? \_\_\_\_\_  
If so, please specify \_\_\_\_\_
5. Are there any other factors which might affect the care of your child, such as asthma, allergies, diabetes, seizures, etc.? If so, please describe \_\_\_\_\_  
\_\_\_\_\_
6. Has your child been exposed to any communicable diseases within the past 21 days? If so, which one(s) \_\_\_\_\_
7. Has your child had a tetanus shot? \_\_\_\_\_ If so, when? \_\_\_\_\_
8. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity (sprains, broken limb, etc.)? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AUTHORIZATION FOR ALL MEDICATIONS TAKEN DURING SCHOOL HOURS, SCHOOL ACTIVITIES AND FIELD TRIPS

This form must be completed at least annually and more frequently if the prescription changes in any way or as designated in the Individual Education Program (IEP) or in the Rehabilitation Act, Section 504 Plan.

**PARENT OR LEGAL GUARDIAN**

## 1. Parent or Legal Guardian Section

**Note:** All medications must be prescribed, **including over-the-counter medications**. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician or other licensed health care provider (LHCP). Please refer to Legal References Governing the Administration of Medication in Schools on the reverse side of this form.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication(s) (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse to communicate with my child's prescriber and/or the pharmacist and to counsel school personnel as needed with regard to my child's health. I agree to comply with local educational agency policies and regulations related to administering medication at school.

Name of Child	Birth Date	Student Identification Number
Name of School	Grade	Teacher/Room Number

List all medications routinely taken outside of school hours: \_\_\_\_\_  
 I will immediately notify the school if there are any changes in medications my child is taking at school.

If ordered by a LHCP, I give consent for my child to self-administer emergency medication at school. I agree to and do hereby release and hold the local educational agency and its governing board, officers, agents, employees and volunteers harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of self-administration of the medication(s).

Signature of Parent or Legal Guardian	Date	Primary Telephone	Alternate Telephone
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## 2. Licensed Health Care Provider Section

The child named above is under my care for these diagnoses: \_\_\_\_\_  
 It is necessary for the child to receive the following prescribed medication(s) during school hours.

Name of Medication	Dosage (be specific, i.e. milligrams, etc.)
Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
 On-site 72 hour disaster supply only  
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:  
 Designated school personnel to administer  
 Child trained to self-administer

Name of Medication	Dosage (be specific, i.e. milligrams, etc.)
Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
 On-site 72 hour disaster supply only  
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:  
 Designated school personnel to administer  
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Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling  Routine handling, medication in locked storage and administered by authorized school personnel  
 On-site 72 hour disaster supply only  
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:  
 Designated school personnel to administer  
 Child trained to self-administer

Signature of LHCP or Supervising Physician	Date
Name of LHCP (please print)	Office telephone
License Number	

Stamp LHCP name/address below:

## LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

### **California Business and Professions Code.**

Health Care Providers licensed to prescribe medication include:

- Section 2051, California licensed physicians and surgeons
- Section 1625, California licensed dentists
- Section 3041, California licensed optometrists
- Section 2472, California licensed podiatrists
- Section 2836.1, California licensed nurse practitioners
- Section 2746.51, California-certified nurse midwives
- Section 3502.1, California licensed physician assistants

### **California Education Code.**

- Section 33031, State Board of Education adopt rules and regulations
- Section 49423, Auto-injectable epinephrine, assistance at school or carry and self-administer
- Section 49423.1, Inhaled asthma medication, assistance at school or carry and self-administer
- Section 49423.6, Regulations regarding administration of medication in public schools

**NOTE:** California *Education Code* 49423.5, specialized physical health care services, i.e., catheterization, gastric tube feeding, suctioning, or other services that require medically related training, may require additional forms and instructions signed by parent or legal guardian and physician. Request *Specialized Services* forms from school.

### **California Code of Regulations, Title 5, Education.**

Section 601, Definitions

- (a) Authorized health care provider
- (b) Medication
- (c) Medication Log
- (d) Medication Record
- (e) Other designated school personnel
- (f) Parent or legal guardian
- (g) Regular school day
- (h) School nurse

Section 602, Written Statement of Authorized Health Care Provider.

Section 603, Written Statement of the Parent or Legal Guardian.

Section 604, Administration of Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication.

Section 605, Self-Administration of Medication.

### **Local Educational Agency Policies**

Board Policy 5141.21, Administering Medication and Monitoring Health Conditions

Administrative Regulation 5141.21, Administering Medication and Monitoring Health Conditions