



NW Outdoor Science School

M: 5825 NE Ray Cir, Hillsboro, OR 97124

P: 503.614.1402

F: 503.614.3182

W: www.nwoutdoorschool.org



**Northwest Regional
Education Service District**

Dear Parents and/or Guardians:

Your student has the opportunity to participate in an overnight Outdoor Science School program. Northwest Outdoor Science School has been serving Oregon schools since 1969. Your students' class and teacher will attend one of our Outdoor School sites. About 80-140 students attend our programs for four days. This opportunity is provided to schools and is a program of the Northwest Regional Education Service District (NWRES D).

The Outdoor School experience is an educational program where students attend school 24-hours a day in a beautiful outdoor setting. Outdoor School is an extension of the classroom, offering a hands-on, engaging approach to learning. Best of all, it supplies an enjoyable learning experience in which students show a genuine enthusiasm for their studies.

The Outdoor School program has taken precautions to ensure your students' comfort, health, and safety while at an Outdoor School site. Students will be transported to Outdoor School in a regular school district bus with a fully qualified driver. Students are housed in winterized, heated cabins, and adequate rain shelters and dry rooms are available for wet-weather days. The Outdoor School program has secured accident insurance coverage for all participating students.

A registered nurse will manage health concerns and oversee medications and treatments necessary to students on site. Transportation is always ready to take any student to the hospital should an emergency arise. Generally, if students are sick enough to be in bed, they should go home; parents/guardians will be notified to come and pick up their student.

PRIOR TO OUTDOOR SCHOOL: Your school will provide important dates and other information regarding your students' Outdoor School experience. The teacher(s) have been given firm dates to have all paperwork turned in, and we appreciate your effort to get all forms returned in a timely manner.

HOMESICKNESS: Students sometimes experience homesickness while attending Outdoor School. We have found that a positive talk at home prior to attending helps to alleviate many students' concerns. When preparing for your students' Outdoor School experience, please use encouraging, uplifting language during your talk. In the event that your student becomes homesick at Outdoor School, our staff is experienced in assisting students in overcoming their homesickness.

COST: With the passage of Measure 99 in the 2016 election, state funding is now available to help schools pay some or all of the cost of attending Outdoor School. If your school or school district charges a fee for Outdoor School, you will receive separate instructions from the school about any cost and how to submit payment.

HEALTH HISTORY/PERMISSION FORM: We require a **completed** Health History/Permission Form for every student. Information shared will remain confidential. Especially any health, emotional, or physical problems that might require special staff planning. If you have a student with a chronic medical condition such as diabetes or epilepsy, or if your student has life-threatening allergies, please contact the Outdoor School office at 503-614-1402 as soon as possible.

Any prescribed medications being taken by the student must be supplied from home for the entire stay, and must be in an **original prescription bottle** (available at your pharmacy), labeled with your students' name, doctor's name, medication, prescribed dosage, and the condition for which the drug is given. These will be kept by the Outdoor School nurse, who will see to their prescribed administration.

Please note, there are special instructions for *dietary supplements* on the Health History/Permission Form.

Please sign this form where indicated to grant permission for a physician to treat your student in case of medical emergency. Any other restrictions should be similarly noted. The completed Health History/Permission Form should be returned to the teacher at least three weeks before your student is scheduled to go to Outdoor School.

ALLERGIES: Please indicate allergies on the Health History/Permission Form. Our kitchen staff can accommodate nearly all dietary needs and allergies, including gluten-free, dairy-free, vegetarian & vegan diets, nut allergies, and most other dietary concerns. However, our kitchen staff are not able to accommodate kosher & halal diets; if your student needs such a diet, please call our main office (503-614-1402), as we will need your assistance.

CONDUCT: Just as at their home school, students at Outdoor School will be provided a learning climate supported by positive behavior expectations and, when necessary, discipline for inappropriate or unacceptable conduct. We ask teachers to talk with their classes before attending Outdoor School about the expectations for behavior and our “three step” discipline process. Information about our discipline process is available in the **Parents/Guardian** section of our website.

INCLUSION POLICY FOR STUDENTS: NW Regional ESD and Outdoor School are committed to creating a learning environment conducive to the overall development and social-emotional health and well-being of students. Students in the BIPOC, LGBTQ+ communities and students with disabilities, often experience discrimination, harassment and implicit bias at school and in their lives. These experiences can send students the message that they do not belong. We make it clear: All students do belong and are welcome.

CABINS & BATHROOMS: Students stay in cabins with typically 8 to 12 other students, and a Student Leader. Teachers make cabin groupings prior to arriving at Outdoor School. Bathrooms are equipped with single stall toilets and showers.

CLOTHING & BEDDING: Please refer to the **CLOTHING & EQUIPMENT LIST FOR STUDENTS** prior to packing for Outdoor School. This list gives specific details on what to bring and what not to bring. The NWRES D is not responsible for loss or theft of personal belongings, so please avoid sending expensive clothing, footwear and other items. If an item is missing upon your students’ return from Outdoor School, please contact the Outdoor School Office at 503-614-1402 or ODSOfficeAdmin@nwresd.k12.or.us and we will try to locate the lost item.

Please make sure to label every item with your student’s name and school.

WEBSITE: www.nwoutdoorschool.org. Our website offers program information, photos and more. The **Parents/Guardians** section includes an FAQ (Frequently Asked Questions), information on mailing letters to your student at Outdoor School, the Student Guidebook, and all forms sent home by your students’ teacher, in case you need fresh copies.

Our experienced Outdoor School staff works diligently to provide your student with an outstanding program full of learning. If, however, you have concerns about your student’s attendance, you are encouraged to talk with your students’ teacher/school about your concerns. If, after doing so, you still have concerns, please contact our main office at (503) 614-1402 or ODSOfficeAdmin@nwresd.k12.or.us. Overall, we are confident that your student will have a successful experience that they will long remember.

Sincerely,

The Outdoor School Team



Northwest Regional Education Service District

5825 NE Ray Circle, Hillsboro, OR 97124, 503-614-1402

Student Health History and Parental Permission Form

NW OUTDOOR SCIENCE SCHOOL

All information on this form must be completed and **signed** by a parent/legal guardian. Please return the completed form to the classroom teacher as soon as possible – **PLEASE**, no later than **THREE WEEKS** prior to your child leaving for Outdoor School. If you have any questions, please contact your child's teacher or call the Outdoor School office at 503-614-1402 or fax to 503-614-3182.

IF YOUR CHILD'S MEDICAL CONDITION OR MEDICATIONS CHANGE AFTER COMPLETING THIS FORM, PLEASE SEND A SIGNED NOTE TO THE OUTDOOR SCHOOL HEALTH SUPERVISOR.

STUDENT'S NAME _____ Birth Date: _____ Age _____ Gender (circle one): M F X

Primary Contact (Legal Guardian) Name: _____ Relationship: _____

Primary Phone # _____ cell/home/work (circle one) Secondary Phone# _____ cell/work/home

Secondary Contact (Legal Guardian) Name: _____ Relationship: _____

Primary Phone # _____ cell/home/work (circle one) Secondary Phone# _____ cell/work/home

STUDENT'S ADDRESS: (Street) _____ (Apt #) _____ (City) _____ (Zip) _____

SCHOOL: _____ **TEACHER'S NAME** _____

Emergency contact (in case neither guardian listed can be reached) _____

Phone: _____ Relationship: _____

Name of Child's Physician : _____ Phone: _____

HEALTH & MEDICAL INFORMATION

Please list any recent medical concern/condition/ injury/exposure to any infectious disease/ hospitalization (i.e, chicken pox, pink eye, COVID, head lice, strep throat, etc?) _____

Is your child vaccinated, against COVID-19 No Yes

If yes please list the Manufacturer _____ and dates of the doses _____

Date of last tetanus shot (if known) _____

Specify any activities that are not allowed, or any prosthetic or other aid that will be sent. _____

Does your child have a social/emotional disorder? No Yes, please describe: _____

Does your child have asthma? No Yes If yes, should inhaler stay with student at all times?

Explain frequency/severity/treatment of attacks? _____

Known Allergies: Foods (list) _____ Hay Fever Bee Sting Latex

Drug Allergy (list) _____ Other (list) _____

Clearly describe what type of exposure causes a reaction (air borne/topical/ingestion), the type of reaction possible, and treatment given

Does Your child have a chronic medical condition? Diabetes Epilepsy Other (list) _____ (please call the ODS office)

Does your child need a special diet? No Yes If yes, explain (please call the ODS office if allergy is life threatening):

Check any condition which warrants a bottom bunk: Bedwetting Frequent urination Sleepwalking Seizures

INSTRUCTIONS FOR MEDICATIONS, VITAMINS, SUPPLEMENTS & HERBAL REMEDIES

- All medications must be turned in to the classroom teacher before departure. **Do not** pack medications in your child's luggage.
- Prescription and over-the-counter medications must be in the **original container** and placed in a zip lock bag with name on the outside. Please do not mix medications. Each type of medication should be packaged seperately. Your pharmacist will provide small, labeled containers if requested. The pharmacist's label constitutes the physician's order to dispense the medication.
- Non-prescription over-the-counter medications sent from home **must be in the original labeled container** and must be accompanied by **written instructions** from parent. Please **DO NOT** send medications detailed on the Outdoor School list of over-the-counter medications (on the reverse of this form).
- For **nonprescription medication (including vitamins, supplements & herbal remedies such as melatonin)** that is not approved by the Federal Drug Administration, a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is at Outdoor School, any other special instructions, and the signature of the prescriber is required. (<https://goo.gl/ovHkBg>). Prescribers can only be doctors of medicine or osteopathy, physician assistants, advance practice registered nurses with prescriptive authority, dentists, optometrists, naturopathic physicians and pharmacists.
- The Outdoor School Health Supervisor will dispense all medications.
- It is recommended that students who need to carry asthma inhalers, epinephrine, or other emergency medications with them bring a backup to be kept at the health supervisor's station.
- All medications and containers will be returned to the classroom teacher at the end of the week.

WE WILL NOT DISPENSE MEDICATIONS THAT DO NOT MEET THE ABOVE REQUIREMENTS!

STUDENT'S NAME: _____

MEDICATIONS - Student will bring these medications to ODS.

Name of Medication and Dosage	Time of Day	Purpose of Medication & Special Instructions

To facilitate the ODS schedule, can medication delivery times be adjusted by up to an hour? Yes No

OVER-THE-COUNTER MEDICATIONS

The Outdoor School consulting physician has issued orders permitting the dispensing of common over-the-counter medications. These medications will be dispensed, as needed, to the student in accordance with the physician's standing orders.

NOTE: Brand names have been listed but their generic equivalent (the same medication of a different brand) may be substituted. Epinephrine, oxygen, Albuterol and instant glucose are available in the event of a life threatening emergency in accordance with the Outdoor School physician's standing orders.

DO NOT SEND THE FOLLOWING MEDICATIONS AS THEY ARE SUPPLIED ON SITE:

Non-aspirin pain reliever (Acetaminophen, Ibuprofen, Midol)	Benzocaine (Insect Sting Swabs)	Hydrocortisone Cream 1%
Antacids (Milk of Magnesia, Gaviscon, Tums)	Carmex (Chapped lips)	Imodium (Diarrhea)
Antihistamine/Decongestant (Benadryl)	Cough Syrup (Guaifenesin)	Skin Lotion (Calamine)
Antiseptic Cleanser (Hibiclens)	Cough Drops	Throat Lozenges (Chloraseptic/Cepacol)
Antibiotic Ointment (Polysporin)	Gatorade/Pedialyte	Vaseline

IMPORTANT: Nonprescription medication (including vitamins, supplements or herbal remedies such as melatonin) that is not approved by the Federal Drug Administration can only be dispensed to students if it is accompanied by a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is in school, any other special instructions, and the signature of the prescriber. (See instruction #4 on front for a list of legally defined prescribers.)

List any medications you **DO NOT** want your child to take:

THIS BLOCK MUST BE SIGNED FOR YOUR CHILD TO ATTEND OUTDOOR SCHOOL

PERMISSION FOR ADMINISTRATION OF MEDICATION AND EMERGENCY CARE

I hereby give permission for the Outdoor School health supervisor to administer medication to the student identified above. I understand that it is my responsibility to provide such medication(s), and that all medication must be provided in the original pharmacy labeled containers. I understand that my child shall be responsible for going to the health supervisor at the specified time(s) for medications. I acknowledge that the administration of medication by Outdoor School personnel is an accommodation to be performed solely upon my request. I release and waive any and all claims which I now have or may hereafter have against the Northwest Regional ESD and their officers and employees arising out of the administration of or failure to administer the medication to the above student or any adverse reaction to such medication.

I understand that if my child requires medical attention in addition to the specifically requested administration of medication, the Outdoor School staff will attempt to contact me first. If I am unavailable, my child's physician will be called. Should I or the child's physician be unavailable, I authorize any physician of the Northwest Regional ESD's choosing to attend my child. I hereby authorize such physician to perform any emergency medical treatment that is deemed necessary. I also give my permission for Outdoor School personnel to transport my child or arrange transportation in an emergency if medical care is needed.

RELIGIOUS OR PERSONAL OBJECTION

If you have a religious/personal objection to medical treatment please check the appropriate boxes:

NO BLOOD or BLOOD PRODUCTS

NO MEDICATION in any form.

I understand and consent that in the event of a life threatening situation, my child or ward, regardless of religious or personal convictions, will be administered life-sustaining first aid and medical care.

PERMISSION TO PHOTOGRAPH

From time to time Outdoor School wishes to use children's photographs for publicity and public relations purposes. I hereby grant permission to the Northwest Regional ESD to reproduce my child's likeness photographically or electronically and use such reproductions without limitation, compensation, or reservations. If you do not want your child's image used for the above purposes, please submit a written notice on a separate piece of paper stating this information.

_____ Date _____

Required Signature of Parent of Legal Guardian

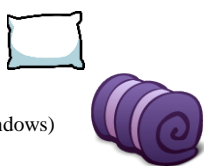
CLOTHING & EQUIPMENT LIST FOR STUDENTS

The following is a **suggested** list of items to bring. You **do not** need to purchase new things for Outdoor School, if you do not have an item(s) please contact your teacher or Outdoor School, we may have supplies that students can borrow. We suggest bringing older clothing and equipment that you already have around your home. The main thing is to have enough clothing to **keep warm** if the weather is cold and **keep dry** in case of rain. Choosing fleece or another warm, quick-dry fabric is better than cotton (which takes longer to dry). Your guardians can help you decide what clothing is best to keep you clean, warm, and dry.

Students and Guardians: Please read the **Outdoor School Student Guidebook**, which is available on our website: www.nwoutdoorschool.org under the Parents/Forms menu.

SLEEPING GEAR:

- Warm Sleeping bag
- Pillow
- Extra blanket (for sleeping with open windows)



TOILETRIES:

- Bath Towel
- Wash Cloth / Hand Towel
- Toothbrush and Toothpaste
- Soap and Container
- Comb/ Brush
- Deodorant
- Sun Block LotION (pack in Ziploc to prevent mess)



CLOTHING:

- Shirts (2 or 3)
- Jeans or Heavy Pants (3 or 4 pair)
- Warm Jacket
- Warm Hat
- Sweatshirt (Fleece is best)
- Underwear (3-4 changes)
- Socks (4-6 pairs)
- Pajamas
- Extra pair of shoes



OTHER IMPORTANT GEAR:

- Flashlight
- Water Bottle with tight fitting screw top
- Small Daypack
- 2 Garbage Bags (Beach Sites for packing)



- Thermal Underwear/ Long Johns
- Gloves



OPTIONAL:

- Camera
- Reading Book/ Journal (for quite cabin time)
- Letter writing materials (Paper, envelopes, postcards, pencils & stamps)
- Flip Flops/ Water Sandals (for showering)



- WATERPROOF RAINCOAT**
- WATERPROOF BOOTS**
- WATERPROOF HAT/HOOD**

Medications: Must be handed to teacher in original OTC or Prescription packaging (see health form).

DO NOT BRING improperly labeled medications, money, electronic items (mp3/iPods, **CELL PHONES**, smart watches, & video games), hair dryers, make-up, hair spray, perfume & body spray, matches & lighters, knives or things to eat—including candy or gum. Please leave bathing suits, tank tops and halter tops at home. Pack your gear in a suitcase or duffel bag. **DO NOT PACK** your items in a large backpack with an external frame. Your teacher will tell you about other items you will need to bring.

We recommend you mark your first & last name on ALL of your items with a permanent marker.
Please contact the ODS office at 503-614-1402 or ODSOfficeAdmin@nwresd.k12.or.us to inquire about lost and found items when you first notice an item missing.

PLEASE LEAVE ALL “VALUABLE” ITEMS AT HOME.

OUTDOOR SCHOOL IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS!

MAILING LETTERS TO OUTDOOR SCHOOL

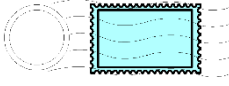


DO NOT SEND MAIL TO THE OUTDOOR SCHOOL OFFICE IN HILLSBORO!

If you would like your student to receive a letter while at Outdoor School, it is best to write and mail it before your student attends. Mail the letter by the **FRIDAY** before your student attends Outdoor School so it is received in time.

Please address the envelope **EXACTLY** as shown below, for whichever Outdoor School site your student will attend. Make sure to include the name of your child's school in the bottom left-hand corner, as shown below.

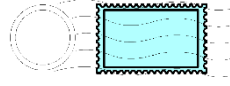
Return Address
(Name)
(Address)
(City, State, Zip)



Student's Name
Camp Cedar Ridge - ODS
PO Box 296
Vernonia, OR 97064

(Name of School your child attends)

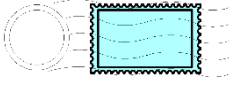
Return Address
(Name)
(Address)
(City, State, Zip)



Student's Name
Camp Magruder - ODS
17450 Old Pacific Hwy, #7
Rockaway Beach, OR 97136

(Name of School your child attends)

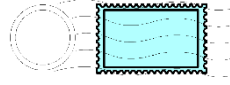
Return Address
(Name)
(Address)
(City, State, Zip)



Student's Name
Camp Trickle Creek
5390 4-H Road NW
Salem, OR 97304

(Name of School your child attends)

Return Address
(Name)
(Address)
(City, State, Zip)



Student's Name
Camp Meriwether- ODS
17500 Cape Lookout Rd
Cloverdale, OR 97112

(Name of School your child attends)

