



ST. MICHAEL'S EPISCOPAL DAY SCHOOL

October 28, 2011

Dear Seventh Grade Parents:

The class trip to Headlands Institute is January 23 through January 27, 2012. Enclosed are all necessary forms as well as other pertinent information. The cost for this trip is \$449.00 per student. **You will be billed on your November monthly statement with the total amount due and payable to St. Michael's by November 30, 2011.**

The registration, health, student responsibilities and acknowledgement and assumption of risks forms enclosed must be completed and returned by Friday, December 2. Please read all of the information carefully, especially the list of needed clothing and equipment. It is imperative that the students have warm, proper attire for the trip. Comfortable waterproof hiking boots and rugged rain gear are essential as the trip includes daily lengthy hikes, "rain or shine."

The Headlands does not allow food or electrical appliances in the dormitories. IPODS, iPADS, CELL PHONES OR ANY OTHER ELECTRONICS ARE NOT ALLOWED UNDER ANY CIRCUMSTANCES.

We need help with transportation to Headlands on Monday, January 23 and returning Friday, January 27. If you are willing to drive a group either direction, please let your room parent and teachers know. We will be departing school on January 23 at 8:20am, and departing Headlands on January 27 at 11:30am. The round trip is approximately 5 hours.

If you have any questions or concerns regarding the trip, please call me. This educational experience is a vital, major part of our seventh grade year, and the students are looking forward to the experience with enthusiasm.

Very truly yours,

Mary D. Heise
Associate Head of School

HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

Do you have, or have you had, any of the following conditions or symptoms?

- | | | | | |
|-------------------------------------|--|------------------------|--|--|
| Current Medical Conditions | | Diseases | | If Participant Has Allergies: |
| 1. Bleeding/Clotting Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Do you carry own Epi-pen? |
| 3. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Other Diseases | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Heart Defects/Hypertension | <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies | | 24. Do you carry own Inhaler? |
| 6. Psychiatric Treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Hay Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Iodine | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Immuno-Compromised | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Poison Oak | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Sleep Walking | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Penicillin | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last Tetanus shot: _____ |
| 10. Bedwetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Bees/Wasps/Insects | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Hospitalized in the last 5 yrs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question No.	Explanation

Health Questionnaire: (Attach additional pages if necessary to provide complete information.)

Is the participant taking any medication? Yes No Please list all medications** the participant is taking and the purpose of each.

****Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike? Yes No Are there any restrictions on the participant's physical activity? Yes No

Please describe _____

Does the participant eat red meat? Yes No Poultry? Yes No Fish? Yes No

Does the participant have any food allergies? Please specify _____

Does the participant have any food restrictions? Please specify _____

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

Name of Physician _____ Telephone Number _____

Medical Insurance carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional information attached: Yes No

AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN

I agree the above information is correct to the best of my knowledge, and I authorize any adult chaperone or NatureBridge Staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize NatureBridge staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of Nature Bridge's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

****MUST SIGN****Signature of Parent/Guardian _____ Date: _____

Print Name of Participant: _____ Date: _____



****REQUIRED FOR ALL PARTICIPANTS****

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS
RELEASE AND INDEMNIFICATION

Definitions

I understand that the term **NatureBridge** as used in this document means and includes NatureBridge, Yosemite Institute, Headlands Institute, Olympic Park Institute, and each of their current and former officers, directors, employees, agents, contractors, and affiliated or related entities; the term **NatureBridge** means and includes any employee or agent of **NatureBridge**; the term **"I"** means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; and the term **"Program"** means the NatureBridge program in which a participant has enrolled.

Acknowledgment and Assumption of Risks

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Activities vary from program to program, and may include hiking, stewardship activities (eg: plant removal, trail maintenance), backpacking, skiing, snowshoeing, or canoeing. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, musculoskeletal injuries, and other mild or serious conditions or injuries. Emergency evacuations and medical care may be delayed due to the remote locations where Program activities take place.

I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

Consent to Medical Treatment

I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, NatureBridge will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines is necessary.

Release and Indemnification

In consideration of my participation in the Program and the services and amenities provided by NatureBridge, I VOLUNTARILY AGREE TO (1) RELEASE, DISCHARGE, AND HOLD HARMLESS NATUREBRIDGE, TO THE FULLEST EXTENT PERMITTED BY LAW, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, OR LIABILITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR PERSONAL INJURY OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF NATUREBRIDGE (but not its willful or wanton misconduct), ARISING OUT OF OR IN ANY WAY CONNECTED TO THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM; and (2) indemnify and defend NatureBridge, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of NatureBridge (but not its willful or wanton misconduct), arising out of or in any way connected with the Program, or my participation in the Program, or occurring during the inclusive dates of my attendance at the Program, and/or from any medical treatment I may receive during the Program.

Other Provisions

NatureBridge and persons designated by it may use my likeness, photograph, or any video, writing, artwork and/or testimonials created by me and submitted to NatureBridge. It shall become the property of NatureBridge, and may be used by NatureBridge, at its discretion, for its own marketing and/or development purposes, and I hereby consent to and authorize such use without restriction.

Agreement

- I have had the opportunity to ask NatureBridge any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that during some parts of the Program, I will be under the supervision of teachers, chaperones, or other adults who are not NatureBridge Staff. I understand the selection of these adults is the sole responsibility of the school and not NatureBridge.
- I understand that this document is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this entire document, and I am signing it voluntarily.

Name of Participant

At least one parent (preferably both) or guardian must sign below if the student is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the definitions, acknowledgment and assumptions of risks, consent to medical treatment, release and indemnification, other provision, and agreement.

	Date		Date
Parent or Guardian Signature		Parent or Guardian Signature	

REQUIRED CLOTHING AND EQUIPMENT

This list (also available in Spanish) is for all Headlands Institute participants. While going through the list, keep in mind the number of days you will be at our campus. ***Check off item once it's packed.***

REQUIRED FOR HIKING DAY

- Lunch from home **on the first day only.**
- Day pack — large enough for lunch, jacket, rain gear, journal and water bottle.
- Water Bottle — unbreakable, leak-proof **one quart** (or more) plastic bottle without a straw. Drinking water bottles (e.g. Calistoga, Evian, etc.) are fine.
- Rain gear — complete rain jacket and pants or poncho (coated nylon is best).
- Sunscreen — SPF 30 or higher.
- Chapstick / lip balm with SPF.
- Hats — 1 for sun protection, 1 for warmth.
- Handkerchief — to be used as a lunch place mat.
- Foot gear — sturdy, ankle supporting and preferably waterproof for hiking.
- Jacket — stuffable nylon or thick fleece is a good choice.
- Pen or pencil.
- Personal medications, as needed (coordinate with teacher).

REQUIRED FOR OVERNIGHT (after 4p.m.)

- Foot gear — in addition to the hiking pair, bring a comfortable pair to wear on campus.
- Warm sleeping bag and pillow (sheets and thick blankets are fine).
- Long pants — bring at least one extra pair.
- Shirts — extra as needed, long sleeve are best to accommodate the changes in weather.
- Warm layers.
- Socks and underwear— one pair per day plus one extra (a few thick hiking socks if possible).
- Pajamas or equivalent (sweats, etc.).
- Toiletries — comb or brush, toothbrush, toothpaste, soap, shampoo, etc.
- Bath towel and washcloth.
- Sandals to wear in the shower.
- Personal medications, as needed (coordinate with teacher).

OPTIONAL

- A twin-size fitted sheet (**highly recommended**).
- Gloves or mittens — one pair.
- Sunglasses.
- Camera.
- Alarm clock (**adults only**).
- Flash light (**adults only**).

DO NOT BRING

- Candy, sodas or extra food of any kind (except for lunch on the first day).
- Electrical or battery powered equipment (video games, CD players, iPods, etc.)

STUDENT RESPONSIBILITIES

HEADLANDS
INSTITUTE

The Headlands Institute is a unique and exciting community of people with diverse backgrounds. While you are here, please join us in:

- Being open minded and accepting of people's differences and respecting their ideas and attitudes.
- Respecting and caring for your surroundings and the Earth.
- Encouraging learning and creativity in a safe, honest and healthy environment.

Headlands Institute Rules:

1. Respect all others, the environment, and yourself.
2. You are responsible for keeping yourself and others safe.
3. Always be with an adult.
4. All school rules apply at Headlands Institute.

Trail Rules:

Respect all students, chaperones, and staff members. Do not use put-downs, name calling, or hurt other people's feelings.

1. Be respectful of wildlife. Be quiet when wildlife is near and never chase animals.
2. Stay on trails behind your leader and obey all signs.
3. No eating plants.
4. Do not throw rocks, sticks, or other objects.
5. No tree climbing.
6. At the beach, keep your shoes on, do not play wave tag or get wet, and stay away from the teeter-totters made out of logs.

Free Time and Cabin Rules:

Respect all students, chaperones, and staff members. Do not use put-downs, name calling, or hurt other people's feelings.

1. Respect other people's belongings, bunks, and cabin space by not touching other people's things.
2. Use appropriate language.
3. If you have a disagreement with someone, see an adult for help.
4. Keep the dorm clean, especially your area.
5. Do not jump from bed to bed, pillow fight, rough house, or play fight in the dorms.
6. Always be with an adult from your school.

STUDENT RESPONSIBILITIES (continued)

Consequences:

If a Headlands Institute field science educator, chaperone, or a classroom teacher determines that a student has broken a rule, the following steps will be taken:

Warning: The student is given a yellow card. The student will have a short discussion with the adult giving the warning, the reason for the warning is written on the yellow card, and the warning is noted in the Campus Discipline Binder.

Step 1: A behavior contract will be made by the student in the Campus Discipline Binder. The student, field science educator, and head teacher of the school will all sign the contract.

Step 2: Another contract will be made by the student in the Campus Discipline Binder. The student's parents will be called.

Step 3: The student will be sent home from their Headlands Institute experience.

The following behaviors will result in a student being moved directly to step 1, 2 or 3:

- Fighting
- Verbal harassment of any kind
- Vandalism of property or the environment
- Behavior that puts the student or others in danger

I have read and understand the Student Responsibilities written above and agree to follow the rules when I am at Headlands Institute. I understand what the consequences will be if I chose not to follow these rules.

Student Signature: _____ Date: _____