Marin County Outdoor School
Walker Creek Ranch

Walker Creek Ranch ◆1700 Marshall-Petaluma Rd. ◆Petaluma CA 94952◆ (415) 491-6602

In a few weeks, your child will be attending the Marin County Outdoor School at Walker Creek Ranch. While in residence, students will participate in activities designed to develop academic and social skills. These outdoor experiences combined with social interactions, and evening activities often make this experience one of the most memorable events in a student's elementary years. We know that your child will enjoy their week at the school. This packet provides some basic information about the program to assist you and your child in preparing for the Outdoor School experience.

ABOUT THE OUTDOOR SCHOOL

Located outside of Petaluma in West Marin, the property has over 20 miles of hiking trails on 1,741 acres, has abundant wildlife and diverse habitat including grassland, forest, and coastal chaparral. At Walker Creek Ranch, the outdoor environment becomes the classroom - and the weather, land, natural communities, water, and sky become the tangible content for the lessons. We take pride in providing hands-on, field-based activities that bring science to life for students.

Accommodations- Students stay in comfortable cabins that are heated, carpeted, and furnished with sturdy bunk beds. The student Bath House is situated in the center of campus and is equipped with restrooms and private shower stalls. Students are divided into separate cabins, 8-12 students per group and are supervised by cabin leaders provided by attending schools. Classroom teachers attending with schools sleep in the Teacher's Lodge, which is a lodge situated in the middle of campus, and is also the location of our student Health Center.

Supervision - Classroom teachers, Cabin Leaders, and Outdoor School Instructional staff work together to provide around-the-clock supervision of students. Every school that attends is required to recruit either High School students or adult chaperones to act as cabin leaders. These cabin leaders stay in the cabin with students as well as support activities on trail. All cabin leaders receive full orientation and training upon their arrival. The cabin leaders along with the teachers and naturalist staff, provide consistent 24-hour supervision for students.

Outdoor School Staff- All Walker Creek staff are employees of the Marin County Office of Education and are carefully screened, background checked and are certified in First Aid and CPR. The school staff are professional educators whose top priority is the safety and well-being of each individual student. They are dedicated positive individuals who know how to make learning hands-on, fun and inclusive.

Meals- "Kid-friendly", nutritious, well-balanced meals are prepared by professional food service staff. Every effort is made to provide menu alternatives for students with special dietary needs.

Privacy- We recognize that this is a very new setting for many students and want to ensure that they feel safe and comfortable so that they can get the most out of this experience. There are several steps we take to support this goal.

- Students' bunks will be respected as their own individual space during their stay in the cabin.
- Students will only change in the bathroom, in their sleeping bag, or in the changing stall set up in their cabin.
- Although showers are individual stalls, students will wear swimsuits.

PREPARING FOR YOUR TRIP

Health and Dietary Information – Please take special care to thoroughly complete and sign the required Student Health and Dietary Forms and return them to your child's school. We do everything possible to properly care for each student who participates in the Outdoor School Program. Please be in close communication with your child's teacher regarding any special needs that your child may have and be sure to clearly articulate specific concerns and/or instructions on the Student Health Form so that Naturalists and Cabin Leaders will be informed as well.

In some cases, student health issues or concerns may arise between the time you submit your child's Health Form, and their arrival at Outdoor School. In this case, it is critical that you clearly communicate any additional information that teachers and outdoor school staff should be aware of in caring for your child. In some cases, a doctor's clearance for participation may be required.

Additional Voluntary Information - Please note that there is space included on the Health Form for you to voluntarily provide any additional information about your child that will help us to understand how we can best support their success at Walker Creek Ranch. This may include special concerns with respect to cabin assignments or other activities, anxieties about being away from home, showering, emotional concerns, or any other aspect of your child that you believe may be helpful to outdoor school staff. Please note this information will be kept confidential and will only be shared with appropriate school staff working with your child.

Medications- Please list ALL medications your student will be bringing to Outdoor School on the Health Form. Note that the Health Form includes a separate page for medication approval. It is important that this form be completed and signed by a physician for any medication (prescription or over the counter) that is brought to Walker Creek Ranch. All medications must be clearly labeled with the student's name, the name of the medication, and instructions for administration. Medication must be provided in the original container, **if not**, medication will not be administered. Do not mix medications into one container. Classroom teachers are responsible for ensuring that medications are administered daily.
Place all medication containers together in a labeled zip lock bag and turn it in to your school teacher before your student leaves for outdoor school.

Packing - For a complete list of what to bring, and what *not* to bring, see the attached packing list. Please do not send money or valuables with your child. There is no place where they can spend money, and it can create problems of theft and loss.

Arrival Day – Please have students prepared for their first hike when they arrive at Walker Creek Ranch. Students should wear closed toed shoes and bring a backpack packed with their bag lunch, water bottle, sunscreen, and sweatshirt or jacket. (Long pants are recommended).

Volunteers for Arrival Day Hike - We ask attending schools to bring a minimum of 1 adult volunteer per 20 students, to assist during the arrival day hike. Volunteers must be prepared to hike with hiking shoes, sunscreen, water bottle, and a bag lunch. Volunteers should plan on being out on trail with students until around 2:45 p.m. If you are interested in volunteering, please contact your school.

Open House – We hold an Open House for families and teachers every fall and winter. You will receive announcements with more detailed information about the Open Houses from your school. Or visit our website for further details.

DURING THE PROGRAM

Heath Care- Your child's classroom teacher acts as the primary care giver for your child in terms of providing basic first aid, administering medication, and otherwise ensuring that any specific special needs are met. In case of sickness, injury or an emergency at the Outdoor School, your child's teacher or the Outdoor School Manager will contact you directly. If you are unavailable for any reason, we will contact your child's school, appointed guardians or emergency contact person. Be sure you have signed the emergency medical treatment section of the health form and have included contact phone numbers.
In case of emergency Walker Creek Ranch has several staff on site that are First Responders or EMT certified. In addition, we are a short distance away from Hicks Valley Fire Department

Emergency Phone numbers – Cell phone service is not available in the area and there is not a phone available for general student use. In the event of an emergency you may be able to reach your student through the office or teachers lodge. The Outdoor School phone number is **(415) 491-6602**. After hours, you may call the Teacher's Lodge at (**415)-472-4110 x 371.**

Homesickness and sending mail – For many of the students attending the Outdoor School, this will be their first time away from home for an extended period of time. Our staff is very sensitive to issues of homesickness, and takes great care in helping students work through the challenges of being away from home and family. Cheerful letters or postcards from friends and family are welcomed. Please send mail early in the week, or perhaps even the week prior to your child's attendance. You should address all mail as follows:

Attn: YOUR CHILDS NAME and SCHOOL
Marin County Outdoor School
Walker Creek Ranch
1700 Marshall/Petaluma Road
Petaluma, CA 94952

Visitation- We do not allow visitors on site during program. However, you may arrange with your school to attend arrival day or closing ceremony at 10:30 on departure day. You may also attend the Open House described above.

A TYPICAL DAY AT OUTDOOR SCHOOL

7:00	Wake up/ Shower	4:15	Recreation/ Cabin Time
8:00	Breakfast in Dining Hall	5: 00	Dinner
9:15	Field Study	6:00	Teacher Time
12:00	Lunch	7:15	Evening Program
12:30	Recess/Rest time	9:00	Return to Cabin
1:15	Field Study	9:30	Lights out and Quiet

For further information on how to prepare your student for Outdoor School or for additional forms and resources please visit our website at www.walkercreekranch.org. If you have any questions or concerns, or need any additional information, please call us at (415) 491-6602. We look forward to sharing a wonderful week of adventure and learning with your child.

Walker Creek Ranch is a Program of the Marin County Office of Education
John Carroll, Superintendent of Schools

Civil Rights Nondiscrimination Statement
"In Accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability."
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 Tuesday through Friday. USDA is an equal opportunity provider and employee.

Packing List

Warm jackets and sweaters are the most important items at any time of the year. Your child should bring rain gear, as wet weather can occur at any time of the year.

Essential Items for the First Day

Pack these items separately for student's first day hike at outdoor school.

- ☐ Backpack (School Sized Backpack)
- ☐ Water Bottle: MUST be at least 24 - 32 oz and refillable.
- ☐ Sweatshirt
- ☐ Sunscreen
- ☐ Closed toe hiking shoes
- ☐ Bag Lunch

**please do not send peanut products*

Essential Items for the Week

We urge you NOT buy new clothing or equipment. Expensive items are not recommended. Older clothing is best. Mark luggage and each item of clothing with your child's name.

Basic Needs

- ☐ Sleeping Bag and Pillow
  OR 2 sheets & a blanket
- ☐ 2 Pairs of sturdy shoes (hiking boots or athletic shoes)
- ☐ One heavy jacket or coat (regardless of the weather)
- ☐ 1 Heavy cotton long sleeved shirt
- ☐ 3-4 T-shirts
- ☐ 3 Pairs long pants
- ☐ 1 Pair of shorts
- ☐ 5-8 Pairs of socks
- ☐ 5 Changes of underwear
- ☐ 1 Pair of pajamas
- ☐ Warm hat / Beanie
- ☐ Hat with brim / Baseball Cap
- ☐ 2 Plastic garbage bags for laundry
- ☐ Raincoat / rain poncho (It can rain at any time of year)
- ☐ Sun Screen
- ☐ Water Bottle 24 - 32 oz / refillable

Shower Kit / Toiletries

- ☐ Bath Towel
- ☐ Wash cloth
- ☐ Toothbrush and toothpaste
- ☐ Soap
- ☐ Comb or hairbrush
- ☐ Shampoo/ Conditioner
- ☐ Flip Flops/shower shoes
- ☐ Chapstick
- ☐ Swimsuit (required for showers)

Optional Items

- ☐ Flashlight and batteries
- ☐ Deck of Cards
- ☐ Book
- ☐ Rubber Boots (for rainy weather)
- ☐ Water shoes (for showering)
- ☐ Stationery, pre-addressed stamped envelopes and pen
- ☐ Inexpensive Camera
- ☐ Kleenex tissues / reusable bandana or rag
- ☐ Bandana

Prohibited Items

- ∅ No valuables, money, or jewelry
- ∅ No candy, gum or snacks
- ∅ No knives or hatchets
- ∅ No cologne or perfume
- ∅ No Curling/ Flat Irons
- ∅ No electronic devices such as iPods, games, or laptops
- ∅ No Cell Phones
- ∅ No aerosol sprays (Bug spray, cologne, etc.)

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Registration and Health Form

** REQUIRED FOR ALL PARTICIPANTS**

Please complete BOTH sides of this form legibly and in ink. Be sure to SIGN where indicated. Return to the participant's school. Please call if you have any questions and feel free to use additional paper if necessary to describe any remarkable medical or health condition. Thank you.

Participant is a: ☐ Student ☐ Cabin Leader ☐ Adult Chaperone ☐ Teacher/School Staff

PARTICIPANT INFORMATION

Name		Gender	Date of Birth	Age
School	Teacher	Dates Attending		
Home Address (Street)	(City)	(Zip Code)	Home Phone ( )	
Parent /Guardian Name	Work Phone ( )		Cell Phone ( )	
Parent / Guardian Name	Work Phone ( )		Cell Phone ( )	
Email Address:				

EMERGENCY CONTACT INFORMATION: Person to call if parents / guardians are not available:

Name (Relationship)	Day Phone:	Evening Phone:

INSURANCE AND PHYSICIAN INFORMATION

Physician's Name / Location	Health Insurance Provider:
Physician's Phone Number:	Health Insurance Member Number:

Health Information necessary for student's protection and care:

Please check if participant has suffered from or been diagnosed with any of the following:

- ☐ Diabetes
- ☐ Epilepsy/Seizure Disorder
- ☐ Heart Condition
- ☐ Headaches
- ☐ Hearing Impairment
- ☐ Ear Infections
- ☐ Eye Trouble
- ☐ Glasses/ Contacts
- ☐ Hernia (Rupture)
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Any serious illness or accident
- ☐ Autism
- ☐ ADD/ADHD
- ☐ Anxiety
- ☐ Sleep walking
- ☐ Bedwetting

Other (explain below)

Allergies:

- ☐ Hay Fever
- ☐ Bee Sting/ Insect
- ☐ Food (Describe in detail on Dietary Form)
- ☐ Medication
- ☐ Other _____
- ☐ Anaphylaxis to any of the above

Does your student carry an:

- ☐ Epi-pen
- ☐ Inhaler

Date of last Tetanus Shot:_____

Has participant been exposed to anyone with a communicable disease within the last 21 days? ☐ NO ☐YES

If YES, What disease?

Is the participant considered to generally be in good health?

Please explain any items checked above or any other medical conditions not listed (use additional sheets if necessary).

Are there any restrictions on the participant's physical activity? ☐ Yes ☐ No

If **YES,** please explain:

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ROUTINE MEDICATIONS

Will the participant **BRING** any prescription or non-prescription medications to Walker Creek Ranch? ☐YES ☐ NO

If **YES** please supply the pertinent information on the Physician and Parent Authorization to Administer Medication form.

****Please be aware that per California Education Code 49423 a Physician's signature is required for prescription medication AND non-prescription medication *brought* to Walker Creek Ranch for any participant under the age of 18****

AS NEEDED MEDICATIONS

Occasionally, it is helpful to provide students with nonprescription medications when they are at the Outdoor School. The medications listed below are kept in stock at the site for this purpose---you do not need to send additional over-the-counter medications. Please **check the box to indicate your permission** for the listed medication (some may be generic) to be administered by school staff on an as needed basis. An additional physician's signature is **NOT** required for medications listed below unless such medications are sent with the student to the Outdoor School.

May the participant take any of the following over-the-counter medications?

Acetaminophen (Tylenol)	☐ Yes ☐ No	Cough/Cold Medicine	☐ Yes ☐ No	Anti-itch lotion (Calamine)	☐ Yes ☐ No
Ibuprofen (Advil)	☐ Yes ☐ No	Cough Drops	☐ Yes ☐ No	Hydrocortisone	☐ Yes ☐ No
Tums/Antacids	☐ Yes ☐ No	Benadryl	☐ Yes ☐ No	Sting Relief Swab (benzocaine topical)	☐ Yes ☐ No
Pepto Bismol	☐ Yes ☐ No	Neosporin	☐ Yes ☐ No	Loratadine (Claritin)	☐ Yes ☐ No
				Cetirizine (Zyrtec)	☐ Yes ☐ No

DIETARY RESTRICTIONS

Does the participant have any dietary restrictions or food allergies? ☐ Yes ☐ No

If **YES,** please fill out the additional Dietary Information form

REQUIRED FOR ALL PARTICPANTS

I agree the above information is correct to the best of my knowledge. I approve of administering medications as stated above. Should the participant need to be removed from the Walker Creek Ranch Program because of illness or misconduct I agree to provide transportation home.

For minor illnesses or injuries, I understand that Walker Creek Ranch will attempt to contact me at the earliest practical opportunity. Should a medical emergency arise and I am not immediately available, I hereby authorize medication, medical and/or surgical care may be provided for the participant through the facilities of the nearest hospital.

I consent to and authorize the taking and use of photographs, videos, audios, and media interviews of my son, daughter or ward (as parent or guardian) by Marin County Office of Education (MCOE) and /or any agency/person approved by the MCOE. I waive any proprietary right to this material and authorize any subsequent use thereof, including its release and showing to the general public in newspapers, online, television, in clinical training or by any other means selected by the MCOE or its agents. If you do not wish to have your child included in such, it is your responsibility to contact the outdoor school no later than two weeks prior to the outdoor school program at (415) 491-6602.

Signature of Parent / Guardian:

X **Date:**

Voluntary Additional Information

You are encouraged to voluntarily provide any additional information about the participant that will help us to understand how we can best support their success during their time at Walker Creek Ranch. This may include special concerns with respect to cabin assignments or other activities, anxieties about being away from home, showering, emotional concerns, sexual orientation, gender identity, or any other aspect of the participant that you believe may be helpful to Walker Creek Ranch staff. Please use this space, and additional space as necessary, to provide any additional information that you think may be helpful. Please note this information will be kept confidential and will only be shared with appropriate school staff working with the participant.

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Authorization to Administer Medication

This form authorizes administration of medication while the participant attends Walker Creek Ranch. District Policies of attending schools will be followed with regard to administering all medications. Visiting School Staff are responsible for ensuring that medications are administered daily.

Name		Gender	Date of Birth	Age
School	Teacher	Dates Attending		

PRESCRIPTION AND REGULARLY TAKEN NON-PRESCRIPTION MEDICATIONS

Any medications listed in this section and *brought* to Walker Creek Ranch require parent/guardian AND physician authorization. Without both authorizations these medications will not be administered.

Medication Name & Purpose	***Amount/Dosage***	***Frequency/Time of Day***
1.		
2.		
3.		

Precautions, Special Instructions, Possible Adverse Effect(s), or comments:

For participants with asthma or severe (anaphylactic) allergies, please indicate if they have permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Marin County Outdoor School.

□ Yes – This participant has permission to carry and administer their inhaler and/or epi-pen.

□ No – This participant may not carry their inhaler and/or epi-pen. **Please Note: schools are responsible for providing an adult (classroom teacher, parent, nurse, aid, etc.) to carry and/or administer this medication during the program.**

PHYSICIAN OR AUTHORIZED HEATHCARE PROVIDER

As the physician of the above named participant, it is, in my professional opinion appropriate and necessary that the above medications be available for administration during the student's overnight stay at Walker Creek Ranch.

Print Name of Physician: Phone Number:

Physician's Signature: **Date:**

X

PARENT OR GUARDIAN

I am the parent and/or legal guardian of the above participant. I hereby give consent that the medication(s), both prescription and nonprescription, indicated above be administered to the participant in accordance with my physician's instructions. I will notify Walker Creek Ranch immediately if I change physicians or if the medication is changed.

Signature of Parent / Legal Guardian **Date:**

X

DIRECTIONS FOR SENDING MEDICATION TO WALKER CREEK RANCH

ALL medication sent with the participant, must be in the original container and clearly labeled with the following information:

PARTICIPANT'S NAME, PHYSICIAN'S NAME, NAME OF MEDICATION, and DOSAGE (how much and when)

It is important that the participant continue to take their medication while at Walker Creek Ranch. DO NOT pack medicines in the participant's luggage. Medication must be given to the participant's classroom teacher for delivery to the Walker Creek Ranch Infirmary on the day of departure.

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Dietary Information

Please fill out this form if the participant has dietary considerations that need to be accommodated.
For further information about menus or specific food allergies or our ability to accommodate dietary restrictions, please contact our Food Services Manager (415) 491-6600.

If you need to send food items to supplement the participant's menu while they are at Walker Creek Ranch, please send food labeled with the participant's name to the Dining Hall Kitchen on arrival day.

Participant is a: ☐ Student ☐ Cabin Leader ☐ Adult Chaperone ☐ Teacher/School Staff

Name			Gender	Date of Birth	Age
School	Teacher		Dates Attending		
Dietary Preferences:	☐ Vegan	☐ Vegetarian	☐ NO Pork	☐ NO Red meat	☐ NO Fish

The health and well-being of all guests is the top priority of Walker Creek Ranch staff. To assist in this effort, please remind your

Allergies or Medical Restrictions. Student can NOT have:

☐ Eggs ☐ Dairy ☐ Gluten ☐ Nuts ☐ Other _____

Please provide specific details and use additional sheets as necessary:

What happens if the participant ingests these foods? (I.e. anaphylaxis, intolerance, rash, etc.)

Does the participant carry an EpiPen? ☐ Yes ☐ No

Additional Comments: Please use this space to add any comments or concerns regarding dietary needs or restrictions.

The health and well-being of all guests is the top priority of Walker Creek Ranch staff. To assist in this effort, please remind your child/participant of what to do if they suspect they are having a reaction and review with them all the signs and symptoms of anaphylaxis. It is also requested the school monitor any and all persons with dietary needs or allergies (if a child has a severe allergy and requires an Epipen, the school is recommended to provide a trained adult to oversee their diet and medical care).

Finally, the food services staff makes every effort to accommodate special dietary needs. Guests are welcome to bring/ send food items to supplement their menu while they are at Walker Creek Ranch. Please contact the Food Service Manager at 415-491-6600 before the start of the program to discuss any dietary concerns your participants may have.