



# WHISKEYTOWN

## ENVIRONMENTAL SCHOOL



**Whiskeytown  
Environmental  
School  
Summer Camp  
Registration  
and  
Health Forms**

### Whiskeytown Environmental School

1644 Magnolia Avenue  
Redding, CA 96001  
Tel: 530.225.0111  
Fax: 530.225.0114  
[wes@shastacoe.org](mailto:wes@shastacoe.org)



**SHASTA**  
COUNTY OFFICE OF  
EDUCATION

# CAMP SCHEDULE AND PRICING

Grades K-8th			
Dates	Camp	Price:	
June 18-22	Archaeology Camp	\$199	Cost Includes: Morning & Afternoon Snacks, Arts & Crafts Supplies, & Field Trips
June 25-29	Outdoor Survival Skills	\$199	
July 2-6 (no camp 7/4)	Outdoor Survival Skills	\$185	
July 9-13	Pioneer Camp	\$199	
July 23-27	Harry Potter Camp	\$199	
July 30-August 3	Mad Scientist Camp	\$199	

## Program

Camp Hours: 9:00 am–4:30 pm  
(Staff available 7:30-5:30 pm)

Hiking, swimming/wading, fishing, gold panning, \*kayaking, \*archery, beach day, campfires, field games, arts/crafts, tie-dying (select weeks only), and optional overnight on Thursdays.

## Optional Extras:

Bus - \$30 per week, per person  
Thursday Overnight - \$50\*

\*includes Thursday dinner and Friday breakfast & lunch  
WES Logo Shirt - \$15

\*Must be going into the 4<sup>th</sup> grade or higher to participate in archery & kayaking.

# CAMP GENERAL INFORMATION AND POLICIES

## REGISTRATION

Please register only one camper per form. You may photocopy the original form for additional copies or print additional forms from our website. Spaces will be filled online, by mail or fax on a first-come-first-served basis. Early registration is encouraged because camp sizes are limited and fill quickly!

## SNACK

Morning and afternoon snacks and beverages are provided. (See menu at [www.shastacoe.org/wes](http://www.shastacoe.org/wes))

## LUNCH

Please send a sack lunch to camp with your child/ren.

## COSTS / REFUND POLICY AND CAMP CANCELLATION POLICY

Full payment must be received at time of registration. Cancellations made within 10 business days prior to camp will receive a full refund minus a \$25 processing fee. **No refunds with less than 10 business days notice.** Whiskeytown Environmental School reserves the right to cancel any camp not meeting the minimum registration requirements. If this is necessary you will be contacted prior to the first day of camp and your fees will be refunded in full.

## BEHAVIOR CODE

We expect the same respect and concern that we will show your children to be returned in-kind when they are enrolled in WES Summer Camp. We reserve the right to dismiss from camp any child who is disruptive or disrespectful, or who jeopardizes her/his safety or the safety of other camp participants (WES Summer Camp retains the camp fee).

## CHECKLIST OF THINGS RECOMMENDED TO BRING TO CAMP

\*\*Please mark all items with child's name\*\*

- Sack lunch
- Swimsuit
- Water shoes (no flip flops)
- Towel
- Plastic water bottle (more than 8 oz) for hikes
- Sunscreen Lotion (UVA/UVB)/chap stick
- Insect repellent (*pump, lotion or stick ONLY*)
- Extra pair of socks
- Extra pair of shoes (*children are not allowed to hike in open-toed shoes*)
- Sun cap or hat and sunglasses
- Shorts
- Small daypack/fanny pack
- Camera/film (optional)
- Binoculars (optional)
- If spending the night**
  - Sleeping Bag
  - Fitted sheet
  - Pillow
  - Night clothes
  - Toiletries
  - Overnight medications (if applicable)



### ITEMS NOT TO BRING TO WES

- Stereos/radios
- Gum
- Knives of any kind (including pocket or fishing)
- No cell phones
- Flip Flops

*These items will be collected and returned at end of day.*

**Lost and Found:** Using a permanent marker, label each item of clothing and equipment with your child's name. Every week children leave items behind at WES. We display all lost and found articles on Friday, but many are still left unclaimed. Clothes are kept for two weeks, and then distributed to Goodwill, missions, etc. We are not responsible for lost or stolen items.



Child's Name: \_\_\_\_\_

**REQUIRED MEDICAL INFORMATION**

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

**ASTHMA:** Yes:  No:  If yes, please check the severity boxes below:

**MODERATE ASTHMA:** child uses inhaler on an AS NEEDED basis.

**MORE SEVERE ASTHMA:** child must carry inhaler on him/her at all times. **Two** inhalers must be provided in this case – one for the child to carry and one to be kept in the medication cabinet and carried by the naturalist on hikes.

**ALLERGIES**

Describe Reaction

Date of Last Reaction

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Other (i.e. bee, medication): \_\_\_\_\_

Please explain: \_\_\_\_\_

**Note: WES staff is certified in first aid and CPR. The National Park Service has an EMT on call at all times.**

**MEDICATIONS:**

Is your child currently on any medication?  Yes  No

If yes, please complete a "School Medication Authorization Form" for EACH medication (pg. 5)

We **do not have over the counter medicine to give out** for any pains, fever, or colds (i.e. aspirin, Tylenol, Ibuprofen, etc). If your child needs medications, prescription or non-prescription, the "**School Medication Authorization Form**" must be **completed and signed by parent and physician** (included). You can fax the forms to your doctor's office to obtain the signature (often **an appointment is not required** to do this).

**MEDICAL CONDITIONS:** (e.g., heart condition, epilepsy, diabetes, recent injury or illness). Include any information for which your child may require special attention or may need to follow a limited program of physical activity.

Please explain: \_\_\_\_\_

\_\_\_\_\_



Child's Name: \_\_\_\_\_

## REQUIRED MEDICAL INFORMATION

### **EPI-Pen Policy** (Guardian must read and initial)

1. WES staff is in-serviced in EpiPen administration by a Shasta County School Nurse. The in-service follows procedures in accordance with California Education Code 49423.5
2. **According to Shasta County Office of Education Guidelines, we cannot administer an EpiPen under directions which say, "Wait to see if symptoms develop and then, if necessary, administer the EpiPen." We will administer the EpiPen as soon as the child is exposed to something that has triggered an anaphylactic reaction as diagnosed by their medical provider.**
3. If possible, the student should be responsible for administration of his/her own EpiPen. If student is unable to administer the EpiPen, a Whiskeytown Environmental School staff person who has received training in this procedure will administer the EpiPen.

### **PARENT/LEGAL GUARDIAN AUTHORIZATION SIGNATURE FORM**

In the unlikely event that a serious emergency arises, it may become necessary for a physician to attend to your child before the staff can get in touch with you. Your signature on the AUTHORIZATION FOR MEDICAL TREATMENT form is needed to ensure proper emergency care is provided. This authorization must be signed in order for your child to attend camp.

### **Authorization for Medical Treatment**

I hereby authorize the Shasta County Office of Education to provide first aid, medical, nursing, or surgical care, including care rendered through the facilities of the nearest physician or hospital for any emergency which may arise while he/she is in attendance camp. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation of my child. I have carefully reviewed the health procedures information. The information I have provided on the front page of this booklet and the Special Health Conditions form (attached) is accurate to the best of my knowledge.

X \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**This form is to be completed by a medical doctor ONLY and ONLY if medication will be administered while child is at camp.**

# SCHOOL MEDICATION AUTHORIZATION FORM

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School \_\_\_\_\_ Phone: \_\_\_\_\_ FAX#: \_\_\_\_\_

California Ed Code 49423 allows the school nurse or other designated 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 or maintain or improve the potential for education and learning.

**Medication must be in the container. No medication (including over-the-counter medication and supplements) will be given at school without a current "School Medication Authorization Form" completed by a California licensed physician.**

## **PHYSICIAN'S ORDER** (To be completed by health care provider) Only one medication per form

Name of medication / strength of tablet, capsule or liquid \_\_\_\_\_

This medication is a controlled substance  yes  no

Dosage: \_\_\_\_\_ How Often? \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Route to be given: \_\_\_\_\_

Reason for medication/Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Student has been instructed by physician in self-administration and may carry the inhaler with them

Student has been instructed by physician in self-administration and may carry the Epi-Pen with them

Comments: \_\_\_\_\_

*It is necessary for this medication to be taken during the school day at the time(s) indicated above.*

\_\_\_\_\_  
Print Name of Licensed Physician

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\*\*\*\*\*

## **TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR**

I request that my child, \_\_\_\_\_, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
Phone (emergency)

**Name of medication to be given at school** \_\_\_\_\_ **Time to be given at school** \_\_\_\_\_

*Form must be renewed every 12 months or whenever the prescription changes.*



**VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

**Shasta County Office of Education**

<b>Name of Participant</b>	
Description of Camp/Activity	Whiskeytown Environmental School Summer Camp
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge, and agree that the Shasta County Office of Education, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_

Parent/Guardian Signature if Participant **under** 18 years old \_\_\_\_\_  
Date

\_\_\_\_\_

Student/Adult Signature if Participant **over** 18 years old \_\_\_\_\_  
Date

**Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Shasta County Office of Education before participating in the above camp/activity.**

**CAMPER'S NAME:**

**EDIBLE PLANTS:** As part of the activities at the WES sponsored events/camps, we give the children the choice of tasting some of the wild edible plants in the area, i.e., Manzanita berries, wild onions, and Douglas fir needles. Some parents have expressed that they are not comfortable with this. Please indicate your preference.

- I DO** want my child to participate in the activities of tasting wild, edible plants, if he/she wishes.
- I DO NOT** want my child to participate in the activity of tasting wild, edible plants.

**SWIMMING:** Swimming is offered during warm weather and all students will be going to Whiskey Creek Beach for a day of fun and sun. All swimming activities are done under the supervision of a certified lifeguard. **ONLY select ONE of the following:**

- I DO** give permission for my child to swim under the supervision of a certified lifeguard.
- I DO** give permission for my child to swim with a life jacket.  All the time  Only when in water over his/her head.
- I DO** give permission for my child to WADE ONLY under the supervision of a certified lifeguard.
- I DO NOT** give permission for my child to swim or wade under the supervision of a certified lifeguard.

**\*\*KAYAKING:** All students **going into the fourth grade or higher** who know how to swim may kayak at Whiskeytown Lake. We will be taking a bus from WES and will be at the lake from approximately 10 am – 1 pm. Your child will need shoes with a back (NO flip flops), bathing suit, towel, sunscreen, hat, and water bottle.

- I DO** give permission for my child to kayak.
- I DO NOT** give permission for my child to kayak.

**BUS TRANSPORTATION:** To participate in beach day and/or kayaking your child will need to be transported by a school bus. I understand that my child may have to ride the bus to participate in camp activities and I give my permission. \_\_\_\_\_ **Initial Here**

**IMAGE RELEASE:** Occasionally we have local news (Channel 7, Channel 12, and the Record Searchlight) spotlight our program here at Whiskeytown Environmental School. We also use photos/video footage for promotional efforts including posting photos of children participating in activities at camp on our website.

- I DO** give permission for photos or video of my child to be used and at no compensation, for promotional, news or educational purposes.
- I DO NOT** give permission for photos or video of my child to be used and at no compensation, for promotional, news or educational purposes.

\_\_\_\_\_  
Parent/Guardian's Signature and Date **PLEASE NOTE:** Any section left unchecked will be treated as an I DO NOT give permission response.

**PARENT/GUARDIAN PERMISSION FOR  
WHISKEYTOWN ENVIRONMENTAL SCHOOL STAFF  
TO APPLY SUNSCREEN TO YOUR CHILD**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer. Therefore, I give my permission for the staff at Whiskeytown Environmental School Summer Camp to apply a sunscreen product to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10:00 AM to 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except the eyelids), tops of the ears, nose, bare shoulders, arms, and legs.

Whiskeytown Environmental School will provide a sunscreen that is SPF 30/PABA Free/Hypoallergenic to children who do not have sunscreen unless otherwise indicated by parent below.

- I have provided sunscreen for use on my child. The product is SPF 15 or higher and does not contain DEET or other mosquito repellent. I have clearly labeled the product with my child's name.
- I do not know of any allergies my child has to a sunscreen that is SPF 30/PABA Free/Hypoallergenic and would like the school to apply the sunscreen following the SCOE Guidelines.
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: \_\_\_\_\_
- I do not want the school to apply sunscreen.

Parent/Guardian Full Name (Print): \_\_\_\_\_

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

**Camper Name:** \_\_\_\_\_

Please indicate week(s) of attendance:

- \_\_\_\_\_ **June 18-22, 2018 – cost per camper \$199** \$ \_\_\_\_\_
- \_\_\_\_\_ **June 25-29, 2018 – cost per camper \$199** \$ \_\_\_\_\_
- \_\_\_\_\_ **July 2-6, 2018 (no camp 7/4) – cost per camper \$185** \$ \_\_\_\_\_
- \_\_\_\_\_ **July 9-13, 2018 – cost per camper \$199** \$ \_\_\_\_\_
- \_\_\_\_\_ **July 23-27, 2018 – cost per camper \$199** \$ \_\_\_\_\_
- \_\_\_\_\_ **July 30- August 3, 2018 – cost per camper \$199** \$ \_\_\_\_\_

**Bus transportation** \_\_\_\_\_ \$30 each = \$ \_\_\_\_\_

Pick up and drop off is at park on Orange Street (behind the Planetarium). Children can be dropped off as early as 7:30 am (staff is there waiting). Bus will leave promptly at 8:20 am. In the afternoon children will back at the park between 5 pm and 5:15 pm.

**Overnight stay** (Thursday) \_\_\_\_\_ \$50 each = \$ \_\_\_\_\_

All campers staying overnight will be given dinner Thursday night, breakfast and Lunch Friday.

**Vial of Gold** (during Pioneer week only) \_\_\_\_\_ \$4.50 each = \$ \_\_\_\_\_

Glass vial measures 1 1/2" X 3/4". Contains 24K gold leaf.

**\*\*WES Summer Camp Shirt:** \_\_\_\_\_ \$15 each = \$ \_\_\_\_\_

\*\*Please note that this is not a shirt to tie dye. This year we will only be offering tie dying during the last week (Mad Scientist). WES items to tie dye will be available for purchase separately during that week.

First indicate **youth** or **adult** and then pick size.

\_\_\_\_ Youth \_\_\_\_ Adult

\_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_ x-large

Total Owed \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

**Method of payment:**

- Check**       **Cash**       **Credit Card** (website ONLY)

**Payments and completed paperwork must be received by our office 2 weeks prior to the first day of camp. Return to Shasta County Office of Education at 1644 Magnolia Avenue, Redding, CA 96001**