

Dear Parents/Guardian,

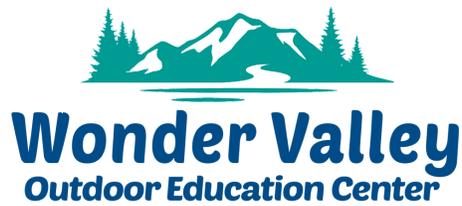
We are so excited to welcome your child to Wonder Valley's Outdoor Education Program. Our goal is to provide your child with an experience they will never forget.

Every effort has been taken to train our staff, with a high emphasis on safety, to provide a varied educational program that is hands on and exciting. We appreciate the confidence you have placed in us by sending your child to Wonder Valley. If you are a first year family with us, please do not hesitate to contact us to inquire how your child is doing. Many children express apprehension prior to boarding the bus and by the time they start their activity rotation they are excited and ready to learn.

You can E-mail us at [frontdesk@wondervalley.com](mailto:frontdesk@wondervalley.com) or call (559)787-2551. During the week of Outdoor Ed., our office hours will be from 8:00 AM to 9:00 PM. After 9:00 PM, our phones are put on answering machines and a voice mail message can be directed to the Resort Office. This will be checked regularly.

In case of an **emergency**, you may call 1-800-821-2801 during business hours or 1-559-289-8788 after hours.

Respectfully,  
Manda Dombroski  
Outdoor Education Director



## Helpful Information and Policies

**Transportation:** Students will arrive to Wonder Valley by bus. Please check with the school office for exact times and any changes in departures or arrivals.

**Smoking, Liquor, & Drugs:** Use or possession of any cigarettes, liquor, or non-Rx drugs (including marijuana) by any student will result in dismissal of the student; in which case there shall be no refund of any part of the Outdoor Education fee.

**Extra Money:** DO NOT send extra money with the students. They have no need for it at Outdoor Education field trip and it may get lost. Please DO NOT send valuables or expensive watches, jewelry, or electronics. Outdoor Education will not take responsibility for these lost items.

**Phone Calls:** Our Outdoor Education property extends over many acres and it is impossible to call students to the telephone. News of friends speaking to their parents on the telephone can cause problems with the other students and make it hard for them to be engaged in the activities they are at Outdoor Education to participate in. Please do not expect phone calls from students.

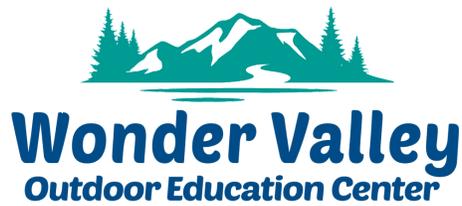
**Cell Phones:** DO NOT send cell phones with students. It can get lost or damaged and is not needed for the activities during Outdoor Education. Chaperones or School Staff may confiscate and return cell phones when returning to the school campus.

## COVID Protocols

**Before Arrival:** All staff and students should self-screen for the presence of symptoms of a communicable disease for 14 days before arriving to ODE. Please do not send your child to ODE if ANY symptoms have been observed in the days preceding ODE. Even if your student has been vaccinated, any symptoms will be treated as contagious, affecting the time of other students. Please help us to minimize this possibility.

**Masking:** Masking is optional. Students are welcome to mask or be unmasked depending on their comfort level.

\*\*All COVID-19 protocols are subject to change based on State and Local Health Guidelines & Directives\*\*



## COVID Waiver

Before sending your child to Wonder Valley Outdoor Education, we want to make sure you understand that in light of the current medical and economic conditions resulting from the COVID19 pandemic, and recognizing that these conditions are subject to abrupt change at any time, you are sending your child to Outdoor Education under the following conditions:

While we will use our best efforts to keep your child safe from the COVID-19 virus, utilizing the American Camp Association and Health Department guidelines, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter Outdoor Education, and that by the very nature of the personal interaction that takes place in the Outdoor Education environment, there is always a risk of your child becoming ill with this or any other communicable disease. We want you to be fully aware of this risk in making the decision to send your child to Outdoor Education, and that you are willing to assume and accept responsibility on your child's behalf.

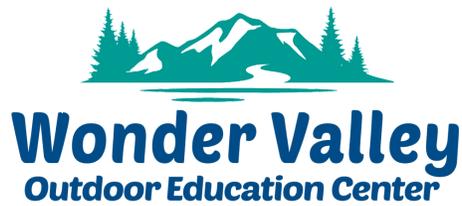
A health examination form must be submitted. Due to the active nature of our program, no child can be permitted to participate in the Outdoor Education program without a completed health examination form, as well as a signed, completed Conditions for Enrollment which includes the Parent Authorization to treat.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Student Conditions for Enrollment

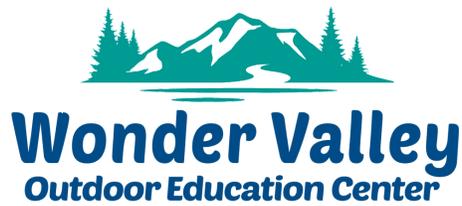
1. The student, his/her parents, guardians, and relatives agree to abide by the rules and regulations set forth by Wonder Valley for the health, safety and welfare of the students.
2. Wonder Valley reserves the right to dismiss a student whose conduct or influence is unsatisfactory, or is, in the opinion of the Outdoor Education, not in the best interest of Outdoor Education, and in that event there shall be no refund of any part of the fee.
3. Wonder Valley Outdoor Education is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, etc.
4. Should both parents/guardians leave their place of residence for an extended period of time, the Director should be advised as to where they can be contacted in case of an emergency.
5. If the student has any dietary needs or health concerns, they will be communicated to the teachers or to Wonder Valley Outdoor Education prior to arrival.
- 6 The undersigned consents to the use of any pictures of the student for the purpose of advertising or promotion.
7. Students are not allowed to use a phone or accept phone calls from parents during their short stay at Wonder Valley Outdoor Education. Should you have any concerns, please call our office at 559-787-2551, and ask to speak to the Outdoor Education Director.
8. I understand and acknowledge that certain activities as listed in your literature (such as horseback riding, sports, etc.) have an increased risk of injury. I further acknowledge and state that I assume full responsibility for my child's safety and well-being while he/she is participating in such activities. I hereby agree to release and indemnify Western Camps, Inc., River Way Ranch Camp, Wonder Valley Ranch Resort and all their officers, employees, agents and representatives whatsoever, from any claims, costs, expense (including attorney fees) and/or damages which any of them sustain or incur arising out of my child's participation in such activity.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Health Examination Form

**NOTE TO PARENTS: STUDENTS UNDER THE AGE OF 18 WILL NOT BE ACCEPTED WITHOUT A COMPLETED HEALTH FORM. THIS IS FOR YOUR PROTECTION. PLEASE NOTIFY THE CAMP IF THIS CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP ATTENDANCE.**

Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age : \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School Name: \_\_\_\_\_

Guardian#1 First and Last Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Guardian #2 First and Last Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Non-Guardian Emergency Contact :

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

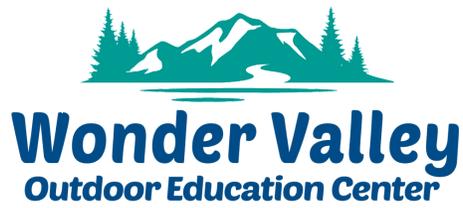
Insurance Carrier: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Student: \_\_\_\_\_ SSN and Insurance ID: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ RX Bin #: \_\_\_\_\_



## 2022 Health Examination Form

**Medical Professionals:**

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

Orthodontist: \_\_\_\_\_ Mental Health: \_\_\_\_\_

Permission To Contact Providers? Yes \_\_\_\_\_ No \_\_\_\_\_



## Health Examination Form

<input type="checkbox"/> Abscessed Ears <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Head Injury <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Back Problems <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> H1N1 <input type="checkbox"/> OCD <input type="checkbox"/> Asthma <input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Heart Condition <input type="checkbox"/> Panic/Anxiety <input type="checkbox"/> Clotting/Anemia <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Seizures <input type="checkbox"/> Bronchitis	<input type="checkbox"/> Chest Pains/Dizzy <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Poison Ivy/Oak <input type="checkbox"/> Chicken Pox <input type="checkbox"/> HIV <input type="checkbox"/> Short Breath <input type="checkbox"/> Constipation <input type="checkbox"/> Sinusitis <input type="checkbox"/> Depression <input type="checkbox"/> Ehlers Danlos <input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin Problems <input type="checkbox"/> Colds <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Lice <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Measles <input type="checkbox"/> Mono (Last 12 months)
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I Attest That All My Child's Immunizations Required for School Are Up To Date: Yes \_\_\_\_\_ No \_\_\_\_\_

Operations or Serious Injuries: \_\_\_\_\_

Allergic Reactions: Bee Stings: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Other: \_\_\_\_\_

Details of Above or Additional Information i.e. Special Dietary Needs:

\_\_\_\_\_

Any Medications Your Child Is To Take While At Camp:

\_\_\_\_\_

**Please fill out the attached Medication Form for EACH medication your child will bring to camp**

Any Specific Activities To Be Restricted:

\_\_\_\_\_

Over The Counter Medications: (Please Specify Y/N To All Listed Medications)

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Antidiarrheal (Maalox)	<input type="checkbox"/> Bismuth Subsalicylate (Pepto)
<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Chamomile Tea	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Tolnaftate (Tinactin)	<input type="checkbox"/> Guaifenesin (Mucinex)
<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Chlorpheniramine Maleate	<input type="checkbox"/> Pseudoephedrine Hydrochloride (Robitussin Cough & Allergy Syrup) (Advil Cold & Sinus Products)

**IN CASE OF AN EMERGENCY: I HERBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY Western Camps Inc. TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Medication Form

Name of student: \_\_\_\_\_

*All medications (including all OTC meds such as vitamins, Tylenol, Advil, etc.) must be clearly labeled with the student's name, name of medication and instructions. Infirmary staff will not give medications not properly labeled.*

Medication Name: \_\_\_\_\_

Reason for taking (diagnosis): \_\_\_\_\_

Dose: \_\_\_\_\_

**Medication is to be taken**

- Only as needed
- Daily
- Other: \_\_\_\_\_

**How often:**

- Breakfast (8:30-9am)
- Lunch (11:30-noon)
- Dinner (5:30-6pm)
- Before Bedtime (8:30pm-9:15 pm)
- Other times: \_\_\_\_\_

**Administration:**

- Oral
- Topical
- Inhaler
- Injection
- Eye drops
- Ear drops
- Other" \_\_\_\_\_

**Please also answer the following questions:**

When is the first dose to be taken at camp?  
\_\_\_\_\_

Can medication time be changed to accommodate student's schedule? (ie:10:00AM to Lunch)

Yes  No

Is the label on RX the same as instructions on this form?

Yes  No, why?  
\_\_\_\_\_

Is medication to be taken throughout student's stay?

Yes  No

**This form should be completed for each medication brought with your child.**

## General Schedule

Wednesday	Thursday	Friday
		Pack up & clean cabin! Move Luggage to Lakeshore
Arrive 10:00 am	Breakfast 8:15	Breakfast 8:15
Unload Luggage Welcome Orientation	9:00am-10:15am Period 4	9:00am Depart
Property Tours Cabin Assignments	10:30am-11:45am Period 5	
Lunch 12:15	Lunch 12:15	
1:00pm-2:15pm Period 1	1:00pm-2:15pm Period 6	
2:30pm-3:45pm Period 2	2:30pm-3:45pm Period 7	
4:00pm-5:15pm Period 3	4:00pm-5:15pm Period 8	
5:30pm-6:15pm Shower Hour	5:30pm-6:15pm Shower Hour	
6:30pm Dinner	6:30pm Dinner	
7:15pm-9:00pm Evening Program	7:15pm-9:00pm Evening Program	
9:30 pm Lights Out	9:30 pm Lights Out	