

# **PARENT PACKET**

**2025-2026 SEASON**

# Parent Forms Checklist

This checklist is provided to help families ensure that all required forms are completed and returned in a timely manner. Forms marked as Mandatory must be submitted by the school's deadline in order for students to attend. Optional forms are included for special circumstances or additional permissions. Please review each item carefully and check off forms as they are completed.

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## Mandatory Forms

- **Terms and Conditions for Attendance** - Confirms understanding of program rules, expectations, and supervision policies. Parent/Guardian signature is required.
- **Health and Wellness Agreement** - This form confirms understanding of medical treatment and protocols for your student. Parent/Guardian signature is required.
- **Student Health History Form** - Provides current health information, medications, allergies, and emergency contacts. Parent/Guardian signature is required.
- **WVOE Participation Waiver**

## Optional Form

- **Medication Administration Permission & Instruction Form** - If your student will be needing medication administered while attending our program, both parent/guardian and a physician's signature is required with this completed form for the nurse or designated staff to administer both prescription and over-the-counter medications, if needed.

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### Please Note

Incomplete packets may delay or prevent your student's participation in the Wonder Valley Outdoor Education Program.

*For questions or help with forms, please reach out to us. We're here to assist in making your students' trip unforgettable!*

# Welcome to Wonder Valley Outdoor Education Center!

Dear Parents/Guardians,

We are so excited to welcome your student to Wonder Valley's Outdoor Education Program. Our goal is to provide an experience they will never forget. Our program is designed to bring classroom concepts to life through hands-on learning, encouraging curiosity, teamwork, and a deeper appreciation of the natural world.

While your student will be under the care of the qualified chaperones selected by your school, Wonder Valley Outdoor Education staff will also be on site at all times to teach each class and serve as a resource for the school. Our staff receive thorough training and are prepared to deliver a varied program that is both engaging and educational. We appreciate the confidence you have placed in us by sending your student to Wonder Valley.

If you are a first-year family with us, please do not hesitate to contact us to ask how your student is doing. Many students express apprehension prior to boarding the bus, but by the time they begin their activity rotation, they are excited and ready to learn.

You may email us at [frontdesk@wondervalley.com](mailto:frontdesk@wondervalley.com) or call (559) 787-2551. During your student's visit, our office hours are 8:00am to 8:00pm. After 8:00pm, calls are directed to voicemail at the Resort Office, which is checked regularly.

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

Thank you again for entrusting us with this important part of your student's education. We are excited to welcome your student and to make their time at Wonder Valley a memorable experience.

Sincerely,

*Mikaela Silva*  
*Program Director*



# Frequently Asked Questions

## **What are cabins like?**

All of our accommodations feature heating and air conditioning, carpeting, spacious closets, and comfortable mattresses. Many of our rooms have a private bathroom and shower inside. Our modern dormitory building has community bathrooms with floor-to-ceiling private bathrooms and shower stalls.

## **What will my student be learning about?**

Our classes include a wide range of engaging courses, including science, outdoor education, adventure recreation, team building, and leadership.

## **How long has Wonder Valley been in business?**

Wonder Valley Outdoor Education Center was founded in 1995 by the Oken family, who have more than 150 years of combined experience as educators and coaches. The Oken family has been running youth programs since 1967, when they opened River Way Ranch Camp, an accredited, award-winning Summer Camp program, and continues to provide enriching experiences for studentren year-round.

## **What is the weather like?**

At an elevation of 662 feet, Wonder Valley often has beautiful weather, with plenty of sunshine-filled days. Although we are below the snow line and do not typically see snow, Wonder Valley can experience rain and cold weather from October through March. Please check forecasts for Sanger, CA (93657) the week before departure and pack accordingly. Staying warm and dry helps students have the best experience.

## **Will chaperones be in the cabin with my student?**

Yes, we require that each cabin has at least one school-provided chaperone residing in the cabin with the students.

## **How are meals served?**

We offer a buffet with plenty of options so students will not go hungry! We also offer a full salad bar with a variety of fresh toppings, and both vegetarian and meat options. Parents are often worried about their picky eaters, and we understand. Having a buffet of nutritious, kid-friendly food often helps our students find something they like.

## **What if my student has special dietary needs/food allergies?**

We are happy to adjust our menu offerings for your students' needs. We can likely accommodate specific allergies, food restrictions, vegan diets, and more. Should your student have any dietary needs or food allergies, we request that families indicate this by completing your student's required health form. Should you have any specific questions or needs, you may also contact your student's school and our office team.

## **How are cabins assigned? Will my student be with their friend?**

Cabins are assigned by the school; we advise communicating with your student's school regarding any special housing requests.

## **What type of items are sold at our pop-up gift shop?**

Students will have the opportunity to shop at our pop-up gift store during their snack break. Available items include souvenir water bottles, drawstring bags, keychains, stickers, STEM toys, and more! Prices range from \$2 to \$15.

# Packing List



**PLEASE MARK ALL ITEMS WITH INDEBIBLE INK OR NAME TAG. PLEASE DO NOT SEND CLOTHING THAT REQUIRES SPECIAL CARE, SUCH AS DRY-CLEANING, HANDWASHING, OR IRONING**

## Clothing

- ☐ 3 T-Shirts & 1 Long-sleeve shirt
- ☐ 3 Pairs of Socks
- ☐ 2 Underwear
- ☐ 2 pairs of pajamas
- ☐ 1 Pair Close-Toed Shoes (No crocs)
- ☐ 1 Sweatshirt & 1 Jacket
- ☐ 1 pair of shower shoes/rubber slippers
- ☐ Extra pair of clothing (From Day pack)
- ☐ 2 Pairs of long pants

## Miscellaneous

- ☐ Flashlight and Batteries (optional)
- ☐ Sunscreen
- ☐ Small Backpack or day pack
- ☐ Insect repellent
- ☐ Pens, Pencils, and paper
- ☐ Reusable Water Bottle
- ☐ Sunglasses (optional)

## Cold Weather (Late October – March)

In addition to the above list, please bring the following if possible:

- Waterproof rain jacket or waterproof poncho
- Wool socks + extra socks
- Extra warm layers (sweaters, long-sleeve shirts, vests, etc.)
- If rain is forecasted, rain boots are advised

***Clothing should be packed in a duffel bag or small suitcase that has your student's name clearly labeled***

### Note on Weather:

Wonder Valley can experience rain and cold weather from October through March. Even sunny days can have chilly nights. Please check forecasts for Sanger, CA (93657), the week before departure, and pack accordingly. Staying warm and dry helps students have the best experience.

## Toiletries

- ☐ Body Wash/Soap
- ☐ Toothbrush & Toothpaste
- ☐ Portable Shower Caddy/Bag to hold toiletries
- ☐ Brush/ Comb
- ☐ Shampoo & Conditioner
- ☐ Lip Balm
- ☐ Deodorant
- ☐ Hair Ties / Scrunchies (If longer hair)

## Bedding & Linens

- ☐ 1 Sleeping Bag, or 1 twin Sheet Set (Fitted & Flat with 1 blanket.
- ☐ 1 Pillow
- ☐ 1 Wash Cloths
- ☐ 1 Towel
- ☐ Extra Pillow Case (if used as laundry bag)



## Sample Schedule

(Please note, schedules will vary by school, length of stay, daylight hours, and weather.)

Day 1	Day 2	Day 3
<ul style="list-style-type: none"> <li>● <b>Arrival</b> — 10:00 a.m.</li> <li>● <b>Luggage unload &amp; property tours</b> — 10:00–11:15 a.m.</li> <li>● <b>Cabin assignments &amp; orientation</b> — 11:15 a.m.–12:00 p.m.</li> <li>● <b>Lunch</b> — 12:00–12:45 p.m.</li> <li>● <b>Period 1</b> — 12:45–2:00 p.m.</li> <li>● <b>Period 2</b> — 2:15–3:25 p.m.</li> <li>● <b>Snack</b> — 3:25–4:00 p.m.</li> <li>● <b>Period 3</b> — 4:00–5:15 p.m.</li> <li>● <b>Shower hour</b> — 5:15–6:15 p.m.</li> <li>● <b>Dinner</b> — 6:15–7:00 p.m.</li> <li>● <b>Evening program</b> — 7:15–9:00 p.m.</li> <li>● <b>Lights out</b> — 9:30 p.m.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Breakfast</b> — 8:00 a.m.</li> <li>● <b>Period 4</b> — 9:00–10:15 a.m.</li> <li>● <b>Period 5</b> — 10:25–11:40 a.m.</li> <li>● <b>Lunch</b> — 12:00–12:45 p.m.</li> <li>● <b>Period 6</b> — 12:45–2:00 p.m.</li> <li>● <b>Period 7</b> — 2:10–3:25 p.m.</li> <li>● <b>Snack (Gift Shop open)</b> — 3:25–4:00 p.m.</li> <li>● <b>Period 8</b> — 4:00–5:15 p.m.</li> <li>● <b>Shower hour</b> — 5:15–6:15 p.m.</li> <li>● <b>Dinner</b> — 6:30 p.m.</li> <li>● <b>Evening program</b> — 7:15–9:00 p.m.</li> <li>● <b>Lights out</b> — 9:30 p.m.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Pack up &amp; clean cabin</b> — before breakfast</li> <li>● <b>Move luggage to designated area</b> — as assigned</li> <li>● <b>Breakfast</b> — 8:00 a.m.</li> <li>● <b>Departure</b> — 9:00 a.m.</li> </ul>



**WONDER VALLEY OUTDOOR EDUCATION CENTER  
WESTERN CAMPS, INC.  
WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT  
(PLEASE READ CAREFULLY)**



I have requested permission to participate in Wonder Valley Outdoor Education Center activity programs, canoeing, ropes course, archery, horseback riding, educational field trips, service-learning and/or professional development activities (the "Program"). I desire to engage in the Program's activities on my own behalf and at my own request and risk, and not as an employee, agent, or other representative of the Released Parties, defined below. I understand that permission will be granted only if this Waiver, Release, and Hold Harmless Agreement ("Waiver") is executed.

I understand that participating in the Program involves certain inherent risks, including, but not limited to, the risks of possible injury, infection or loss of life as a result of the proximity to running and standing water, uneven terrain, dense bushes, trees and underbrush, wildlife, livestock, environmental conditions or my own over-exertion. I understand that some Program activities may be in or around water, and that during these activities, there is a possibility that I may fall into water and may need to swim or wade ashore. Despite these risks, all of which I am willing to assume, I wish to participate in the Program.

**In exchange for permission to participate in the Program, I personally assume all risks of any harm, injury, or damage, whether foreseen or unforeseen, associated with my visit to and participation in the Program. I understand and agree that Western Camps, Inc. dba Wonder Valley Outdoor Education Center, and its respective employees, owners, officers, agents, members, trustees, beneficiaries, affiliates, assigns, insurers, and Program partners (the "Released Parties") shall not be liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in the Program or any activities occurring while I am at sites associated with the Program, or as a result of product liability or the negligence (whether passive or active) of any party relating in any way to my participation in the Program. I agree to indemnify, defend, and hold harmless the Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death by me, or my family, estate, heirs, or assigns, relating in any way to my visit to the Program or any activities occurring while I am there.** By signing this Waiver, I further acknowledge the contents of California Education Code section 35330, which applies to the Program and states: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

By signing this Waiver, I further acknowledge that I have no known personal limitations that would prevent me from participating in the Program. I agree only to undertake Program activities that are consistent with my personal abilities, using my discretion. I agree to only use the supplies, equipment, and tools provided by Wonder Valley Outdoor Education Center and adhere to instructions, rules, and guidelines provided by Wonder Valley Outdoor Education Center.

If I am injured while participating in the Program, I authorize any licensed medical professional or physician to perform emergency or surgical treatment as in his/her sole judgment may be necessary. This consent is given pursuant to California Family Code §6910. A photocopy of this authorization shall be considered as valid as the original and may be released to medical providers as needed. I consent to the release of any records necessary for treatment, referral, billing, or insurance purposes. I agree to assume full financial responsibility for all costs associated with such medical care, transportation, and related expenses.

I understand the terms of this document are binding, and I have signed this document of my own free will. I have fully informed myself of the contents of this Waiver by reading it before I signed it. I declare that I am over the age of 18 and legally competent to sign this document.

Print Name of Participant (First and Last Name): \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_

Emergency Contact Person and Telephone Number: \_\_\_\_\_

**IF PARTICIPANT IS UNDER 18, HIS/HER PARENT OR GUARDIAN MUST SIGN.** I am the parent or legal guardian of the above participant, and he/she has my permission to participate in the Wonder Valley Outdoor Education Center programs. I have read and, on my own behalf, on my behalf of the participant, and on behalf of any person with an interest in the participant's claims, agree to all of the provisions above and to be bound thereby.

Print Name (First and Last Name): \_\_\_\_\_

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

# Terms & Conditions for Attendance

**School/Group:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

*This document outlines the policies, procedures, and expectations for students participating in Wonder Valley Outdoor Education's overnight program ("Wonder Valley OE"). Please review each section carefully. This completed form, with parent/guardian acknowledgment and signature, is mandatory for your student's attendance in our program.*

**Please return all required forms to your school no later than two weeks prior to your student's arrival date.**

## General Participation & Conduct

### Program Participation

Students are expected to attend all scheduled program activities unless excused for health reasons. Students must follow staff directions, safety briefings, and posted rules at all times.

### Standards of Conduct

Respectful behavior toward peers, staff, property, and the natural environment is required. Bullying, harassment, intimidation, fighting, vandalism, or defiance may result in disciplinary action, including removal from activities or dismissal from the Program. Wonder Valley and/or School Administrator reserves the right to dismiss a student whose conduct or influence is unsatisfactory, or is, in the opinion of the Outdoor Education Director and School Administrator, not in the best interest of the program/community.

### Prohibited Substances & Items

Possession or use of tobacco/vapes, alcohol, non-prescribed or illegal drugs (including marijuana), or weapons is strictly prohibited and will result in immediate dismissal without refund. Flammable items, aerosol cans, and food/candy in luggage are not permitted and may be confiscated. Parent/Guardian

## Transportation & Communications

### Transportation

Transportation is arranged through the school. Parents, chaperones, and teachers may drive their own vehicles if permitted by the school and must follow Program parking and site instructions.

### Student Communications

A central goal of our Outdoor Education program is to help students connect with their peers, strengthen independence, and build self-confidence while enjoying the natural environment. For this reason, cell phones and Wi-Fi-enabled devices are strongly discouraged, but we encourage you to clarify with your student's school regarding their specific policy, as some schools do not allow electronic devices at all. These devices can create distractions, limit peer interaction, and undermine the immersive learning experience. Wonder Valley OE does not permit television use for students while at camp.

### Early Departures

If a student will be leaving before the scheduled program end time, parents/guardians must notify the student's school directly. If the school cannot be reached, please contact the Program's main office at 559-787-2551 so staff can coordinate the departure with designated school personnel.

### **Parent/Guardian/Sibling Attendance**

Only pre-approved chaperones designated through the school may attend. For the safety and continuity of the program, parents, guardians, siblings, or other family members may not visit, join, or otherwise interact with the school group during the program.

## **Safety & Supervision**

Students are supervised by school-designated chaperones, who are expected to remain with students at all times. Wonder Valley Outdoor Education is not responsible for the selection, vetting, or training of school-designated chaperones. Wonder Valley program instructional staff are responsible for on-site programming and enforcing safety rules and equipment requirements. Students must comply with all posted rules, equipment requirements, and staff directions.

### **Activity Participation & Compliance**

For every activity, students must follow program policies, safety briefings, equipment instructions, and staff directions. Failure to comply may result in removal from an activity and, if warranted, dismissal from the program without refund.

## **Property, Money & Facilities**

### **Personal Property – Limitation of Responsibility**

Please do not send valuables (electronics, jewelry, etc.). The Program is not responsible for lost, damaged, or stolen personal items at any time.

### **Packages/Mail**

Care packages are not permitted, but if you would like to write to your student while they are on their trip, you may do so by sending snail mail to: *6450 Elwood Road, Sanger, CA 93657*

### **Money (Optional)**

A small gift shop may be available. If spending money, \$10–\$15 is sufficient; purchases are not required for participation.

### **Facilities & Environmental Care**

Students must respect lodging, dining, instructional spaces, and the natural environment. Littering, damaging facilities, or removing natural materials is prohibited. Students are responsible for keeping living areas orderly and following quiet-hour expectations.

## **Disciplinary Actions & Program Decisions**

### **Dismissal for Cause**

The Program, in partnership with the student's school, may dismiss a student if conduct jeopardizes health, safety, or Program integrity, or for serious policy violations. Parents/guardians must arrange prompt pickup (within 6 hours of initial notification).

### **Program Modifications**

Wonder Valley OE reserves the right to modify its activities, programming and operations as deemed necessary by management. Activities may be adjusted, rescheduled, or canceled due to weather, safety considerations, site conditions, or other operational needs, including force majeure events, without notice to school or families.

### **Emergency Contact Availability**

Parent/guardian will provide reliable contact information and remain reachable for the duration of the trip or designate an alternate emergency contact (may not be the same phone number as primary parent/guardian).

### **Media Consent**

I authorize Wonder Valley Outdoor Education to photograph, film, record, and otherwise capture the name, image, voice, written or spoken statements, photographs, and/or visual likeness of my student (collectively, "images"). These images may be used on the Wonder Valley Outdoor Education website, in print materials, and on social media platforms for the purpose of program information, promotion, and communication with families.

Wonder Valley Outdoor Education is thoughtful and limited in its use of photography and does not routinely photograph students. This authorization is included to allow for occasional or incidental use when appropriate. Due to the large number of students on site, individual opt-outs are not feasible. However, if a parent or guardian has concerns about a specific image, they may contact [kraft@wondervalley.com](mailto:kraft@wondervalley.com), and the image will be reviewed and removed from Wonder Valley platforms as appropriate.

I understand that these images may be used without compensation to me or my student. Wonder Valley Outdoor Education retains all ownership and copyright rights to the images, and I waive any rights of privacy, inspection, or approval regarding their use.

## **Acknowledgement & Signature**

***By signing below, I acknowledge that I have read, understand, and agree to all content outlined in the terms and conditions for attendance as outlined. This agreement is governed by the laws of the State of California. The parent/guardian expressly consents to resolve any legal action exclusively in a court of competent jurisdiction in Fresno County, California.***

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

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

**Primary Phone # (During Trip):** \_\_\_\_\_

**Secondary/Emergency Contact (Name & Phone #):** \_\_\_\_\_

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# Health & Wellness Agreement

## **Illness & Participation:**

Students must be well enough to participate. A student should remain home if, within the prior 24 hours and without fever-reducing medicine, they have had a fever of 100.4°F/38°C or higher, vomiting, diarrhea, or an undiagnosed rash. If illness develops on site, the student will be evaluated by our Licensed Nurse, may be temporarily separated from group activities, and parent/guardian pickup may be required.

## **Medication Safety:**

Students may not keep medications, prescription or over-the-counter, in rooms, backpacks, or on their person. Exceptions will be made for emergency rescue medications that the student is trained to use and that is authorized in writing by the parent/guardian and the student's physician. All other medications must be checked in at arrival in their original, labeled containers with current written instructions. A licensed nurse is on site and available to administer approved medications.

## **Over-the-Counter (OTC) Medications:**

With parent/guardian and explicit physician consent (must have a completed medication authorization instruction form on file), our Licensed Nurse may administer OTC medications from our program's OTC list/formulary per label directions or provider orders (e.g., pain/fever reducer, antacid, allergy medication). Students may not self-carry OTC medications; any family-supplied OTC must be checked in unopened or in original packaging with a completed medication authorization form.

## **Lice Response:**

We do not conduct routine lice checks. If staff suspect live lice or visible nits, the school and parent/guardian will be notified and the student will be sent home for treatment. Return, when applicable, requires confirmation that treatment has begun and that the student is free of live lice. The sleeping area will be cleaned according to sanitation protocol as necessary.

## **Allergies, Diet & Special Plans:**

Allergies, diet, and special health plans must be disclosed before arrival. Schools share applicable action plans (for example, allergy or seizure plans) so reasonable accommodations can be made. Some specialty items may need to be provided by families when indicated by the plan. When provider orders authorize emergency medications (e.g., epinephrine for anaphylaxis), our Licensed Nurse may administer if clinically indicated. Parents/guardians must supply required emergency medications before arrival. Please note, despite best and diligent efforts, Wonder Valley OE cannot guarantee an environment that removes all traces of potential allergens.

We work to identify all students and staff with food allergies or intolerances, but we cannot fully control cross-contamination, changes in formulations of food products and their substitutions, or food choices students make as they build their meals.

We do not use nuts or nut oils in our recipes, but we do serve granola bars, snacks, breads, and desserts that may have been manufactured in a facility where nuts are present.

**First Aid and Definitive Care:**

Wonder Valley Outdoor Education Center is located at 6450 Elwood Road, Sanger, California. Families of students with unique or significant medical needs must understand the medical care available on property and the distance to definitive treatment. Wonder Valley OE maintains an onsite Health Center staffed by at least one licensed nurse. Medical personnel are trained to provide first response care, which may include administering commonly prescribed emergency medications such as epinephrine and bronchodilators (inhalers). Definitive hospital care is approximately 35 minutes away by ground ambulance. Emergency helicopter transport is available when conditions allow, with a designated landing zone located on the camp's soccer field or parking lot. Response times may vary and delays are possible. For this reason, the OE program may not be safe for all individuals with significant medical conditions. An in-depth medical discussion and individualized care plan must be completed prior to attendance for any student with ongoing, unique, or significant medical needs. Families are required to: 1) Submit all relevant and up-to-date medical forms prior to attendance, including physician care plans where applicable. 2) Provide all prescribed medications and ensure they are available at camp, either in the Health Center or, when approved, carried on the camper's person.

**Medical Orders & Refusals:**

Prescription medications require current written instructions from a licensed prescriber. If a student refuses or misses a critical dose, our Licensed Nurse will follow provider orders/standing protocols, notify the school and parent/guardian, and may limit participation in activities if medically necessary.

**Communicable Disease Response:**

Families agree to follow any public-health directions (e.g., isolation, masking, testing) that the school or program implements in response to suspected outbreaks.

**Privacy & School Partnership:**

Health information will be shared only with personnel or medical providers who need it to support safety and care, consistent with applicable privacy laws and school policies. The school remains responsible for student and chaperone supervision and conduct; our program provides site operations, instruction, and nursing services in partnership with the school.

**Acknowledgment & Signatures**

By signing below, I acknowledge and agree to the procedures described above, including: (1) no medications in rooms/backpacks with the inhaler-only self-carry exception when properly authorized; (2) lice response whereby suspected cases result in the student being sent home for treatment; (3) illness standards requiring students to be symptom-free for 24 hours before arrival and authorizing on-site evaluation and required pickup if indicated; and (4) consent to nurse-directed care, emergency transport if needed, and limited information sharing for safety.

**Student Name:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# Student Health History Form

FOR THE HEALTH AND WELLBEING OF OUR COMMUNITY,  
STUDENTS WILL NOT BE ACCEPTED WITHOUT A COMPLETED HEALTH FORM.

## 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 Contacts (must be different than those listed above):

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

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

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

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

## Insurance Information:

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

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

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

Relationship to Student: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

## Medical Provider Information:

Student Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Health History Form Cont.

**Please check any current or ongoing conditions that apply to your student:**

(If yes, please provide details in the space below or attach additional notes if needed.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Glasses/Contacts                         | <input type="checkbox"/> ADD/ADHD or Learning               | <input type="checkbox"/> Back, Joint, or Muscle Problems       |
| <input type="checkbox"/> Hearing Issues or Ear Tubes              | <input type="checkbox"/> Difference Anxiety, OCD, or        | <input type="checkbox"/> Allergies; please list                |
| <input type="checkbox"/> Asthma/ Difficulty Breathing*            | Other Emotional/Behavioral*                                 | allergens* _____   |
| <input type="checkbox"/> Heart Condition or High Blood Pressure * | <input type="checkbox"/> Diagnosis Depression/Mood Disorder | <input type="checkbox"/> Skin Condition (eczema, rashes, etc.) |
| <input type="checkbox"/> Seizures or Epilepsy *                   | <input type="checkbox"/> Eating Disorder                    | <input type="checkbox"/> Chronic Sinus or Respiratory Issues   |
| <input type="checkbox"/> Diabetes (Type I or II) *                | <input type="checkbox"/> Sleepwalking/Bed-Wetting           | <input type="checkbox"/> Constipation or Digestive Concerns    |
| <input type="checkbox"/> Blood Disorder (anemia, clotting issues) | <input type="checkbox"/> Recent Head Injury or Concussion * |  |

Please list additional details/treatment plans for any \*checked conditions here:

Other Ongoing Medical Condition: \_\_\_\_\_

I Attest That All My Child's Immunizations Required for School Are Up To Date: ☐ Yes ☐ No

**Has your student been hospitalized or had surgery in the past 12 months?** ☐ Yes ☐ No

If yes, please provide more information: \_\_\_\_\_

Are there any activities your student should **NOT** participate in due to health concerns? ☐ Yes ☐ No

If **yes**, please list any activities your student may **NOT** participate in with explanation.

## Dietary Restrictions

Please be as specific as possible if the allergy is not listed here:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Milk Protein Allergy                        | <input type="checkbox"/> Vegan(no animal products) | <input type="checkbox"/> Sesame Allergy                 |
| <input type="checkbox"/> Ovo-Lacto Vegetarian (can eat eggs & dairy) | <input type="checkbox"/> Tree Nut Allergy          | <input type="checkbox"/> Gluten Intolerance             |
| <input type="checkbox"/> Egg Allergy                                 | <input type="checkbox"/> Peanut Allergy            | <input type="checkbox"/> Celiac Disease                 |
| <input type="checkbox"/> Other: _____                                | <input type="checkbox"/> Shellfish Allergy         | <input type="checkbox"/> <b>NO Dietary Restrictions</b> |

## Please read before continuing:

If you answer **YES** to any of the following questions, please proceed to the Medication Administration Permission & Instruction Form, which must be completed **and signed by both PARENT and PHYSICIAN.**

**Will your student be bringing any medications to camp?** ☐ Yes ☐ No

**Will you allow your student to receive over the counter medication if needed?** ☐ Yes ☐ No



# Medication Administration Permission & Instruction Form

**Please complete the following form if your student plans to bring medications to camp and/or if you authorize them to receive over-the-counter medications.**

**Please note: \*\*PARENT & PHYSICIAN SIGNATURE\*\* is required.**

While at Wonder Valley Outdoor Education, a licensed nurse is on-site, available to administer authorized medications to your student as required. If this form is not completed in its entirety, our nurse may not administer any medication to your student. Both parent/guardian and student's physician must sign authorizing the medication orders. All student medications must be stored in our Health Center; the only exceptions are emergency rescue medications with prior approval on a case-by-case basis.

- Parents/guardians assume full responsibility for the supply of all necessary medications for their student while at Wonder Valley OE.
- If a parent/guardian will be attending as a chaperone and must administer their student's medication, a separate waiver must be completed.
- Unused medications will be sent back with the designated school personnel member to be returned to the student's parent/guardian.
- Each medication is to be in a separate pharmacy container prescribed for the student by a licensed health care provider.
- I, as the Parent/ Guardian for this student, have indicated on page 2 of this form, which over-the-counter medication, if any, can be administered to my student on an as needed basis
- Each over-the-counter medication is to be in its original container and prescribed for the student by a licensed health care provider.

**Student Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

## Parent Request for Wonder Valley OE Assistance with Medication

I, the undersigned, request that the Wonder Valley nurse or designated school personnel assist our student in the matter set forth by this physician's statement. In the event of an untoward or subsequent reaction, it is understood that Wonder Valley OE personnel will in no way be held responsible for carrying out this request. I will notify Wonder Valley OE of any changes in my student's health status or medication prior to their arrival. I authorize the exchange of information between my student's physician, on-site Administrators, and the licensed nurse regarding this medication request. I understand that student medication must be stored in the Wonder Valley Health Center, under the direction of the Wonder Valley Outdoor Education licensed nurse, and not carried on the person of a student (except for rescue medications accompanied by appropriate physician instructions, such as inhalers and epinephrine).

**Parent/Guardian Print Name:**

**Parent/Guardian Signature:**

\_\_\_\_\_

\_\_\_\_\_



# Medication Administration Permission & Instructions Form

**Instructions:** If the student requires medication to be administered by the licensed camp nurse during their stay at Wonder Valley, please complete the Required Medication Administration Instruction portion of this form (including any required or as-needed over-the-counter medications and required prescription medications).

**As-Needed Approved Over-the-Counter Medications** (Parent/Guardian, please specify with ✓ for each medication that CAN be administered to your student as approved by their physician. Physician, please sign below indicating that you have reviewed and approve the OTC administration of any checked medications to the student as needed according to medication label instructions.) If you would not like any as-needed medication to be administered to your student, please select the box indicating no permission for as-needed over-the-counter medication.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Calcium Carbonate (Tums)  | <input type="checkbox"/> Diphenhydramine (Benadryl)      | <input type="checkbox"/> Cough Drops/Throat Lozenge    |
| <input type="checkbox"/> Acetaminophen (Tylenol)   | <input type="checkbox"/> Antibiotic Ointment (Neosporin) | <input type="checkbox"/> Guaifenesin (Mucinex)         |
| <input type="checkbox"/> Calamine Lotion   | <input type="checkbox"/> Chlorpheniramine Maleate        | <input type="checkbox"/> Pseudoephedrine Hydrochloride |
| <input type="checkbox"/> Ibuprofen (Advil/Motrin)  | (Robitussin Cough & Allergy Syrup)                       | (Advil Cold & Sinus Products)                          |
| <input type="checkbox"/> The student may <b>NOT</b> have any as-needed over-the-counter medications. |  |  |

## Required Medication Administration Instructions

**(If more than two medications are required, a second form must be completed.)**

Medication administration times are listed; if the student has a time-sensitive medication that falls outside of these designated times, please indicate below:

1. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Medication Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: ☐ Oral ☐ Inhalation ☐ Buccal ☐ Topical ☐ Intramuscular ☐ Subcutaneous ☐ G-Tube Other: \_\_\_\_\_

If DAILY, Time(s) to be given (Please Check All That Apply):

☐ Breakfast (8:30-9:00) ☐ Lunch (11:30-noon) ☐ Dinner (5:30-6:00) ☐ Before Bedtime (8:30-9:15)

If, AS NEEDED, (PRN) Frequency: ☐ Every 4-6 hrs. ☐ Every 6-8 hrs. Other: \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS or other rescue medications approved by a physician only.**

☐ Self-Carry (Student demonstrates competence) ☐ Stored in Health Center ☐ Other: \_\_\_\_\_

Other instructions or precautions-possible reactions: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Medication Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: ☐ Oral ☐ Inhalation ☐ Buccal ☐ Topical ☐ Intramuscular ☐ Subcutaneous ☐ G-Tube Other: \_\_\_\_\_

If DAILY, Time(s) to be given (Please Check All That Apply):

☐ Breakfast (8:30-9:00) ☐ Lunch (11:30-noon) ☐ Dinner (5:30-6:00) ☐ Before Bedtime (8:30-9:15)

If, AS NEEDED, (PRN) Frequency: ☐ Every 4-6 hrs. ☐ Every 6-8 hrs. Other: \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS or other rescue medications approved by a physician only.**

☐ Self-Carry (Student demonstrates competence) ☐ Stored in Health Center ☐ Other: \_\_\_\_\_

Other instructions or precautions-possible reactions: \_\_\_\_\_

## FOR PHYSICIAN USE ONLY:

I have reviewed and am directing the administration of the listed medications as indicated for \_\_\_\_\_

Physician/ Office Name

Physician's Signature

Date



# Medication Administration Permission & Instructions Form

## Required Medication Administration Instructions

(If more than two medications are required, please complete this form.)

Medication administration times are listed; if the student has a time-sensitive medication that falls outside of these designated times, please indicate below:

3. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Medication Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: ☐ Oral ☐ Inhalation ☐ Buccal ☐ Topical ☐ Intramuscular ☐ Subcutaneous ☐ G-Tube Other: \_\_\_\_\_

If DAILY, Time(s) to be given (Please Check All That Apply):

☐ Breakfast (8:30-9:00) ☐ Lunch (11:30-noon) ☐ Dinner (5:30-6:00) ☐ Before Bedtime (8:30-9:15)

If, AS NEEDED, (PRN) Frequency: ☐ Every 4-6 hrs. ☐ Every 6-8 hrs. Other: \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS or other rescue medications approved by a physician only.**

☐ Self-Carry (Student demonstrates competence) ☐ Stored in Health Center ☐ Other: \_\_\_\_\_

Other instructions or precautions-possible reactions: \_\_\_\_\_

4. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Medication Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: ☐ Oral ☐ Inhalation ☐ Buccal ☐ Topical ☐ Intramuscular ☐ Subcutaneous ☐ G-Tube Other: \_\_\_\_\_

If DAILY, Time(s) to be given (Please Check All That Apply):

☐ Breakfast (8:30-9:00) ☐ Lunch (11:30-noon) ☐ Dinner (5:30-6:00) ☐ Before Bedtime (8:30-9:15)

If, AS NEEDED, (PRN) Frequency: ☐ Every 4-6 hrs. ☐ Every 6-8 hrs. Other: \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS or other rescue medications approved by a physician only.**

☐ Self-Carry (Student demonstrates competence) ☐ Stored in Health Center ☐ Other: \_\_\_\_\_

Other instructions or precautions-possible reactions: \_\_\_\_\_

5. Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Medication Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: ☐ Oral ☐ Inhalation ☐ Buccal ☐ Topical ☐ Intramuscular ☐ Subcutaneous ☐ G-Tube Other: \_\_\_\_\_

If DAILY, Time(s) to be given (Please Check All That Apply):

☐ Breakfast (8:30-9:00) ☐ Lunch (11:30-noon) ☐ Dinner (5:30-6:00) ☐ Before Bedtime (8:30-9:15)

If, AS NEEDED, (PRN) Frequency: ☐ Every 4-6 hrs. ☐ Every 6-8 hrs. Other: \_\_\_\_\_

**FOR INHALER or EPINEPHRINE AUTO-INJECTORS or other rescue medications approved by a physician only.**

☐ Self-Carry (Student demonstrates competence) ☐ Stored in Health Center ☐ Other: \_\_\_\_\_

Other instructions or precautions-possible reactions: \_\_\_\_\_

### FOR PHYSICIAN USE ONLY:

I have reviewed and am directing the administration of the listed medications as indicated for \_\_\_\_\_

\_\_\_\_\_  
Physician/ Office Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date