

Waskowitz Outdoor School



To Parents:

Our class will be participating in the Outdoor Education program at Waskowitz Outdoor School. This facility is owned and operated by the Highline School District. It is located 3/4 miles east of North Bend, Washington. The program is provided for elementary students and by now you are undoubtedly aware that we are making preparations to attend. This program is an integral part of our class curriculum and an important learning experience.

Fees to attend Waskowitz beginning September 2014 will be paid by Highline Public Schools District for students who attend Highline Public Schools.

An Open House is scheduled prior to your child's week at the Outdoor School (see Open House letter for date, time and directions). This is a good opportunity for both you and your child to visit Waskowitz. No formal visiting time is scheduled during the week your child will be at Waskowitz. The telephone number at Waskowitz is (425) 277-7196, but you should only call in case of emergency. You may call the Waskowitz Outdoor School Office at (206) 631-7626 if you have any questions.

To view the Waskowitz Outdoor School Parent Manual please visit our web site at <http://highline.schoolwires.net/domain/720>. Other forms and information are at <http://highline.schoolwires.net/domain/722>

Your child's class will be attending Waskowitz Outdoor School

the week of _____.

What your child should bring:

1. A good appetite and a friendly smile.
2. A sack lunch to eat at Waskowitz the first day.
3. A warm bed roll or sleeping bag and a small pillow, if one is desired.
4. Enough warm clothing for five days – extra socks, underclothes, handkerchiefs.
5. Sturdy shoes suitable for trail walking. A second pair is highly desirable.
6. Rain clothing including a hat, coat and overshoes.
7. Toothbrush, toothpaste, comb, soap, washcloth and towel, and other personal items as needed.
8. Personal water bottle (for use on hikes).
9. Day pack (small back pack) for use on hikes.
10. Book for reading.

No money, video games, recorders, pagers, cell phones, candy, gum, food stuffs or inappropriate reading material of any kind should be taken or sent to Waskowitz.

LABEL ALL OF YOUR BELONGINGS WITH YOUR NAME AND SCHOOL.

Please complete the attached forms and return with the fee to your child's teacher. **Make checks payable to the elementary school your child attends.** If you have any questions concerning registration, please call the school your child attends.

Waskowitz Outdoor School

Behavior Expectations

Waskowitz offers a different setting for learning away from the usual student's classroom and school. It is important that students and parents understand that Waskowitz is an Outdoor School with the same rules and policies as the student's home school. The Outdoor School staff, classroom teachers, and High School leaders are responsible for the safety and well being of every student while at Waskowitz. We strive to create a safe learning environment where students can experience positive relationships with themselves, others, and the natural world.

While at the Outdoor School, students are expected to:

- ◆ Listen and follow instructions.
- ◆ Cooperate and participate in activities.
- ◆ Respect the rights of others to learn.
- ◆ Respect the school property and the natural environment.
- ◆ Use appropriate language and behavior.

Consequences for inappropriate behavior will match the severity and number of offenses. Possible consequences will be the loss of privileges, removal from activities, and/or completing specific tasks at the Outdoor School.

Parents will be called to pick up a student at Waskowitz if a student's behavior is not safe for students or staff. The decision to send a student home will be part of the discipline process.

Please Note: Parents will be responsible for the transportation of students who are sent home from Waskowitz due to behavior problems.

Taking Luggage to Waskowitz

If your child rides a Highline bus to their school, please be advised that most of these buses do not have the capacity to carry your child's luggage and sleeping bag. Parents are urged to transport their child to school the day they leave for Waskowitz and pick them up on their return. At some schools, parents have organized carpools for these days.

Should it be necessary for your child to ride the bus to school, please pack all belongings in a back pack or small suitcase. Pack as if you were carrying your luggage on to an airplane. You can contact your child's school or the Waskowitz Office if you have any questions.

Permission to Participate in Waskowitz Outdoor School Field Trip and Activities

It is not necessary for your child to have a physical examination before attending Waskowitz Outdoor School, however, you should be sure that your child is in good health. If there is any question regarding his/her physical condition, please consult your family physician to alleviate any concerns you might have. If an emergency should arise, you will be notified immediately using the information you provide below.

School Student Attends: _____ Teacher: _____

Student Name: _____ Boy: _____ Girl: _____ Birth date: _____
Month/Day/Year

Address: _____

Name of Parent/Guardian: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Emergency Contact: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Medical Insurance Provider: _____
Include Group or Identification Number

Name of person who provides this coverage: _____
Parent/Guardian/Other

Is there any medication your child will be taking while at Waskowitz? _____ Yes _____ No

If yes, you must complete and sign the District's Medication Authorization form on the back of this sheet, including obtaining the licensed health professional's orders and signature. If this is not complete, the medication cannot be given to your child at Waskowitz Outdoor School. This applies to both prescription and over-the-counter medications.

Please note below any physical conditions (sleepwalking, bed wetting, allergies, etc.) and any other medical history that might be pertinent:

Your child's picture may be used for Waskowitz Outdoor School promotional material. I hereby give my permission for use of my child's name and photo to be used in connection with a Waskowitz Outdoor School publication.

(_____) Check box only if you do **not** want your child's picture used in any promotional material.)

I hereby give my consent for my child to participate in the Outdoor Education program at Waskowitz Outdoor School. I also agree to the terms and conditions as stated above and explained in the Behavior Expectations attached to this form.

In the event of injury or serious illness, I authorize qualified emergency medical professionals to examine and administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any treatment beyond immediate first aid.

In the event it becomes necessary for the school district staff who are in charge to obtain emergency care for my child, neither the staff nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness, or unforeseen circumstances.

Parent/Guardian Signature: _____ Date: _____

HIGHLINE SCHOOL DISTRICT NO. 401

MEDICATION AUTHORIZATION FORM

NO MEDICATION CAN BE GIVEN AT WASKOWITZ OUTDOOR SCHOOL UNTIL THIS FORM IS COMPLETED AND RETURNED AS REQUIRED BY STATE LAW.

The Highline School District No. 401 is authorized by RCW28A.210.260 State Statutes to administer any oral prescribed medications to students during the time they are at Waskowitz Outdoor School providing that: 1.) The medication is accompanied by a written, signed, current and unexpired request from a licensed health professional prescribing within the scope of his or her prescriptive authority, and 2.) There exists a valid health reason that makes administration of the medication advisable during the time the child is at Waskowitz Outdoor School. It is the policy of the District to administer such medications only when necessary to permit the student to attend Waskowitz Outdoor School and/or facilitate the student's ability to learn.

Requests will be valid only for the medication(s) listed and the dates indicated on this written request form. Medications must be supplied in their original container with the label indicating the student's name, the licensed professional's name who prescribed the medication, dosage and instructions for administration. Under certain situations, the District may determine to discontinue administration of a medication. If this happens, the parent/guardian will be notified before the medication is discontinued.

Student Name: _____	School: _____
Parent/Guardian Name: _____	Telephone: Home: _____
Work: _____	Other: _____

MEDICAL PROVIDERS REQUEST

Medication Name and Strength: #1 _____ #2 _____

Dosage (Number pills/ tsp., etc.) #1 _____ #2 _____

Times of Administration: #1 _____ #2 _____

Reason for Administration: #1 _____
#2 _____

Side Effects: #1 _____
#2 _____

Special Instructions: #1 _____
#2 _____

Other medications the student is taking: _____

I request and authorize the administration of the above medication(s) for the period beginning the day of _____ 20____ through the _____ day of _____ 20____ as there exists a valid health reason that makes administration of the medication necessary during the time the student will be at Waskowitz Outdoor School. This medication may be administered by non-licensed/non-medical school personnel and Waskowitz Outdoor School staff.

PRESCRIBER'S SIGNATURE: _____ TITLE: _____

TYPE OR PRINT NAME: _____ TITLE: _____

DATE: _____ PHONE: () _____ FAX: () _____

PARENT/GUARDIAN REQUEST

I certify that I am the parent/legal guardian, or person in legal control of the above named student. I request and authorize the Highline School District to administer this medication to the above named student in accordance with the prescription and instructions of the authorizing student's health care prescriber listed above.

PARENT SIGNATURE: _____ DATE: _____