REV 1/17/2024

Parent/Guardian Information Packet

unite
ENVIRONMENTAL CAMP
UNITING STUDENTS, TEACHERS AND COMMUNITY
THROUGH SHARED OUTDOOR EXPERIENCES

PLEASE READ EACH SECTION AND COMPLETE ALL FORMS IN THIS PACKET.

Return this packet to your school before the deadline to assure your student will be able to attend camp. No student will be allowed to go to camp without completed forms. Email questions to info@unitecamps.net or call the office at 530-406-9027.

Camp Session Date _____

Packet Deadline _____

Contents

- Welcome letter and Information
- Health Form/Waiver of Liability
- Medication Check-in Form
- Special Medical Conditions Form
- School Medical Authorization Form
- Behavior Agreement
- Packing List

Supporting our teachers, students and community through outdoor education

LITHIA CHEVROLET OF REDDING
Eocene SM Environmental Group WEST
Edward Jones MAKING SENSE OF INVESTING Marty Bullock CFP (530)226.8024
Dignity Health Mercy Medical Center Redding

PHOTO/VIDEO OPT OUT

Photographs and video may be taken during your students camp session. A photo/video release is included in the Unite Camp Health and Activity Record in this packet. Photo and video from each camp session is made available to the school and to you to view and download from our website. Unite Camp may use photo/video taken during camp sessions for promotional purposes. News media may also come to camp and take photo or video for use in a news story.

NO STUDENTS NAMES OR INFORMATION ARE RELEASED WITH PHOTO/VIDEO CONTENT.

Parents/guardians wishing to exclude campers from these photo/videos can do so with this form.

STUDENTS NAME _____

GRADE _____

SCHOOL_____

SESSION DATE _____

IF YOU DO **NOT WANT** YOUR CHILD PHOGRAPHED PLEASE ATTACH A PHOTO HERE

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Dear Parent /Guardian,

Unite is excited to host your student for Environmental Camp. We recognize that this may be the first camp experience for your student. It is our goal to make sure every camper has a safe and enjoyable experience at camp. In order to meet your camper's health needs, please fill out all the forms in this packet and return them to the school before the deadline.

Unite is a non profit organization dedicated to sharing our love for camp and the great outdoors with students. In partnership with North State schools, Unite will provide programing and educational experiences that will reinforce what students learn in the classroom. **Students are under the authority of the school at all times while at Unite Camp.** Just like field trips, your student will be expected to obey the same rules and fall under the same disciplinary systems and consequences that are in place at school. Please prepare your student for a positive camp experience by going over the information in this packet with them. Help them pack for camp using the packing list provided. Discuss the behavior agreement and have them sign it.

The camp schedule will keep campers engaged with a balanced program involving organized activities and hands-on learning. During free time campers will have plenty of options for activity and rest if needed. Meals will be healthy and delicious. Campers will get plenty to eat and will be asked to clean up after themselves. If your child has special dietary needs, please be sure to communicate this ahead of time.

Unite staff are trained in the principles of first aid and are CPR certified. The camp health supervisor and designated trained school staff member will attend to management of medications and medical needs of campers. Please be sure to note any special medical needs your student may have. Do not send students that are sick, have broken bones or head injuries that have not been treated, pink eye , lice, flu symptoms or other communicable diseases. Each school will conduct a simple departure day screening and collect medication before leaving for camp.

Thank you for entrusting your child to the care of both your school and Unite Camp. It is our goal to provide a safe and meaningful educational outdoor experience for every camper.

The Unite Team

Supporting our teachers, students and community through outdoor education

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UNITE CAMP HEALTH AND ACTIVITY RECORD

Please complete, sign, and date this form for all campers. **Do not mail. Do not fax. Form must be turned in upon arrival.**
(If form is incomplete, parents or guardian will be called) ***Please Print***

LAST NAME	**FIRST NAME**	**MIDDLE INITIAL**

	DATE OF BIRTH	**MALE**	**FEMALE**	**DATES ATTENDING CAMP**
		☐	☐	

Group Information:

School attending with	**Teacher/Classroom**

Parent or Guardian	**Full Name:**	**Telephone Numbers With Area Codes**
		Home ( )
	Address	Work ( )
	City **State**	**Zip code**
	Email:	

IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLY RELATIVES)	**Telephone Numbers With Area Codes**
Name	**( )**
Name	( )

Family Health Insurance Information	Name of Company	Policy/Group Number
	Contact Person	Telephone Number
		( )
	Parent/Guardian Name	

SPECIAL MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS:

LIST MEDICINES? (STATE LAW REQUIRES THAT ALL MEDICATIONS, INCLUDING VITAMINS, TYLENOL, ETC, BE GIVEN TO THE CAMP NURSE. ALL MEDICATIONS MUST IN THEIR ORIGINAL CONTAINERS.

MEDICATIONS ALLERGIC TO AND OVER THE COUNTER MEDICATIONS YOUR CAMPER MAY NOT HAVE:
☐ No Known Allergies ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ Other (insect stings, hay fever etc.)

IS CHILD TROUBLED WITH BED-WETTING? **YES** ☐ **NO** ☐

ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES? **YES** ☐ **NO** ☐ If no, explain.

IF CAMPER HAS HAD ANY OF THE FOLLOWING PLEASE CHECK THE BOX AND INCLUDE YEAR OCCURRED:

_____ ☐ Anemia	_____ ☐ Asthma	_____ ☐ Bronchitis
_____ ☐ Chicken Pox	_____ ☐ Chorea	_____ ☐ Chronic Intestinal Problems
_____ ☐ Diabetes	_____ ☐ Diphtheria	_____ ☐ Eczema
_____ ☐ Insulin	_____ ☐ Epilepsy	_____ ☐ Frequent Colds
_____ ☐ Non-Insulin	_____ ☐ Frequent Sore Throats	_____ ☐ HIV Positive
_____ ☐ Hay Fever	_____ ☐ Hearing Problems	_____ ☐ Hives
_____ ☐ Infectious Jaundice/	_____ ☐ Inflammatory Bowel Disease	_____ ☐ Kidney Disease
Hepatitis	_____ ☐ Malaria	_____ ☐ Malignancy
_____ ☐ Measles	_____ ☐ Mononucleosis	_____ ☐ Mumps
_____ ☐ Operations	_____ ☐ Orthopedic Problems	_____ ☐ Otitis Media
_____ ☐ Pneumonia	_____ ☐ Polio Myelitis	_____ ☐ Rheumatoid Arthritis
_____ ☐ Rheumatic Fever	_____ ☐ Rubella (German)	_____ ☐ Scarlet Fever
_____ ☐ Sinusitis	_____ ☐ Speech Defect	_____ ☐ Tuberculosis or TB Contact
_____ ☐ Venereal Disease	_____ ☐ Whooping Cough	

Proof of immunization, required by law, must contain SPECIFIC REFERENCES to those diseases, dates and doses. Immunizations must be updated if not in accordance with state regulations.

- **Proof of Measles** means two doses of measles vaccine on or after your first birthday and at least 30 days apart (preferably three months), and/or a physician-documented history of the disease or serologic evidence of immunity.
- **Proof of Rubella** means one dose of rubella vaccine on or after your first birthday or serologic evidence of immunity.
- **Proof of Mumps** means one dose of mumps vaccine on or after your first birthday, a physician-documented history of the disease, or serologic evidence of immunity.

☐ THE SCHOOL HAS MY CHILDS IMMUNIZATION RECORD ON FILE.

OR

☐ I AM ATTACHING MY CHILDS CURRENT IMMUNIZATION RECORD.

The schools copy of immunization records is current.

Parent/Guardian _____ Date _____

The health and immunization history are correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which include but are not limited to hiking, playing sports or general physical activity, except as noted by me and the examining physician and has permission to leave the camp grounds for camp related outings and purposes. I realize that my campers' picture and/video may be used in the camp photo/video made available online.

Unite Camp is a non-profit charitable organization. Those who use Unite Camps' facilities and /or engage in related activities waive and release Unite Camp from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage.

Illegal drugs, weapons and similar items are not permitted at camp. Unite Camp reserves the right to search for and remove such items from anyone suspected of possessing them. I understand that all medications, vitamins, etc must be given to the camp nurse upon arrival and that they must be in the original containers.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my son/daughter. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I hereby give permission for the camp nurse to administer over the counter medications to my child per manufacturers guidelines except as noted above.

Campers wishing to leave early must be picked up by parent(s) guardian(s) who sign this health form. Anyone other than the parent must have written permission signed by the same parent/guardian who has signed this form. The camp reserves the right to refuse dismissal without proper identification.

Signature of Father/Guardian(s):_____Date:_____

Signature of Mother/Guardian(s):_____Date:_____

MEDICAL PROCEDURES

If medications are brought to Unite Camp, the following procedures must be followed:

- ☐ Completed "school medication authorization form".
- ☐ Health forms must be signed in BOTH places by a legal guardian.
- ☐ Please do not fax the form to the school. **Forms must be the original signed documents, no copies.**
- ☐ Medicines should be in plastic Ziploc bag.
- ☐ All bags should be labeled with school and student's name.
- ☐ Medication check-in slips, *(below)* with directions regarding medicine must be placed in bag.
- ☐ NO LOOSE PILLS OR MIXED PILLS IN SINGLE CONTAINER.
- ☐ Place all medicine in original prescription bottle or original labeled box (for nonprescription).

UNITE ENVIRONMENTAL CAMP

Medication Check-In

Camper's Name _____ Cabin # _____

School Name: _____

Name of Medicine	*As Needed*	*Taken Daily*	*Dosage/Time*
1) _____	❒	❒	
2) _____	❒	❒	
3) _____	❒	❒	
4) _____	❒	❒	

IF SENDING AN EPI-PEN, PLEASE LIST SPECIFIC ALLERGIES: (one for student one for backup)

INHALER

Students with a prescribed inhaler should carry it with them at all times. Please include a **second inhaler** to be turned in to the Health Clerk/Nurse. This will ensure your student has a back up in case they loose their inhaler.

SPECAIL MEDICAL CONDITIONS

STUDENTS NAME: _____

Describe special health condition:_____

_____

_____

_____

_____

_____

Instructions for our staff:_____

_____

_____

_____

_____

Common Special Health Conditions

Diabetes: __ Type 1 __ Type 2

Diabetes: students who have diabetes must be accompanied by an authorized school representative who has received education and training in the medical procedures specific to the student. This representative is responsible for monitoring and providing all necessary health care related to diabetes management. A family member may substitute for the "authorized school representative. This guideline insures we are compliant with California Education Code 49423.5.

Nebulizer: students who require the use of a nebulizer at camp will need to make prior arrangements to ensure an authorized school representative or family member is available to assist in nebulizer treatments for your student.

Epi-Pen: Our staff are trained to administer an EpiPen in the event that your student is unable to administer their own EpiPen. Please note that we ask that you bring two EpiPen's one to be used as a back up. Our policy is to administer the EpiPen as soon as a camper is exposed to something that triggers an anaphylactic reaction as evidenced by symptoms or upon the judgement of medical staff. If your student will be bringing an EpiPen please sign below acknowledging this policy.

Parent/Guardian acknowledgement of EpiPen use policy _____

If your student has a special health condition that may require specialized training or knowledge please make note of it on this form. Contact our office to see if under the education code may need an authorized school or family member present to manage their care while at camp.

SCHOOL MEDICATION AUTHORIZATION FORM/IHSP

This form must be completed for each medication your student will take while at environmental camp that has not been authorized while at school.

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR

I request that my child, _____ be assisted in taking the below prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I agree to, and do hereby hold the District and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort because of, or arising out of, the acts or omissions of the District or its employees with respect to this medication.

I authorize exchange of information between my child's physician, school district nurse, teacher(s), and principal.

_____ _____ _____ _____
Parent Signature | Date | Home Phone | Emergency Phone

_____ _____ _____
Address | Name of Medication | Time to be given at camp

_____ _____ _____ _____ _____
Students Name | DOB | School | Phone | FAX

PHYSICIAN'S ORDER (TO BE COMPLETED ONLY BY PHYSICIAN)

ONLY ONE MEDICATION PER FORM

_____ _____
Name of Medication | Strength

_____ _____ _____
Dosage | Dose Form (tablet/liquid, etc.) | How often

_____
Time to be given

_____ _____
Reason for medication | Possible side effects

☐ Student has been instructed by physician in the use of inhaler and may carry medication with them.

☐ Student has been instructed by physician in the use of the EPI-PEN and may carry the medication with them.

_____
Comments

The pupil for whom this medication is prescribed is under my care.

_____ _____ _____
Licensed Physician Printed Name | Licensed Physician Signature | Date

SCHOOL OFFICE USE ONLY

MEDS CALENDARED ☐ _____ _____ _____
BY | DATE | TIME

Behavior Policy/Agreement

Students remain under the authority of their school, faculty and staff at all times while at camp. Please remind your student that they are expected to obey the same rules and fall under the same disciplinary systems and consequences that are in place at school.

All school rules apply at camp. In addition, we enforce the following "three C's" at camp:

NO CUTTING (skipping) meetings, meals or activities. **NO CONTACT**, rough housing, wrestling, keep hands to yourself. **NO CONTRABAND**, electronics, weapons, lighters or anything on the do not bring list.

- Cabin groups must stay together and with Cabin Leader at all times.
- Students going to the restroom must:
  - Get Cabin Leader's permission.
  - Go with a buddy and stay together until they return to their group.
- The appropriate way to get on or off a top bunk is to use the ladder.
- During Cabin times everyone must be in their own cabin.
- No girls in guy cabins, no guys in girl cabins or bathhouses.
- Food is not allowed in cabins.
- Respect other people's property. If it is not yours, do not touch it. Keep track of your own property, and know where it is at all times.
- Respect the facility and surroundings. While on trials and around camp, campers are to leave no trace. Pick up all trash and stay on trails.

THREE STRIKES POLICY

Strike 1: The 1st strike will result in being counseled by an Instructor.

Strike 2: The 2nd strike will result in a talk with Teacher and Parents will be called; the camper will be placed on a behavior contract.

Strike 3: The 3rd strike will result in camper being sent home.

Any student who jeopardizes the safety of any other student or staff member will be immediately expelled from Unite Camp with no other warnings or chances. PARENTS WILL BE CALLED TO COME PICK UP THEIR STUDENT.

Students leaving during camp must be signed out by a parent, guardian, or other designated contact person. This person must be listed on the student's Registration and Health Information form and may be asked to show photo I.D. Schools are billed the full amount for any student sent home due to homesickness, behavior, or family choice.

PARENT SIGNATURE

I understand the Unite Camp Discipline Policy. If my child should be expelled from camp, I agree to immediately pick them up, day or night.

Parent/Guardian Signature: _____ *Date:* _____

Name (Print) _____ Relationship to Student _____

STUDENT SIGNATURE

I understand all of the above rules and plan to follow them.

Student Signature: _____Date: _____

Student Name *(Print)* _____ School: _____

CAMPER PACKING LIST

unite ENVIRONMENTAL CAMP

UNITING STUDENTS, TEACHERS AND COMMUNITY THROUGH SHARED OUTDOOR EXPERIENCES

Campers will stay in cabins or dorms depending on the camp location . In case of inclement weather, cabins have a heat source. Come prepared for rain or shine. It is recommended that campers have layers of clothing to be comfortable during activities.

WHAT TO BRING TO CAMP: (All items should be clearly marked with camper's name)

Pack sleeping bag and pillow in a plastic bag.

- ☐ Rainy day coat
- ☐ Warm clothes (layers are best)
- ☐ **Pen and pencil**
- ☐ Small flashlight
- ☐ Shoes for hiking, playing (closed-toe)
- ☐ Shower sandals
- ☐ Extra socks
- ☐ Sleeping bag (blanket optional)
- ☐ Twin fitted sheet (recommended to cover mattress)
- ☐ Pillow with case
- ☐ Toiletries and towels
- ☐ Warm jacket
- ☐ Warm clothes
- ☐ Plastic bag (for dirty or wet clothes)
- ☐ Gloves for cool weather
- ☐ **Water Bottle**

FOOD

We believe in tasty, healthy food and full stomachs. Campers will enjoy breakfast, lunch & dinner and an evening snack. Food and snacks are not allowed in the cabins so **please do not send them with your student.**

Only students with special dietary needs can bring food. That food should be labeled and will be stored in the kitchen for use at meal times.

WHAT NOT TO BRING TO CAMP:

Electronics such as radios, video games, MP3 players, cell phones, skateboards, etc. No matches, lighters, pocket knives, weapons of any kind, drugs or alcohol.

UNITE CAMP T-SHIRT AND APPAREL ORDER FORM

Unite Apparel is available for order with pre-payment.

Orders should be submitted 2 weeks prior to camp to guarantee availability and sizes.

Please attach check or money order and turn in this form with your packet.

Order online for CC purchases @ www.unitecamps.net

Limited quantity items online only
Unite apparel will be given to students on arrival day at camp.

Unite Camp t-shirt $12

YOUTH S M L XL ADULT S M L XL XXL

Unite 100% cotton heavy-weight hoodie $35.00

YOUTH S M L XL ADULT S M L XL XXL

Unite Beanie $15

Unite snapback embroidery hat $20

Make check payable to

Unite Camp

Order Total $_____

Payment Method:

☐ Check # _____

☐ Money Order

☐ Cash

Name _____

Address_____

Zip _____

Phone _____

School _____

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