

**TEACHER INFORMATION PACKET & REQUIRED FORMS**

Dear Teachers,

We are pleased that you will be joining us for our *Life in the Abyss* Overnight Program! Your students will be embarking on a fun and fascinating examination of living systems and the biotic and abiotic components that define them, as they explore abyssal, benthic, and aquarium ecosystems. In order to better address your needs, we have designed the *Life in the Abyss* Overnight Program to help fourth through sixth-grade teachers meet the California Science Content Standards.

We recognize and appreciate the personal commitment you have made, and we plan to make this educational experience rewarding for you. You will also find important forms that must be returned to the Ocean Institute in order to complete your registration. Included in this information packet are the following forms:

- Adult/Student Clothing and Supply List
- Acknowledgement of Risk and Waiver
- Adult Medical Form
- ***R/V Sea Explorer*** Manifest
- Program information form

In addition to the above forms you must fill out, we've attached **the Parent Information Packet** and the **Chaperone Information Packet**, which must be photocopied and distributed to your parents and chaperones. These forms must be returned and brought with you on the day of your program. Please make sure that you are familiar with the information and forms contained in all the packets, and that you collect all forms prior to boarding the bus for your field trip.

As the program date nears, please review your teacher prep pack and reference the "**Administrative Checklist**" to prepare for your program.

We look forward to working with your class! Please feel free to contact us if you have any questions regarding either the program, or the necessary paperwork and forms.

Sincerely,  
Rick Baker  
Vice President, Education

**ADULT CLOTHING AND SUPPLY LIST**

For safety reasons, those participating in the *Life in the Abyss* Overnight Program need to have and/or wear the following clothing. Remember that you must be prepared for all types of weather. A sunny warm day can quickly turn into a cool, windy, wet evening.

- Snack for before the program
- Jacket
- Rubber-soled, closed-toe shoes
- Hat
- Sunscreen
- Sleeping bag
- Pillow
- Nightwear (sweatpants & sweatshirt)
- 1 pair of long pants
- 1 shirt
- 1 pair underwear
- 1 pair socks
- 1 washcloth
- Toiletry kit (soap, toothbrush, toothpaste, hairbrush, etc.)
- Warm** jacket, gloves, and hat for the evening program and the morning boat

## Optional Items:

- Camera with film
- Money for the gift and book store
- Sunglasses
- Seasickness remedies for the cruise program

## Do Not Bring:

- Candy and/or gum
- Radios, personal listening devices, or electronic games
- Cell phones

**SNACK**

Since dinner will not be served until 6:00 pm, we recommend that participants have a snack before the program begins. Some ideas for the snack are:

- granola bars
- cheese and crackers
- fruit
- boxed juice

## ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name:

Program Date:

### Participant Name:

Last:

First:

Birth date:

### Guardian Name:

Last:

First:

Home Phone:

Cell Phone:

Work Phone:

Address:

City:

State:

Zip:

Email:

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

Today's Date:

**ADULT MEDICAL FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Closest Relative (to notify in the event of an emergency)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Additional Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Information**

Medical Insurance Group Name and Number \_\_\_\_\_

**Additional Information**

Do you have any physical or medical conditions or restrictions?

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Please specify \_\_\_\_\_

\_\_\_\_\_

Do you regularly take any prescription medications? Please specify \_\_\_\_\_

\_\_\_\_\_

**R/V SEA EXPLORER MANIFEST**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of School/Group \_\_\_\_\_

Ocean Institute Program           **LIFE IN THE ABYSS**          

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_ Total \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
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- 49. \_\_\_\_\_
- 50. \_\_\_\_\_

**PROGRAM INFORMATION FORM FOR LIFE IN THE ABYSS OVERNIGHT**

Please complete this form and return it to the Ocean Institute's Overnight Coordinator at least 1month prior to your program date.

School \_\_\_\_\_ Program Date \_\_\_\_\_

Teachers \_\_\_\_\_

**Number of Participants:** Students \_\_\_\_\_ Adults \_\_\_\_\_ Teachers \_\_\_\_\_

**Special Dietary Needs:** We can accommodate certain dietary needs if notified in advance. Please list any participants (student and adult) with special dietary needs, including nuts, cheese, milk, wheat, etc. (attach sheet if necessary).

Name:	Need:
_____	_____
_____	_____
_____	_____
_____	_____

**Please note:** Participants with allergies to foods such as wheat and milk should bring substitutes.

Are there any participants with special needs (wheelchairs, casts, asthma, allergies)? If yes, please explain ways that we can help with accommodations (attach sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What topics have you covered in your classroom pre-trip preparation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to:**  
Shanette Grieve, Director of Program Development  
Ocean Institute  
24200 Dana Point Harbor Drive  
Dana Point, CA 92629

OR

**Fax to:**  
Shanette Grieve at (949) 496-4296

**PARENT INFORMATION PACKET**

Dear Parents,

Your child will soon be participating in our *Life in the Abyss* Overnight Program! The students will be embarking on a fun and fascinating examination of living systems and the biotic and abiotic components that define them, as they explore abyssal, benthic, and aquarium ecosystems. Our intent is to ignite a lifelong interest in both nature and science. All of our instructors are college-trained biologists implementing innovative teaching techniques and activities.

We utilize our At Sea Learning Center and the *R/V Sea Explorer*, and have added new activities to explore the deep sea and the organisms that live there. We are proud to be able to offer your child this unique learning experience.

In order to help you prepare your child for the upcoming journey, we have provided this Parent Information Packet that includes the following information and forms:

- Student Clothing and Supply List
- Acknowledgement of Risk form
- Student Medical form
- Administration of Medication forms

Each child must arrive with a completed Medical form and Acknowledgement of Risk and Waiver. If your child requires any prescription or non-prescription medication during the day or night, you must have the Administration of Medication form(s) completed by your child's doctor. The medication must be in the original container with clear instructions on both schedule and dosage.

If you have any questions, please contact your child's classroom teacher. We are looking forward to working with your child!

Sincerely,  
Rick Baker  
Vice-President, Education

**STUDENT CLOTHING AND SUPPLY LIST**

For safety reasons, students participating in the *Life in the Abyss* Overnight Program need to have and/or wear the following clothing. Remember that the students must be prepared for all types of weather. A sunny warm day can quickly turn into a cool, windy, wet evening.

- Snack for before the program
- Jacket
- Rubber-soled closed-toe shoes
- Hat
- Sunscreen
- Sleeping bag
- Pillow
- Nightwear (sweatshirt & sweatpants)
- 1 pair of long pants
- 1 shirt
- 1 pair underwear
- 1 pair socks
- 1 washcloth
- Toiletry kit (soap, toothbrush, toothpaste, hairbrush, etc.)
- Warm** jacket, gloves, and hat for the evening program and the morning boat

## Optional Items:

- Camera with film
- Money for the gift and book store
- Sunglasses
- Seasickness remedies for the cruise program

## Please Do Not Bring:

- Candy and/or gum
- Radios, personal listening devices, or electronic games
- Cell phones

**SNACK**

Since dinner will not be served until 6:00 PM, we recommend that the participants have a snack before the program begins. Some ideas for a snack are:

- granola bars
- cheese and crackers
- fruit
- boxed juice



**STUDENT MEDICAL FORM**

**PLEASE PRINT CLEARLY**

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's \_\_\_\_\_ Program. Dates attending \_\_\_\_\_ to \_\_\_\_\_.

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

In case of emergency, please notify: Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ \*Business Number (\_\_\_\_) \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

Alternate Person in case of emergency, please notify: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

Name/Phone number of Family Physician \_\_\_\_\_

Name/Number of family medical insurance carrier \_\_\_\_\_

\* For Medical Insurance Claims only

**PARTICIPANT HEALTH INFORMATION**

1. Does the participant have any physical or medical conditions or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness                  Sleepwalking                  Bed wetting (send extra bedding)                  Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

4. Does your child have any allergies that may be of concern?                  Yes \_\_\_\_ No \_\_\_\_

If so, please describe the severity: \_\_\_\_\_

5. Has the participant recently been ill or exposed to any communicable diseases? Yes \_\_\_\_ No \_\_\_\_

If so, please explain: \_\_\_\_\_



**ADMINISTRATION OF MEDICATION, PAGE 1**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgement arising out of these arrangements which may be rendered against them.

**INSTRUCTIONS**

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

**Part I: Prescription Medication**

**MEDICATION 1**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**ADMINISTRATION OF MEDICATION, PAGE 2**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

**Part II: Non-Prescription Medication**

**MEDICATION 1**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 3**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**CHAPERONE INFORMATION PACKET**

Dear Chaperones,

Please accept our thanks for contributing to the success of your students' educational program. We recognize and appreciate the personal commitment you have made, and we plan to make this educational experience rewarding for you. Please take some time to prepare yourself before attending the *Life in the Abyss* Overnight Program.

This residential science program offers students a rigorous education experience that supports their regular classroom science program. The program is designed to immerse students in the study of living systems and the biotic and abiotic components that define them. Our intent is to ignite a lifelong interest in both nature and science. All of our instructors are college-educated biologists and social scientists implementing innovative teaching techniques and activities.

**ROLE OF CHAPERONES**

Chaperones assist both the students and the staff with the operation of the *Life in the Abyss* Overnight Program.

- **SUPERVISOR:** You are asked to monitor students during the program, at break times, and during the night. While chaperones are supervising students, the "visual contact" rule shall be strictly enforced. The students for whom the chaperone is responsible must be within the chaperone's view.
- **ROLE MODEL:** You are asked to serve as role models for the students. We have found that the students' experience is influenced greatly by positive adult role models, so please follow the same rules and guidelines as the students.
- **PARTICIPANT:** We invite all of our chaperones to participate fully in the *Life in the Abyss* Overnight experience. We encourage you to participate in all of our activities. We would like this to be a learning opportunity for the adults as well as the students!

Please complete and sign the attached Acknowledgement of Risk and Waiver and Medical forms and return them to the classroom teacher.

We truly appreciate all of your help. You will have a strong influence on the students' success and enjoyment during the program.

Sincerely,  
Rick Baker  
Vice President, Education

**ADULT CLOTHING AND SUPPLY LIST**

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- Hat
- Sunscreen
- Sleeping bag
- Pillow
- Nightwear (sweatpants & sweatshirt)
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- 1 shirt
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## Optional Items:

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- Sunglasses
- Seasickness remedies for the cruise program

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- Radios, personal listening devices, or electronic games
- Cell phones

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- cheese and crackers
- fruit
- boxed juice

## ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

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If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

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Program Name:

Program Date:

---

### Participant Name:

Last:

First:

Birth date:

---

### Guardian Name:

Last:

First:

Home Phone:

Cell Phone:

Work Phone:

Address:

City:

State:

Zip:

Email:

---

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

Today's Date:

**ADULT MEDICAL FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Closest Relative (to notify in the event of an emergency)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Additional Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Information**

Medical Insurance Group Name and Number \_\_\_\_\_

**Additional Information**

Do you have any physical or medical conditions or restrictions?

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Please specify \_\_\_\_\_

\_\_\_\_\_

Do you regularly take any prescription medications? Please specify \_\_\_\_\_

\_\_\_\_\_