

TEACHER INFORMATION PACKET & REQUIRED FORMS

Dear Teachers,

We are pleased that you will be joining us for our *Watershed Science* Overnight Program! Your students will be embarking on a fun and fascinating examination of the Earth's hydrologic cycle and investigate how soil composition, water quality, and our Earth's water supply is affected. In order to better address your needs, we have designed the *Watershed Science* Overnight Program to help fourth through fifth-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 *Watershed Science* 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

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 **WATERSHED SCIENCE OVERNIGHT**

Number of Students _____ Number of Adults _____ Total _____

- 1. _____
- 2. _____
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- 50. _____

PROGRAM INFORMATION FORM FOR *WATERSHED SCIENCE 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 *Watershed Science Overnight Program*! The students will be embarking on a fun and fascinating examination of Watershed science as they study nutrient cycles, soil composition, and water quality through exciting, hands-on activities. Our intent is to ignite a lifelong interest in both nature and science. Our instructors are college-educated biologists implementing innovative teaching techniques and activities.

The Watershed Science Overnight Program is aligned with the Science Content Standards for California Public Schools. Students will exercise their scientific processes of observing, communicating, inferring, interpreting data identifying, and classifying. 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 *Watershed* 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

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:

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 judgment 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 *Watershed Science* 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 watershed science and introduce to them research techniques used to assess the ecological integrity of our watersheds. Our intent is to ignite a lifelong interest in both nature and science. Our instructors are college-educated biologists and 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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- Sunscreen
- Sleeping bag
- Pillow
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- 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:

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- Sunglasses
- Seasickness remedies for the cruise program

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- Cell phones

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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 _____
