

Required Forms

Dear Teachers,

You and your students are about to embark on a unique educational experience. The Watershed Science Overnight is designed to immerse students in the study of the earth, life, and physical sciences of watersheds. Our intent is to ignite a lifelong interest in both nature and science. All of our instructors are college educated scientists implementing innovative teaching techniques and activities.

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 participating in the program. As the program date nears, please review the administrative checklist and Program Agreement for final preparations before your program.

In order to help you better prepare for your field trip, we have provided a Required Forms Package that includes the following forms:

- Program Information Form
- Chaperone Information Letter
- Clothing and Supply List
- Adult Medical Form
- Student Medical Form
- Student Administration of Medicine Form
- Acknowledgement of Risk and Waiver Form & RV Sea Explorer Manifest (PDF format)

Please make sure that you photocopy and pass on the appropriate forms to your parents and chaperones:

Chaperones and Teacher:

- Chaperone Information Letter
- Clothing and Supply List
- Acknowledgement of Risk and Waiver
- Adult Medical Form

Parents:

- Clothing and Supply List
- Acknowledgement of Risk and Waiver
- Student Medical Form
- Student Administration of Medicine Form

It is imperative that each student and chaperone (including teachers) arrives at the program with all paperwork filled out in advance.

Please feel free to contact us if you should require further clarification or information. We look forward to working with your class!

Regards,

Jonathan Witt
Watershed Education Program Coordinator
949-496-2274 x330
jwitt@ocean-institute.org

PROGRAM INFORMATION FORM FOR WATERSHED SCIENCE OVERNIGHT

Teachers: please complete this form and return it to the Ocean Institute’s Program Coordinator at least 6 weeks 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 note: participants with allergies to foods such as wheat and milk should bring substitutes. Please list any participants (student and adult) with special dietary needs (attach sheet if necessary).

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

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?

CHAPERONE INFORMATION LETTER

Dear Chaperones,

Please accept our thanks for contributing to the success of your student's educational 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 the earth, life, and physical sciences of watersheds. Our intent is to ignite a lifelong interest in both nature and science. All of our instructors are college educated scientists implementing innovative teaching techniques and activities.

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.

ROLE OF CHAPERONES

Chaperones assist both the students and the staff with the operation of the 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.
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- **ROLE MODEL:** You are asked to serve as role models for the students. We have found that positive adult role models influence the experience of the students. Please follow the same rules and guidelines as the students.
- **PARTICIPANT:** We invite all of our chaperones to participate fully in the 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!

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

CLOTHING AND SUPPLY LIST

Pack as carefully as possible! Remember that the weather can be unpredictable. Make sure that you are prepared for all kinds of weather since the program will continue regardless of the weather. Everyone needs a rain jacket with a hat or a rain poncho.

- Jacket
- Rubber-soled, closed-toe shoes
- Hat
- Sunscreen
- Sleeping bag
- Pillow
- Clothes in which to sleep (sweatpants & sweatshirts)
- 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

Optional Items:

- camera with film
- money for the gift and book store
- sunglasses

Do Not Bring:

- candy, gum
- radios, walkman, or electronic games

AVOIDING SEASICKNESS (if applicable)

There are several things that you and your students can do to avoid seasickness on the *R/V Sea Explorer*:

- Eat a good breakfast or lunch before the cruise—make sure that you avoid sweets and greasy foods!
- Take anti-motion medication at least 30 minutes before boarding the vessel

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 _____

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 _____