Dear Parents,

We are delighted to offer all of our Fifth Grade students an opportunity to participate in a comprehensive local Outdoor Education Program. The program is designed and run by the Mountains Recreation Conservation Authority (MRCA) in our neighboring Santa Monica Mountains at King Gillette Ranch. The MRCA has been providing outdoor education programming for over 20 years. The program offers traditional outdoor education, standards-based lessons, as well as leadership and team-building activities. The lessons and activities presented emphasize the ecosystem, dynamic local history, and imperiled watersheds. MRCA relates science concepts to locally important issues and resources and helps students make a lasting connection with nature.

The cost per student is $355.00, which includes food, lodging, insurance, transportation, and instruction. Please make an online debit or credit card payment on the lvusd.org website (instructions attached) at least FIFTEEN SCHOOL DAYS prior to the scheduled week of Outdoor Education. No student will be denied an opportunity to participate in Outdoor Education for financial reasons. If finances are an issue, please contact Stephanie Tongson at (818) 878-5228.

Cancellations made within ten days of the program start date will be refunded, less a cancelation charge of $100 of the program donation. Cancellations may be made by calling the District Office anytime at (818) 878-5219 up until 4:00 p.m. of the Wednesday prior to the trip. Cancellations after that time are considered “no shows” and refunds are not possible as MRCA staffing is based upon student enrollment.

PLEASE CHECK THE ATTACHMENTS TO THIS LETTER FOR IMPORTANT FACTS. PLEASE RETURN PAGES 13-18 OF THE PACKET TO THE SCHOOL OFFICE. A suggested clothing and equipment checklist is included in this packet.

Please call your school, the District Office at (818) 878-5218, or MRCA at (818) 878-0866 x 277 if you have any questions or need further information.

Sincerely,

Clara Finneran, Ed.D.
Assistant Superintendent - Education
## OUTDOOR EDUCATION

### Important School Dates and Deadlines

<table>
<thead>
<tr>
<th>CAMP DATES</th>
<th>SCHOOL</th>
<th>MONEY &amp; PERMISSION SLIPS DUE</th>
<th>MEDICATIONS DUE 11 A.M. HEALTH OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 6-10, 2017</td>
<td>Willow</td>
<td>Monday, February 13, 2017</td>
<td>Monday, February 27, 2017</td>
</tr>
<tr>
<td>March 13-17, 2017</td>
<td>Chaparral</td>
<td>Monday, February 20, 2017</td>
<td>Monday, March 6, 2017</td>
</tr>
<tr>
<td>March 27-31, 2017</td>
<td>Sumac and Mariposa</td>
<td>Monday, March 6, 2017</td>
<td>Friday, March 17, 2017</td>
</tr>
<tr>
<td>April 17-21, 2017</td>
<td>Lupin Hill</td>
<td>Monday, March 27, 2017</td>
<td>Monday, April 3, 2017</td>
</tr>
<tr>
<td>April 24-28, 2017</td>
<td>Bay Laurel</td>
<td>Monday, April 3, 2017</td>
<td>Monday, April 17, 2017</td>
</tr>
<tr>
<td>May 1-5, 2017</td>
<td>Yerba Buena</td>
<td>Monday, April 10, 2017</td>
<td>Monday, April 24, 2017</td>
</tr>
</tbody>
</table>
Important Things to Know

Swimming: I (we) understand that swimming is a part of this camp activity.

Special Problems: Please notify your child’s classroom teacher if your child has special problems (special diets, medication, bed wetter, etc.) so that we can make arrangements to effectively deal with each individual. Contact lenses may be a problem in the dust. Glasses are recommended.

Mail: You may write to your child at: Child’s Name & School Name, C/O King Gillette Ranch 26800 West Mulholland Highway, Calabasas, CA 91302. Please limit mail to 1 piece for the whole week

Mail received after Thursday is returned to the school site.

Parents: You may NOT visit your child at King Gillette Ranch. This is a time for him/her to learn independence. NO PARENTS AT CAMP.

Transportation: Students should arrive at school with their baggage (check with your teachers on the time) on the morning of camp. Students will be picked up on Monday morning at 9:00 a.m. at their school and will return to their school on Friday at about 12:30 p.m. Please be there Friday on time to pick up your child and any remaining medications. All transportation to and from camp and the other sites will be by school bus.

Baggage: Duffel bags are easier for students to pack and carry than suitcases. Plastic trash bags used as luggage will not be allowed. Students must be able to carry the bag they pack. Hiking shoes or boots are recommended, but do not send NEW shoes or GOOD clothing. NO CANDY OR SNACKS! Please no cell phones or electronic equipment or games. No medications, including over the counter, are permitted in the student’s luggage. See section on medication for Outdoor Education. Please mark all items including bags and sleeping bags with student’s name.

Conduct & Discipline: Students are expected to follow directions at all times, to use good judgment, and to act in a responsible manner. All activities are supervised, and every student is responsible for his/her own behavior. If your child cannot follow the rules, he/she will be required to leave. You will have to pick your child up from camp.

All Las Virgenes Unified School District policies and procedures are in effect.

No Obscene Language / No Name Calling / No Put-Downs / No Harassment
No Rough Play / No Fighting / No Arguing with Any Counselor or Adult

Strictly Forbidden and Will Be Confiscated: Food (candy and gum included); pocket knives or matches, ipods, electronic musical equipment; any questionable items which directors feel could create unnecessary problems. (No electronic games and please cell phones for emergencies only; do not bring if unnecessary.)

Las Virgenes Unified School District and King Gillette Ranch are not responsible for articles of clothing or personal belongings lost, stolen, or damaged during outdoor education.
Las Virgenes Unified schools accepts online credit/debit card payments through PayPal. PayPal can be easily accessed via computer on the district’s homepage (www.lvusd.org) as well as on your mobile device by clicking on “Parents”, “Make A Payment / Donate” option.

From a drop down menu of choices, select the Item Type and School location. Also, fill in your Child’s Name (first & last), Description (including child’s teacher) and Amount to be paid.

Paypal Payments

Make a Payment Using PayPal

Fill in the following form to pay for school charges. Payment is for, in order to ensure that your payment

Please make sure to select “Outdoor Education” icon

Click “Pay Now” in order to add the item to your shopping cart.
Please make sure to select the "Outdoor Education" icon.

Make a Payment Using PayPal

Fill in the following form to pay for school charges. Be sure to include your child’s name and a description of what the payment is for, in order to ensure that your payment is applied properly.

<table>
<thead>
<tr>
<th>Item Type</th>
<th>Select</th>
<th>School</th>
<th>Select</th>
<th>Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pay Now

If you did not complete a prior transaction, you may complete it in your shopping cart (click to view).

Additional items can be paid for at one time by clicking "Continue Shopping" and repeating the steps above.

Las Virgenes Unified School District

Your Shopping Cart

<table>
<thead>
<tr>
<th>Description</th>
<th>Item price</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor Education</td>
<td>$355.00</td>
<td>1</td>
<td>$355.00</td>
</tr>
</tbody>
</table>

Description: White Oak School, Child’s Name: Tom Smith, Description: Mrs. B 5th grade - March trip

Item total: $355.00

Enable PayPal

Check Out OR Check out with PayPal

Continue Shopping

Your Shopping Cart

<table>
<thead>
<tr>
<th>Description</th>
<th>Item price</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outdoor Education</td>
<td>$355.00</td>
<td>1</td>
<td>$355.00</td>
</tr>
</tbody>
</table>

Description: White Oak School, Child’s Name: Tom Smith, Description: Mrs. B 5th grade - March trip

Description: Lost Books | $5.00 | 1 | $5.00 |

Description: White Oak School, Child’s Name: Suzy Smith, Description: Mrs. T 2nd Grade

Item total: $400.00

Check Out OR Check out with PayPal

Continue Shopping

Please PRINT YOUR PAYMENT RECEIPT as it may be needed by the school office for tracking and confirmation of payment. For more information, please call (818) 880-4000.
OUTDOOR EDUCATION

Packing Checklist

WHAT TO TAKE??? The following is a suggested outline of your child’s needs. Each student may have individual requirements and should plan accordingly. However, the key ideas to keep in mind are:

- Plan for inclement weather; bring warm clothes.
- Bring clothes that let you dress in “layers” that can easily be taken off as the weather warms up.
- Older but serviceable clothing is usually more comfortable and does not require “breaking in”. This is particularly important regarding shoes. **Be sure shoes are flat with good tread! (i.e. tennis shoes).**
- Travel light – the fewer the items to meet your needs, the better.
- Make sure bags are sturdy enough to endure impacts from handling and cargo storage.
- **1 bag for clothes/footwear, one backpack, one rolled up sleeping bag and pillow. PLEASE LABEL.**
- **IMPORTANT:** All items should be marked with permanent marker with your child’s name!

✓ **CLOTHING:** The layered look is the most effective. PLEASE LABEL.

<table>
<thead>
<tr>
<th>2 pairs of pants/jeans</th>
<th>1 pair of pajamas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 jacket</td>
<td>3 pairs of shorts</td>
</tr>
<tr>
<td>1 bathrobe</td>
<td>1 sweat shirt*</td>
</tr>
<tr>
<td>5 t-shirts/blouses</td>
<td>1 bathing suit*</td>
</tr>
<tr>
<td>1 pair of sweat pants (Girl counselors one piece suit or t-shirt over bathing suit)</td>
<td>4 pairs of underwear</td>
</tr>
<tr>
<td>5 pairs of socks</td>
<td>1 ski cap/beanie</td>
</tr>
<tr>
<td>2 pairs closed shoes</td>
<td>1 pair of flip flops for shower*</td>
</tr>
<tr>
<td>Gloves (for night time activities)</td>
<td></td>
</tr>
</tbody>
</table>

✓ **TOILETRIES:** PLEASE LABEL. NO AEROSOL CANS! Makeup and hair spray are not allowed.

<table>
<thead>
<tr>
<th>Bag to carry toiletries</th>
<th>Soap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Lotion</td>
<td>2 bath towels</td>
</tr>
<tr>
<td>Shampoo/conditioner</td>
<td>Chap stick</td>
</tr>
<tr>
<td>1 wash cloth</td>
<td>Comb/brush</td>
</tr>
<tr>
<td>Toothbrush and toothpaste</td>
<td>Deodorant (stick)</td>
</tr>
<tr>
<td>Insect repellent (stick or lotion)</td>
<td>No spray! Sunscreen* (lotion, no spray)</td>
</tr>
</tbody>
</table>

✓ **SUPPLIES:** PLEASE LABEL

<table>
<thead>
<tr>
<th>Sleeping bag &amp; pillow</th>
<th>Stationery, pens, pencils</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 reusable water bottle (24 oz. or more*)</td>
<td>Backpack</td>
</tr>
<tr>
<td>VERY IMPORTANT</td>
<td></td>
</tr>
<tr>
<td>Stamps and envelopes</td>
<td>Beach towel</td>
</tr>
<tr>
<td>Bag for dirty laundry</td>
<td>Books/magazines</td>
</tr>
<tr>
<td>Inexpensive disposable camera/film* or digital camera</td>
<td></td>
</tr>
</tbody>
</table>

*These are items most often forgotten and most desired by the students. Please be sure all items are MARKED with student's name. Parents, please check this packing list and be sure that everything is included.

**Camera & Film:** If your child brings a camera, be sure it has identification on the camera, not just the case. Please discuss how to use cameras. Disposable cameras are suggested.
Medication

If your child will be taking medications to outdoor education camp, please read the following procedure carefully.

1. The *Request for Medication to be Taken During School Hours* form must be completed by a parent and the child’s physician for all medications including over-the-counter medications, vitamins and herbal supplements. The form must be turned in with the registration for outdoor education.

2. All medication must be delivered in the original pharmacy-labeled or manufacturer’s container. Medications will be dispensed only from properly labeled containers. **No medications will be accepted in plastic bags or unlabeled containers or without the medication administration authorization form.**

3. Over-the-counter medications must also be delivered in the original manufacturer’s container and should be labeled with the child’s name.

4. All medications should be placed in a gallon zip-lock bag, labeled with the child’s name and brought to the school health office **no later than Monday morning prior** to the week of outdoor education. The **only medications accepted on the day of departure** are emergency medications such as an inhaler, Epi Pen or Glucagon or those prescribed over the weekend.

5. No medications of any kind, including over-the-counter medications, are allowed in your child’s luggage. Children may carry inhalers or Epi-pens, which are medically necessary, but those medications should be turned into the health office first.

6. Please only send the amount of medications needed for the week. Do not send a bottle with 30 - 90 day supply.

7. If the date on any prescription is more than one year old or if the medication expiration date has passed, the medication will not be accepted.

8. Please send only essential medications with your child. Do not send vitamins unless prescribed by a physician.

Regulations per the California Administrative Code Title 5, Section 18170
Outdoor.ed.meds.doc/April 2011
Legal Reference Governing the Administration of Medication in Schools

California Education Code, section 49423.
(a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon or ordered for him or her by a physician assistant practicing in compliance with Chapter 2 of the Business and Professions Code, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b).
(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon or physician assistant.
(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon or physician assistant detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to this paragraph.
(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses auto-injectable epinephrine in a manner other than as prescribed.

California Education Code, section 49423.1.
(a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician or surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).
(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon.
(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.
(3) The written statements specified in this subdivision shall be provided at least annually and more frequently if the medication, dosage, frequency of administration, or reason for administration changes.
(c) A pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses inhaled asthma medication in a manner other than as prescribed.

California Education Code, section 49423.5.
(a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular school day, may be assisted by any of the following individuals:
(1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.
(2) Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:
(A) Routine for the pupil.
(B) Pose little potential harm for the pupil.
(C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.
(D) Do not require a nursing assessment, interpretation, or decision-making by the designated school personnel.
(b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.
(c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.
(d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, suctioning, or other services that require medically related training.
(e) Regulations necessary to implement this section shall be developed jointly by the State Department of Education and the State Department of Health Care Services, and adopted by the state board.
(f) This section does not diminish or weaken any federal requirement for serving individuals with exceptional needs under the Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), and its implementing regulations, and under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Sec. 794) and its implementing regulations.
(g) This section does not affect current state law or regulation regarding medication administration.
(h) It is the intent of the Legislature that this section not cause individuals with exceptional needs to be placed at school sites other than those they would attend but for their needs for specialized physical health care services.
OUTDOOR EDUCATION

Frequently Asked Questions

How do I know my child will be safe?
Las Virgenes and the MRCA are committed to creating a safe environment at all times. The King Gillette Ranch is locked at sundown. There are 2 MRCA Rangers who live adjacent to King Gillette and are on call 24/7 through the Ranger Emergency Services. All of the Naturalists and the Directors are First Aid and CPR trained. Our high school counselors are screened on several different levels and are assigned by gender to each small group of students. They are stationed in the dormitories at night to monitor the fifth graders. Your classroom teachers are part of the regular program. Your principal is a regular visitor and the Camp Director is on site during the day. Emergency drills are conducted and evacuation plans are in place.

My child has never slept away from home, what if he/she gets homesick. Can he/she call me?
Students are asked not to call home. We work with the counselors, naturalists, teachers and directors to create a comforting environment for your child. If the director feels it is necessary to contact you about homesickness then you will be called. It is normal for children to have these feelings. The staff is trained with strategies to support students who may be feeling a little homesick. Usually, redirecting and talking are all that are needed. The first night is often the most difficult and then after that many do not want to leave to come home.

My child needs special medication at night, who is responsible for seeing that he/she takes the meds?
A detailed schedule is kept for giving all medications. If your child does not come to take their medication the MRCA staff will call for the child to come to the health office for medication. The Site Directors and trained MRCA staff give all medications. Please make sure you have completed the medication list very carefully and turned in all of the necessary medicines to your school health clerk. If there are any questions you will be called.

What if my child gets hurt?
Immediate first aid will be given, the injury will be assessed, and if necessary you will be contacted. The philosophy is to “Call sooner rather than later.”

My child is a very picky eater? What happens if he/she won’t eat the food?
Our experience is that the children often try new foods and eat things at Outdoor School that they do not eat at home. They are very physically active and are generally very hungry. The menu is child friendly and healthy. The meals are served family style. If your child has a food allergy please call the Camp Director, Andy Haka 818-878-0866 ext 227 and request a copy of the menu. Depending on the request you may be asked to send special food in a cooler. Then at meal times your child is given the food. Please make sure your child knows that special food has been sent and to ask for it. Please note any special food requests on the Student Enrollment form.

My child is a vegan, vegetarian, only eats kosher food. What do you do?
On your enrollment forms please indicate this request. Also let your child’s teacher know. All meals will have options to meet the needs of a variety of special needs.

Can my child bring his/her cell phone?
Cell phones are not recommended. This is a week to experience nature and learn from our outdoor environment. One of the joys of being in the natural environment is to experience the sounds of nature—both the natural noises and the quiet. Your child may bring his/her cell phone in case of an emergency however, this is also a school function and the same cell phone use rules apply.

My child has __________, who needs to know this?
If your child has a special need please talk to your child’s teacher and/or the principal. The goal is to have all of the students attend and have a wonderful experience. We make special accommodations when necessary. For example, if your child is a bed wetter, we have many strategies to help and support. This information is kept confidential and only given to the individuals who need to know.
OUTDOOR EDUCATION

Frequently Asked Questions continued...

How do I send mail to my child?
To help ensure that your child receives mail, please send it the Friday or Saturday before your child even leaves. We watch to make sure that all students are receiving mail. If a package is sent it is opened in front of the directors. No candy or gum are allowed. Please notify any relatives who could be sending letters or packages of these rules. Please do not send special balloons or special gifts. They are very distracting and on occasion do not get delivered. A card and letter are the best.
Also, please make your comments positive. Try not to say, "Oh, I miss you so much." A better way might be, "I know you are having a great time! I look forward to hearing all about the exciting adventures. Love you, -------"

Address: Your child’s name
Name of your child’s school
C/O King Gillette Ranch
26800 West Mulholland Highway
Calabasas, Ca. 91302

It’s my child’s birthday the week he/she is at ODE, how will you celebrate?
Your child will be recognized if the directors know of the birthday. The whole group will sing to your child and wished "Happy Birthday." A birthday card would be great. We do not do birthday cakes or special foods. Please hold special events when your child gets home.

What about taking showers?
Students will have opportunities in the daily schedule for taking a shower. The shower stalls are private. At this age many children are shy about their bodies and do not want to undress in front of their friends. Privacy is honored. If your child would be comfortable taking a shower in his/her swimming suit that would be appropriate.

What if my child starts her menstrual period at Outdoor School?
If it is the first time, we generally try to contact her mother. This can be an anxious and exciting time in the life of a young girl. We want the parents to be a part of this. If your daughter will be having her period during her outdoor school time, please make sure she has all of the necessary supplies to be comfortable. You may choose to talk with the teacher or health clerk.

My child has a special event---or practice during the week he/she is scheduled to attend ODE. Can I pick him/her up and return him/her?
Generally NO. One of the experiences of Outdoor School is to build independence and get away from the daily schedules. We have learned by past experiences that it is very difficult to have students coming and going. If you feel you must take your child out early, you may pick them up, but they may not return to outdoor school. If you feel there are unusual circumstances, please talk to your principal first and you may then be directed to the Director of Elementary Education. The only exceptions are if a child is sent home ill, we require the student to be free of fever and illness for 24 hours before returning. Please let all of your child’s coaches, special teachers, religious school teachers, etc. know that your child will be at Outdoor School and not attending any after school hour events.

What can I expect when my child gets home?
Your child will be very tired. They have hiked for many hours and may not have slept as well as they do at home. Over the next few days, weeks and months you will hear many of the wonderful experiences about Outdoor School. They will have developed many new ideas and made some personal connections with new adults—both high school counselors and the Naturalists.
The King Gillette Ranch has many special events on weekends and in the summer. You may want to bring the whole family and enjoy the beauty of our Santa Monica Mountains and take advantage of this amazing resource in our own backyard!

If you hear a story that you are concerned about, please talk with your child’s teacher immediately.
# King Gillette Ranch - Carbohydrate Counts

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>8:00 AM</strong></td>
<td><strong>8:00 AM</strong></td>
<td><strong>8:00 AM</strong></td>
<td><strong>8:00 AM</strong></td>
<td><strong>8:00 AM</strong></td>
</tr>
<tr>
<td><strong>BREAKFASTS</strong></td>
<td>Hot Oatmeal: 27g</td>
<td>Cream of Wheat: 25g</td>
<td>Hot Oatmeal: 27g</td>
<td>Cold Cereal w/ Milk: 45g</td>
<td>Cold Cereal w/ Milk: 45g</td>
</tr>
<tr>
<td></td>
<td>Raisins: 31g/Br. Sugar: 4g</td>
<td>Raisins: 31g/Br. Sugar: 4g</td>
<td>Raisins: 31g/Br. Sugar: 4g</td>
<td>Cinn. Coffee Cake: 36g</td>
<td>Cinn. Coffee Cake: 36g</td>
</tr>
<tr>
<td></td>
<td>Cold Cereal w/ Milk: 45g</td>
<td>Cold Cereal w/ Milk: 45g</td>
<td>Cold Cereal w/ Milk: 45g</td>
<td>Asst. Toasted Bagels: 47g</td>
<td>Asst. Toasted Bagels: 47g</td>
</tr>
<tr>
<td></td>
<td>Fr. Toast: 35g w/ Syrup: 52g</td>
<td>Scrambled Eggs: 3g</td>
<td>Pancakes: 19g</td>
<td>Cream Cheese: 1g</td>
<td>Cream Cheese: 1g</td>
</tr>
<tr>
<td></td>
<td>Turkey Sausage: 2g</td>
<td>Hash Browns: 14g</td>
<td>w/ Syrup: 52g</td>
<td>Jelly: 12g</td>
<td>Jelly: 12g</td>
</tr>
<tr>
<td></td>
<td>Apple Juice: 28g</td>
<td>Ketchup: 4g</td>
<td>Turkey Bacon: 0g</td>
<td>Whole Fruit: 15 - 20g</td>
<td>Whole Fruit: 15 - 20g</td>
</tr>
<tr>
<td></td>
<td>Water: 0g</td>
<td>Orange Juice: 24g</td>
<td>Apple Juice: 28g</td>
<td>Orange Juice: 24g</td>
<td>Orange Juice: 24g</td>
</tr>
<tr>
<td></td>
<td>Arrival: 10:00 AM</td>
<td>Must: 15 - 20g</td>
<td>Water: 0g</td>
<td>Water: 0g</td>
<td>Water: 0g</td>
</tr>
<tr>
<td><strong>LUNCHES</strong></td>
<td>Boxed Lunch / 12:30 PM</td>
<td>Barbecue Picnic</td>
<td>Boxed Lunch / 12:30 PM</td>
<td>Barbecue Picnic</td>
<td>Barbecue Picnic</td>
</tr>
<tr>
<td></td>
<td>Slcd. Turkey: 1g/Wheat: 28g</td>
<td>Hamburgers: 1g/Bun: 28g</td>
<td>Slcd. Turkey: 1g/Wheat: 28g</td>
<td>Hamburgers: 1g/Bun: 28g</td>
<td>Slcd. Turkey: 1g/Wheat: 28g</td>
</tr>
<tr>
<td></td>
<td>Mayonnaise-Mustard: 3g</td>
<td>Lettuce &amp; Tomatoes: 1g</td>
<td>Mayonnaise-Mustard: 3g</td>
<td>Lettuce &amp; Tomatoes: 1g</td>
<td>Mayonnaise-Mustard: 3g</td>
</tr>
<tr>
<td></td>
<td>Veg. Stks: 0g/Chips: 15g</td>
<td>with all the Fix'Ins: 6g</td>
<td>Veg. Stks: 0g/Chips: 15g</td>
<td>with all the Fix'Ins: 6g</td>
<td>Veg. Stks: 0g/Chips: 15g</td>
</tr>
<tr>
<td></td>
<td>Capri Sun: 30g &amp; Apple: 15g</td>
<td>Fr. Fries: 20g &amp; Ketchup: 4g</td>
<td>Capri Sun: 30g &amp; Apple: 15g</td>
<td>Capri Sun: 30g &amp; Apple: 15g</td>
<td>Capri Sun: 30g &amp; Apple: 15g</td>
</tr>
<tr>
<td></td>
<td>Cinn. Crunch Bars: 27g</td>
<td>Lemonade &amp; Water: 20g</td>
<td>Cinn. Crunch Bars: 27g</td>
<td>Lemonade &amp; Water: 20g</td>
<td>Cinn. Crunch Bars: 27g</td>
</tr>
<tr>
<td></td>
<td>Vegetarian Sandwich: 30g</td>
<td></td>
<td>Vegetarian Sandwich: 30g</td>
<td></td>
<td>Vegetarian Sandwich: 30g</td>
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<tr>
<td></td>
<td><strong>Boxed Lunch / 12:30 PM</strong></td>
<td><strong>12:30 PM</strong></td>
<td><strong>Boxed Lunch / 12:30 PM</strong></td>
<td><strong>12:30 PM</strong></td>
<td><strong>12:30 PM</strong></td>
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<tr>
<td></td>
<td>Barbecue / 12:30 PM</td>
<td></td>
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<tr>
<td></td>
<td>Hot Dogs: 3g/Bun: 27g</td>
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<tr>
<td></td>
<td>with all the Fix'Ins: 6g</td>
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<tr>
<td></td>
<td>Veggy Baked Beans: 24g</td>
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<tr>
<td></td>
<td>Cole Slaw: 8g &amp; Chips: 15g</td>
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<tr>
<td></td>
<td>Punch &amp; Water: 20g</td>
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<tr>
<td></td>
<td>Watermelon: 20g</td>
<td></td>
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<tr>
<td></td>
<td>Vegetarian Hot Dog: 6g</td>
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<tr>
<td></td>
<td><strong>Cheese Free Pizza: 41g</strong></td>
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<tr>
<td></td>
<td><strong>Available 3:00-4:00 PM</strong></td>
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<tr>
<td></td>
<td>Whole Fruit: 15 - 20g</td>
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<tr>
<td></td>
<td><strong>DINNERS</strong></td>
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<td><strong>5:30 PM</strong></td>
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<td>Salad Bar: 18g</td>
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<td>Hawaiian Chicken: 15g</td>
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<td>Rstd. Red Potatoes: 12g</td>
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<tr>
<td></td>
<td>Wheat Roll: 20g &amp; Butter: 9g</td>
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<tr>
<td></td>
<td>Peas &amp; Carrots: 8g</td>
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<td></td>
<td>Punch &amp; Water: 20g</td>
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<td></td>
<td>Stuffed Zucchini: 6g</td>
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### Bard Catering

John J. Bard, CEC
Phone: (310) 384-2827
bardcatering@verizon.net
OUTDOOR EDUCATION
Student Registration Form 2016-2017

PLEASE RETURN THE FOLLOWING FORMS TO THE SCHOOL OFFICE MANAGER.

Student’s Name_________________________________ School_________________ Teacher________________

Student's Nickname (if any) Birthday (Mo/Dy/Yr) ______ / ______ / ______

Address________________________________________ City________________________ Home Phone____________________

Parent’s Name Cell Phone________________________ Work Phone____________________

Parent’s Name Cell Phone________________________ Work Phone____________________

Students Swimming Ability: Strong________ Average________ Cannot Swim________

Child’s Physician________________________________ Phone (____).____________________

Address________________________________________ City________________________

Name of your health insurance company________________________________________

Policy #, Group #, Insurance Co. Telephone #.____________________________________

Address of Insurance Co.________________________________ City____________________

EMERGENCY CONTACTS: Parents will be notified immediately of any illness or accident to children. Please indicate the name of someone locally who we can contact in the event that you cannot be reached. This person is authorized to pick your child up from Outdoor Education.

Name Home Phone Business Phone Relationship

1. ______________________________________________________________

2. ______________________________________________________________
OUTDOOR EDUCATION

Authorization to Participate in Outdoor Education and
Authorization to Treat a Minor

I (we) the undersigned parent(s) having legal custody/guardianship of ________________, a minor, do hereby authorize the person(s) in charge at Outdoor Education as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Education Code section 35330.

I (we), the parent(s)/guardian(s) of the above named child, wish to register our child for a five-day experience in Outdoor Education. I (we) understand that our child will be covered by supplementary accident insurance for the period of attendance at Outdoor Education. Should it be necessary for our child to have medical care for illness or accidents, I (we) hereby give permission to the person(s) in charge at Outdoor Education to obtain the best possible care for our child. I (we) agree that any cost beyond the coverage provided in the site owner's policy will be my (our) responsibility.

I (we), the undersigned, hereby release and discharge the Las Virgenes Unified School District, its Board, Officers, Employees, Agents and Volunteers (herein collectively referred to as “District”) from all liability arising out of or in connection with the above described activities. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District, or that any other person or entity may have against the District because of injury, accident, illness, or death occurring or by reason of the field trip or excursion, including any loss or damage to property that occurs during the performance of any of the above described activities.

 Printed Name of Parent or Guardian __________________________________________

 Signature of Parent of Guardian ____________________________________________ Signed this day of ____________, 2017

All Las Virgenes Unified School District policies and procedures are in effect.

THE 3 STRIKE DISCIPLINE POLICY: If your child violates the rules or uses poor judgment that results in the injury to another child or property, your child will be referred to the classroom teacher and a “strike one” referral will be completed. If a second situation should occur, your child will be referred to the teacher and the director of the program. A “strike two” referral will be completed. If a third situation occurs, you will be called and your child will be sent home from the program and no refund will be given.

 PARENT SIGNATURE ______________________________________________________

 STUDENT SIGNATURE ______________________________________ DATE _____________
OUTDOOR EDUCATION

Student Health Record

Please complete the following information and return with registration.

Student Name: ___________________________ School: ___________ Grade: ___ Gender: M / F

Birth Date: _______________ Place of Birth: ___________________ Race/ethnicity: ___________

Parent/Guardian Name: ___________________________ Home #: _______________

Parent Cell #: ___________________________ Parent email: ___________________________

Schools attended: (include city and years of attendance) ___________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Siblings and grade in school: _____________________________________________

MEDICAL INFORMATION: Check all that apply and date of diagnosis

___ Acid Reflux ___ Crohn's / IBS ___ Self-harm/Cutting
___ ADD ___ Depression ___ Speech problems
___ ADHD ___ Diabetes ___ Tourette's/tics
___ Anorexia Nervosa ___ Down Syndrome ___ Visual impairment
___ Anxiety ___ Hearing Impairment ___ Wears glasses/contacts
___ Asperger's ___ Heart Condition History of:
___ Asthma ___ Intellectual Disability ___ Bloody nose
___ Autism ___ Migraines ___ Fainting spells
___ Bipolar disorder ___ Obsessive Compulsive ___ Frequent ear infections
___ Bulimia ___ Scoliosis ___ Meningitis
___ Cerebral Palsy ___ Seizures ___ Strep throat/infections

Other: ______________________________________________________________________

Neurological or psychological disorder: _________________________________________

Orthopedic impairment: _____________________________________________________

Allergies: Communicable Diseases: list date of disease

___ Medication: ___________________________ ___ Chicken pox - * Requires MD or lab
___ Food: _______________________________ ___ results for verification
___ Bee/wasp stings: _____________________ ___ Whooping cough/Pertussis
___ Environmental: _________________________ ___ Tuberculosis or exposure
___ Requires Benadryl
___ Requires Epi Pen

List all medications your child routinely takes, including those taken at home: __________

__________________________________________________________________________

List and give date of any significant injuries or surgeries: ___________________________

__________________________________________________________________________

List any activity limitations: ___________________________________________________

__________________________________________________________________________

Doctor: ___________________________ Dr. Telephone #: __________________________

Parent Signature: ___________________________ Date: __________________________

Rev: 10/16
OUTDOOR EDUCATION

Authorization for Medications Taken During School Hours, School Activities, and Field Trips

Valid only for the current school year or as designated in the Individual Education Program (IEP) for Special Education students.

EXCEPTION: California Education Code 49423.5 - Specialized services, i.e., Epipen, nebulizer, glucagon, insulin, diabetes care, etc., may require additional forms and instructions signed by Parent or Legal Guardian and Physician. Request specialized services forms from school.

Parent or Legal Guardian Section

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child’s name, name of the medication, dosage, method of administration, time schedule and name of physician.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication(s) (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse (or designee) to communicate with my child’s prescriber and to counsel school personnel as needed with regard to my child’s health. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I agree to comply with district rules related to administering medication at school.

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>M F</th>
<th>Birth Date</th>
<th>Student Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of School</th>
<th>Grade</th>
<th>Teacher/Room Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

List all medications routinely taken outside of school hours:
I will immediately notify the school if there are any changes in medications my child is taking at school.

<table>
<thead>
<tr>
<th>Signature of Parent or Legal Guardian</th>
<th>Date</th>
<th>Home/Mobile Telephone</th>
<th>Work Telephone</th>
</tr>
</thead>
<tbody>
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</table>

Physician Section

The child named above is under my care for these diagnoses:
It is necessary for him or her to receive the following prescribed medication(s) during school hours.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage (be specific, i.e. milligrams, etc.)</th>
<th>Time of day to be given</th>
<th>Frequency and Indication if “as needed”</th>
<th>Method of administration</th>
<th>Duration</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Precautions or side effects</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Storage and handling

- Routine handling, medication in locked storage and administered by authorized school personnel
- On-site 72 hour disaster supply only
- It is Medical Necessity for child to carry prescription for asthma, anaphylactic shock or diabetes, and indicate:
  - Designated school personnel to administer
  - Child trained to self-administer

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage (be specific, i.e. milligrams, etc.)</th>
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<th>Frequency and Indication if “as needed”</th>
<th>Method of administration</th>
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  - Child trained to self-administer

<table>
<thead>
<tr>
<th>Signature of Physician</th>
<th>Date</th>
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<tbody>
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</table>

Stamp physician name/address below:

Name of Physician (please print) | License Number | Office telephone |
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</table>

Dietary Needs at King Gillette Ranch

If your child has any special dietary needs for Outdoor Education, please fill out the form below.

Student’s Name

Please check appropriate box(s):

☐ Vegetarian
☐ Food Allergy

Please explain and be specific:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Other Dietary Needs: Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
OUTDOOR EDUCATION

Student Photo Release Form

MOUNTAINS RECREATION & CONSERVATION AUTHORITY
Temescal Gateway Park
15601 Sunset Boulevard
Pacific Palisades, California 90272
Phone (310) 454-1395  Fax (310) 454-1396

I give permission and consent for my fifth grade student attending the Outdoor Education Program at King Gillette Ranch to allow photographs to be taken during camp and camp session activities. I further give permission and consent that any such photographs may be published and used by Mountains Recreation & Conservation Authority, California State Parks, National Parks Service and the Santa Monica Mountains Conservancy to illustrate and promote the Outdoor Education experience and their camp programs.

Student Name ____________________________
(Please Print) First ______________ Last ______________

Parent/Guardian Name ____________________________
(Please Print) First ______________ Last ______________

Parent/Guardian Signature ____________________________ Date ____________________________