



Palomar Outdoor School

Parent/Guardian Letter

Date Scheduled To Attend Palomar _____

Dear Parent/Guardian,

The Palomar Race/Human Relation Outdoor Education Program (<http://www.sandi.net/Palomar>) offers sixth grade student in San Diego City Schools an opportunity to spend five days and four nights at the Palomar Outdoor School located on Palomar Mountain. (Elevation of 5,000 feet). The program is the culminating year of a three-year curriculum focused on diversity and integration through the OCILE (Off Campus Integrated Learning Experience) program (<http://www.sandi.net/OCILE>). It provides students with the unique experience of living in a fully integrated safe environment away from home. The program teaches five key concepts (Identity, Culture, Diversity, Conflict Resolution and Awareness of Prejudice and Discrimination) and provides opportunities to apply these concepts to “real life” situations.

Palomar Mountain provides a natural environment for student exploration and investigation. This unique outdoor laboratory is the perfect setting to incorporate Race/Human Relations with science, history and cultural awareness. The program curriculum comes to life through activities such as hiking, pond biology and fire making. The interactive outdoor learning experiences help students to appreciate and respect nature and understand their relationship to it.

Students have adult supervision during their visit to Palomar Outdoor School. The staff consists of an administrator, one office manager, two credentialed nurses, eight credentialed teachers and educational assistants and teachers from your child’s school. Nutritious, well-prepared meals are served three times a day. The heated cabins are equipped with beds, mattresses and bathroom/shower facilities. Students are expected to make beds, care for their clothing, set and clean dining tables and complete daily living chores.

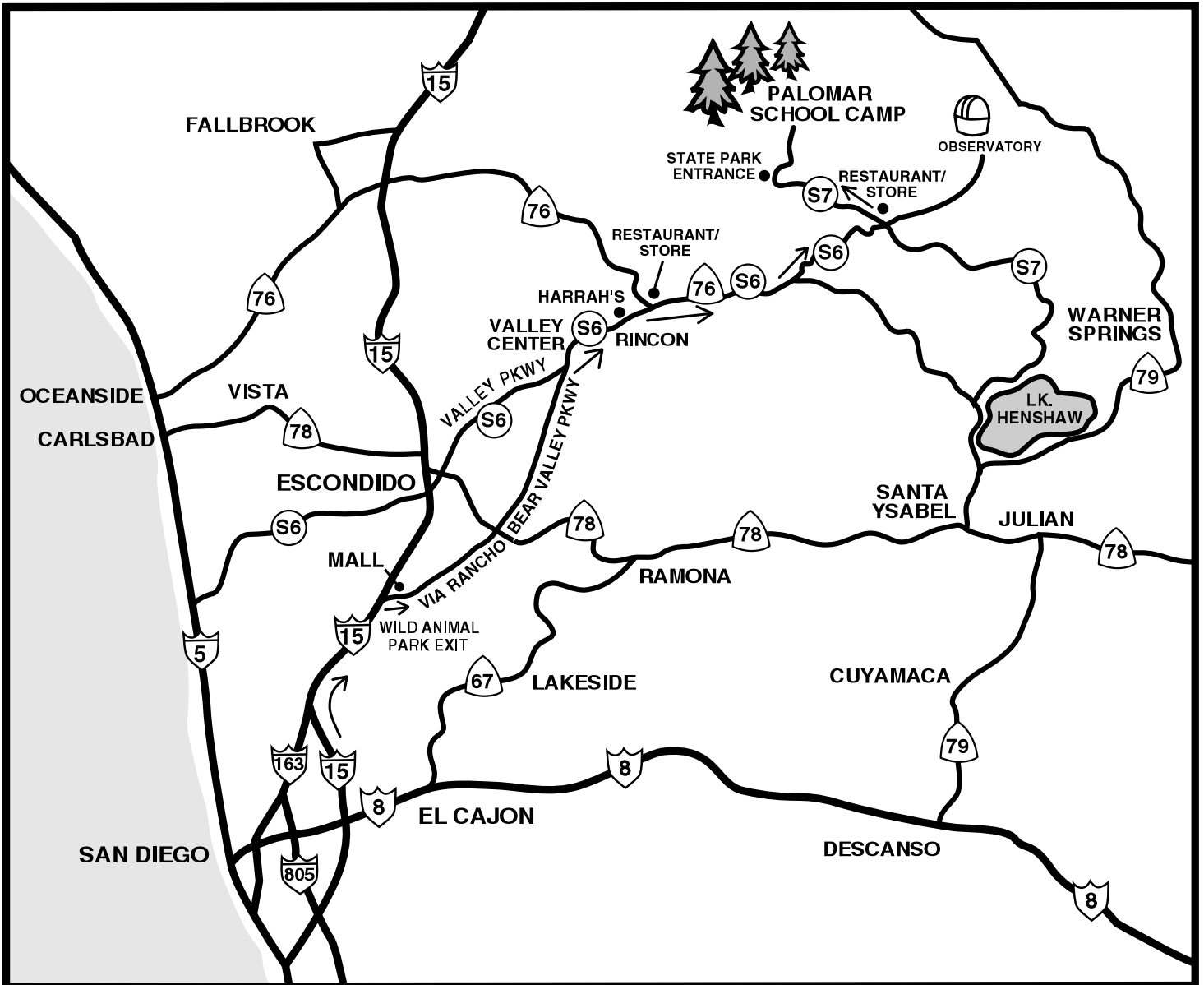
Palomar Outdoor School has been in existence since 1947 and has focused on integration and diversity since 1983. Attending “sixth grade camp” has become a tradition in the San Diego Community. Students live with, learn from and befriend others with whom they would not ordinarily interact. This invaluable life experience fosters independence and helps prepare students to live and thrive in a multi-cultural society.

Students may not make or receive phone calls. In the event of severe unrelenting homesickness, the Palomar school nurse will contact the student’s parent/guardian.

Safety, respect and responsibility are emphasized in this program. We are confident that students will conduct themselves in a mature and responsible manner as representatives of their schools.

Please review this packet, **complete Forms A and B and return them to your child’s teacher.**

DIRECTIONS TO PALOMAR OUTDOOR SCHOOL



- Take I-15 north to Via Rancho Pkwy exit (Wild Animal Park exit)
Via Rancho Pkwy becomes Bear Valley Pkwy
- Turn right on Valley Pkwy and continue on S-6 through Valley Center (Valley Center Road), then through Rincon, past Harrah's
- When S-6 and S-76 join, turn right and continue uphill past groves and nurseries (about 4-5 miles)
- At the S-6 and S-76 split at the bottom of Palomar Mountain, go left on S-6 and continue on winding road until you reach the top of the mountain (about 11 miles)
- Turn left on East Grade Road
- Immediately turn left on S-7 (S-7 is State Park Road) and continue to the State Park entrance
- If a Ranger is at the station, tell them you are going to the Sixth Grade School Camp (there will be no entry fee)
- Continue into State Park and follow signs to the School Camp and Doane Pond

Please check in at the Nurse's Office when you arrive



Palomar Outdoor School

Clothing and Equipment

- Please mark name on all items of clothing and equipment.
- Due to limited space, your child can bring one suitcase or duffle bag; one sleeping bag and pillow. Beds and mattresses are provided in heated cabins.
- Winter weather at Palomar can mean sub-freezing temperatures, wind, rain and sometimes snow. Your child should bring a warm jacket, hat and gloves. Send rain gear and boots if you have them.
- Do not purchase new clothing, unless necessary. Experience has shown that comfortable old clothing is more satisfactory.
- Water bottles are recommended year round.

DO NOT BRING:

money	knives	watches	hairspray	blow dryers
food	hatchets	jewelry	shampoo	aerosol cans
candy/gum	matches	cell phones	make-up	
flashlights	markers	electronics	curling irons	

Please do not send any valuables to Palomar with your child.

THE FOLLOWING CLOTHING IS NOT PERMITTED:

tank-tops	spaghetti straps	bare midriffs	low-cut or sleeveless tops
shorts	capri pants	dresses	skirts
			gang attire

WHAT TO BRING: (* items are optional)

BEDDING:

- sleeping bag or 2 blankets and a sheet
- bath towels (2)
- wash cloth
- pillow/pillow case

TOILET ARTICLES:

- toothbrush
- toothpaste
- soap
- comb or brush
- chapstick
- sunscreen
- *shower shoes
- shower cap
- *personal sanitary supplies

CLOTHING:

- light, long sleeved shirt/jacket
- heavy jacket or coat
- heavy sweater/sweatshirt
- comfortable shoes for walking/hiking (2)
- long pants/belt (2-4)
- T-shirts with sleeves (4)
- underwear (4)
- socks that cover ankles (6-8 prs.)
- hat – baseball type
- sleepwear
- *slippers
- *bathrobe

EQUIPMENT/STATIONERY:

- water bottle
- book for own reading
- *camera and film
- *stamped postcards
- *stamped envelopes
- *pencils

NOTE: Layering two or three shirts or sweaters plus a light jacket also works well to keep warm. Limited clothing is available for loan.

The Palomar staff will make every effort to assure that personal items stay with the owner; however, the district accepts no responsibility for lost or stolen items.



Palomar Outdoor School

Health Information and Medications

Dear Parent/Guardian,

There is a full time credentialed school nurse on site to attend to the physical and emotional needs of each individual student. Palomar Outdoor School is located at an elevation of 5000 feet and is a one-hour drive to the nearest hospital. By planning with the family, school-site staff and the Palomar school nurses, most children with special needs are able to attend this program. (Individuals with Sickle Cell Anemia are the exception.) To allow for this planning, **student information needs to be submitted three weeks prior to attending.**

- Please feel free to communicate on the attached forms any specific or unique needs or information that will assist us in the care of your child.
- Thoroughly complete the Health Form. Please include detailed information on severe allergies, emotion/behavioral needs, special education concerns, etc.
- Thoroughly complete the Authorization Form. **Your signature is required for your child to attend the Palomar Outdoor School.** Your child cannot be treated for illness or injury without your signature unless it is “life threatening”.
- All medications must be given to the student’s school site nurse prior to leaving for camp. Each medication is to be in the pharmaceutical container with the label showing:
 - Student’s name (not a relative)
 - Name of medicine – separate container for each medicine
 - Correct dosage and frequency of administration
 - Name of physician
 - Telephone number of physician
- No medication is to be sent with the student or in their luggage.
- Over the counter/non-prescription medications are available at the Palomar Outdoor School and administered on as needed basis per school nurse protocol. (See Health Form).
- The district provides insurance for students attending Palomar. This insurance has a \$25 deductible and is supplemental to personal coverage. Claim forms are available from the Palomar Outdoor School (760) 742-3270. Additional information regarding the student insurance program may be obtained by contacting: Bolton & Company Accident Health Department, 1100 El Centro Street, South Pasadena, CA, 91030; Telephone: (626) 799-7000; Fax: (626) 441-3233.
- Should a student need to be sent home for health or discipline reasons the parent/guardian is responsible to pick up his/her child at the Palomar Outdoor School.



Palomar Outdoor School

STUDENT INSURANCE

Student insurance is supplemental to the parent or legal guardian's own personal insurance coverage and there is a \$25 deductible. It is provided by San Diego City Schools for each student participating in the Palomar outdoor Education Program.

The school insurance will cover the cost for all campers if parents do not have insurance or if parents' insurance does not cover the total cost.

The student insurance, obtained through Bolton & Company, provides the following maximum coverage:

- \$10,000 maximum for accidental death
- \$10,000 maximum for accidental dismemberment
- \$25,000 maximum for catastrophe
- \$3,500 maximum accidental medical expense
- \$1,000 maximum sickness expense. Must be at Palomar four days or more.
- \$3,000 maximum for specified disease

Travel time directly to and from Palomar is included in the coverage.

Claim forms are available from Palomar Outdoor School (760) 742-3270.

Any further information regarding the student insurance program may be obtained by contacting:

Bolton & Company
Attention: Accident Health Department
1100 El Centro Street
South Pasadena, CA 91030:
Telephone: (626) 799-7000
Fax: (626) 441-3233.

PALOMAR OUTDOOR SCHOOL

		/ /			A
STUDENT LAST NAME	FIRST NAME	BIRTHDATE	SEX (M/F)	SCHOOL	FORM

HEALTH FORM NECESSARY FOR CHILD'S PROTECTION AND CARE:

Please check any conditions that apply to your child:

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee sting allergy <input type="checkbox"/> Insect bite allergy <input type="checkbox"/> Food allergy <input type="checkbox"/> Medication allergy <input type="checkbox"/> Other allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Food Exclusion	<input type="checkbox"/> Special education services <input type="checkbox"/> Bedwetting <input type="checkbox"/> Bowel problems <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Emotional/behavioral concern <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Back sprain/injury <input type="checkbox"/> Heart condition <input type="checkbox"/> Recent broken bone/sprain Date _____ <input type="checkbox"/> Recent surgery Date _____ <input type="checkbox"/> Other: _____
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Briefly explain above marked condition(s) _____

If your child has **ASTHMA** and is prescribed an inhaler/medication, **PLEASE SEND THE MEDICATION**, even if he/she has had no problems in several years. We are located at 5000 feet, where numerous triggers (pollen, dust, extreme weather changes) can cause an asthma episode. We are one hour from the nearest hospital. The school nurse will closely supervise the use of inhalers.

MEDICATION SENT FROM HOME:

- Medication is given with parent permission.
- All medications, including inhalers, are kept in the health office. Inhalers are available in the cabin overnight and on all out of camp activities.
- All medication must be clearly labeled with the student's name, medication name, precise dosage instructions and in the original container.
- If your child requires an injection of adrenalin (EPI-PEN) due to a severe allergic reaction, the medication should be sent to camp labeled by the pharmacy, with full instructions.

LIST ALL MEDICATIONS BEING SENT TO CAMP:

NAME OF MEDICATION	PURPOSE	DOSAGE	WHEN TO BE GIVEN	SPECIAL INSTRUCTIONS

NONPRESCRIPTION MEDICATIONS AVAILABLE AT CAMP:

It is not necessary to send Tylenol or the following common "over the counter" medications to camp.

Acetaminophen (Tylenol)	Chloraseptic spray	Metamucil/fiber tabs	Sudafed
Antibiotic ointment	Chlorpheniramine	Mylanta	Tums
Benadryl tabs	Dramamine	Pepto-Bismol	Vitamin C
Benadryl cream/gel	Hydrocortisone cream 1%	Robitussin DM	Ibuprofen (Advil)

Listed "over the counter" medications are administered on an as needed basis per school nurse protocol at camp.

If your child cannot tolerate any of the above medications, please state _____

I have read and completed this health form. I authorize the school nurse to dispense to my child the prescription medications listed above.

Parent signature _____ Date _____

School Nurse Comments/Signature: _____

_____	_____	____/____/____	<input type="checkbox"/>	_____	B
STUDENT LAST NAME	FIRST NAME	BIRTHDATE	SEX (M/F)	SCHOOL	FORM

Authorization Form

Week of Attendance _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell/Work Phone _____

Cell/Work Phone _____

If you cannot be located in Case of Emergency, Whom Should We Call?

Name _____

Home Phone _____

Cell/Work Phone _____

I understand that participation in the Outdoor Education Program at Palomar is voluntary. Supplemental insurance coverage is provided by the school district.

I am also aware of the provisions of Educational Code 35330 which states, in part, that "...all persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion..." With the foregoing in mind, I authorize my above-named child to participate in the program as described in the letter to the parents, which I received.

I understand that my child will be transported from his/her school to the Palomar site for the week of program participation. Bus transportation will be provided through the SDCS.

The staff at Palomar will make every effort to assure that clothing, bedding, and personal items stay with the owner; however, the district accepts no responsibility for lost or stolen items. Please do not send any valuables to Palomar with your child.

Serious violations of school rules may result in dismissal from the program. Parents will be contacted to come and pick up their child at Palomar at any time - day or night - and take him/her home.

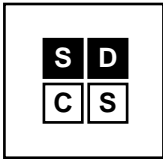
If it becomes necessary to provide emergency medical care for the above-named student due to accident or illness, such care may be provided without further consent of parent/guardian. I personally assume responsibility for any costs of such care.

I have read the above terms and conditions and agree to the participation of my child

_____ in the program pursuant to these terms and conditions.
(child's name)

(signature)

(date)



SAN DIEGO CITY SCHOOLS

Website Photo Release Form

Dear Parent/Guardian:

Date: _____

A representative from the district's Community Relations division will be on our campus on _____ to take pictures in the classroom of _____. The purpose of the session will be to gather photographs for use on the district's website, featuring the faces of San Diego City Schools. We value your child's participation in this photo session, and ask for your permission to include him/her in the project. Please return your form promptly, and no later than _____.

Principal

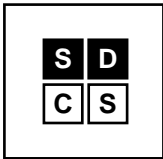
_____ I give my permission to have my child photographed.

_____ Please do not include my child in this activity.

Child's name (please print) _____

Parent/Guardian's name (please print) _____

Parent/Guardian's signature/date _____



SAN DIEGO CITY SCHOOLS

Formulario de Difusión de Fotografías en el Sitio Electrónico

Estimado Padre/Madre/Tutor:

Fecha: _____

Un representante de la división de Relaciones Comunitarias del distrito estará en nuestra escuela el _____ para tomar fotografías en el salón de _____. El propósito de la sesión será reunir fotografías y usarlas en el sitio electrónico del distrito, para mostrar los rostros de San Diego City Schools. Valoramos la participación de su niño en esta sesión fotográfica y le pedimos permiso para incluirlo/la en el proyecto. Por favor devuelva este formulario con prontitud y a más tardar el _____.

Director/Directora

_____ Doy permiso para que se fotografíe a mi hijo/hija.

_____ Por favor no incluyan a mi hijo/hija en esta actividad.

Nombre del niño/niña (use letra de molde) _____

Nombre del Padre/Madre/Tutor (use letra de molde) _____

Fecha del Padre/Madre/Tutor y Fecha
