

# The Outdoor School

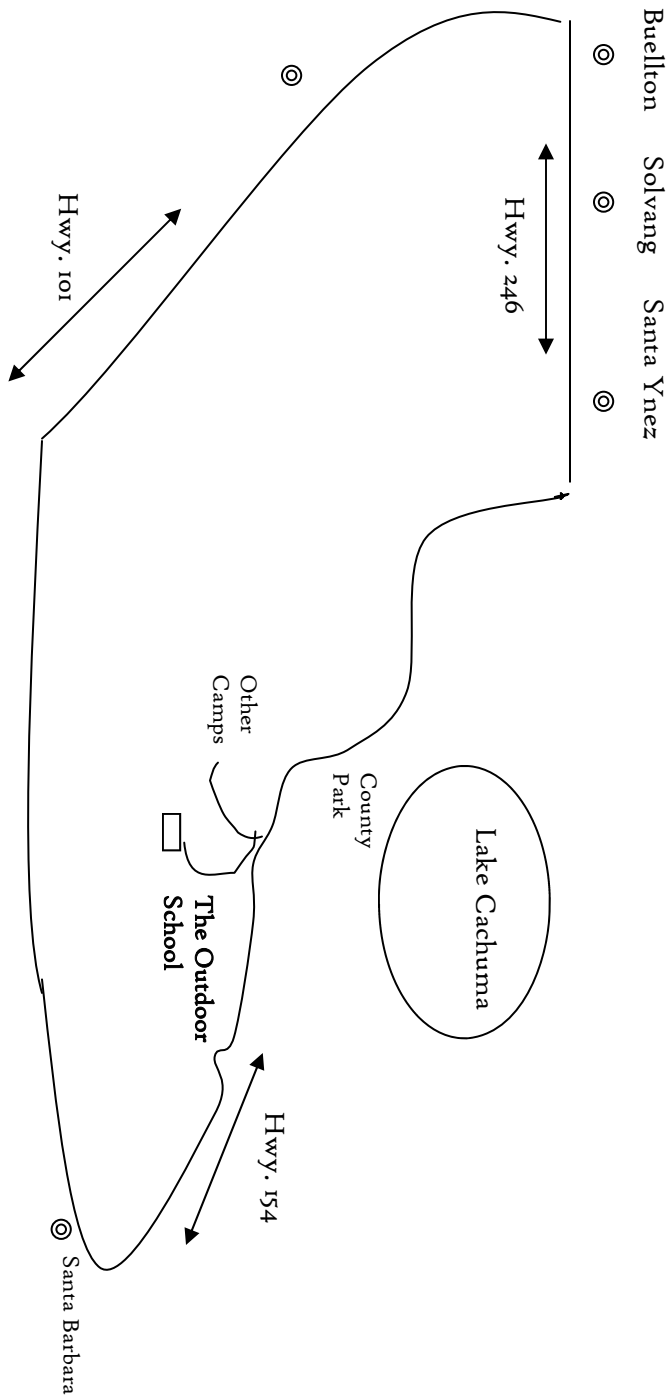


teaching respect, inspiring wonder

## Parent & Student Handbook

2680 Highway 154  
Santa Barbara, CA 93105  
Phone (805) 686-5167  
Fax (805) 686-5175

[info@theoutdoorschool.org](mailto:info@theoutdoorschool.org)



**Dear Parents and/or Guardians,**

Your child is about to experience the adventure of a lifetime- hiking, community and team building, special activities, campfires and so much more. Your child will spend 4 days and 3 nights expanding their science knowledge in nature’s classroom. We hope that you will share in their excitement about The Outdoor School and help them to prepare for their time away from home. Your support and encouragement are essential to the success of the outdoor experience for your child. We are all looking forward to meeting your child and sharing our love of nature and science with them.

We hope that this book answers all your questions about The Outdoor School. If not, do not hesitate to give us a call at (805) 686-5167 or email [info@theoutdoorschool.org](mailto:info@theoutdoorschool.org)

Sincerely,  
The Outdoor School Education Director

**THE OUTDOOR SCHOOL**

The Outdoor School is located across from Lake Cachuma on Highway 154 (about 20 miles north of Santa Barbara). The students will explore the Santa Ynez Mountains while enjoying vistas of Lake Cachuma and the San Rafael Mountain Range. Our nationally accredited camp facilities include eight dormitories, a health lodge, commercial kitchen, dining hall, friendship hall, craft center, nature center, two pond study sites, hiking trails, and thousands of acres to explore.

# Trading Post

Make checks or money orders to  
The Outdoor School.

You can also order online  
at

**ORDER FORM**

**SCHOOL:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

ITEM	COST	SIZE (adult)	TOTAL
T-Shirt	\$10.00	S M L XL	
Hooded Sweatshirt	\$25.00	S M L XL	
Beanie	\$10.00		
Water Bottle	\$2.00		
27 exp Camera	\$8.00		
Postcard w/ Stamp	\$1.00		

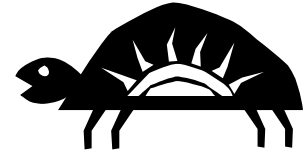
**\*\*\*Total Amount Due\*\*\***

\_\_\_\_\_

# NOTES, QUESTIONS, COMMENTS

## DAILY SCHEDULE

### MORNING



- 7:00 WAKEUP
- 7:45 BREAKFAST
- 8:45 CABIN INSPECTIONS
- 9:00 ANNOUNCEMENTS
- 9:15 CURRICULUM HIKES
- 12:00 LUNCH

### AFTERNOON

- 1:00 CABIN TIME
- 1:15 NATURE ACTIVITY
- 2:00 SPECIAL ACTIVITIES
- 4:00 SNACKS & RECREATION
- 4:45 SHOWERS & INSPECTIONS
- 5:45 DINNER
- 7:00 EVENING ACTIVITY
- 9:15 BEDTIME & LIGHTS OUT



# PACKING

Please send luggage that is manageable for your child; each student is responsible for carrying her/his own luggage from the parking lot to the cabin area (approximately 25 yards) Please label all clothing and luggage with your child's name (in huge letters!!!).

**SPECIAL NOTE:** STUDENTS ARE REQUIRED TO WEAR LONG PANTS ON ALL HIKES!

- |   |  |
|---|--|
| <input type="checkbox"/> Sleeping bag or sheets/<br>blankets (twin)                 | <input type="checkbox"/> Swimsuit (one piece –<br>for shower)              |
| <input type="checkbox"/> Pillow   | <input type="checkbox"/> 2 short sleeve t-shirts                           |
| <input type="checkbox"/> Shampoo/soap   | <input type="checkbox"/> 2 long sleeve t-shirts                            |
| <input type="checkbox"/> Toothpaste/toothbrush                                      | <input type="checkbox"/> Sweatshirt/sweater                                |
| <input type="checkbox"/> Comb/brush   | <input type="checkbox"/> Jacket  |
| <input type="checkbox"/> Sunscreen  | <input type="checkbox"/> Rain gear (we hike in<br>the rain so be prepared) |
| <input type="checkbox"/> towel  | <input type="checkbox"/> 4 pairs of long pants                             |
| <input type="checkbox"/> Chap stick   | <input type="checkbox"/> 1 pair of shorts                                  |
| <input type="checkbox"/> Water bottle   | <input type="checkbox"/> Pajamas   |
| <input type="checkbox"/> Camera (disposable)  | <input type="checkbox"/> 2 pairs of shoes/boots                            |
| <input type="checkbox"/> Stationery/ paper/<br>postage                              | <input type="checkbox"/> Underwear   |
| <input type="checkbox"/> Reading book   | <input type="checkbox"/> 5 pairs of socks                                  |
| <input type="checkbox"/> Money (see Trading<br>Post order form on the<br>back page) | <input type="checkbox"/> Hat (for sun and<br>warmth)                       |
| <input type="checkbox"/> Flashlight   | <input type="checkbox"/> Gloves (for warmth)                               |
| <input type="checkbox"/> Backpack for hiking  | <input type="checkbox"/> Dirty clothes bag                                 |
|   | <input type="checkbox"/> Flip Flops for shower                             |

**If your child's school is coming during the winter months please send EXTRA warm clothes.**

## DO NOT PACK

Makeup Cell Phones Hair Spray Radio /Alarm Clocks  
Food Gum Candy Hair Appliances Hair Gel  
Walkman/Discman Electronic Games

IF YOU HAVE ANY QUESTIONS ABOUT PACKING, YOU CAN  
ASK YOUR CLASSROOM TEACHER OR CALL US



# THE OUTDOOR SCHOOL STAFF

## Education Director

Responsible for the day to day operations of The Outdoor School including discipline, naturalist supervision, and communication with schools.

## Naturalists

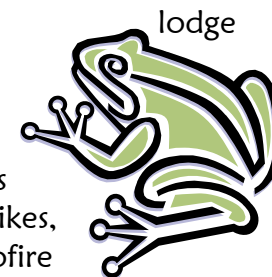
College educated  
Intensive in-service training and on-going staff development in curriculum areas and teaching skills  
CPR/1<sup>st</sup> Aid certified  
Dedicated, enthusiastic, and very energetic  
Fingerprinted by the Department of Justice

## Classroom teachers

Retain administrative control of students  
Dispense medication and staff health  
Participate in everything!!!

## Cabin leaders/ parent chaperones

Reside in the cabins with the students  
Assist Naturalists during curriculum hikes, special activities, meals, and campfire  
Positive role model



## STATEMENT OF PURPOSE

The Outdoor School facilitates the development of community and environmental stewardship in students through a direct experience with nature. We broaden students' horizons by inspiring a sense of wonder and curiosity about our dynamic, diverse, and interdependent local and global environments.

## CURRICULUM

The Outdoor School curriculum is closely aligned with the California state standards for fifth and sixth grade. Your child will participate in five curriculum hikes.

**WILDLIFE BIOLOGY** – the students discover the animals that live at ODS including their ecosystems, adaptations, food sources, and their relationships with other animals and humans.

**BOTANY** – the students learn to categorize and identify native plants and plant communities including enjoying some yummy edible plants!

**GEOLOGY** – the students search for fossils, identify and classify rocks, and explore the geographical features of the Santa Ynez Mountains!

**ASTRONOMY AND NOCTURNAL ANIMALS** – this hike is the highlight of the week. The students face their fears of the dark, look up at and learn about the constellations and listen for nocturnal animals.

**CHUMASH CULTURE** – the students discuss the interactions between the Chumash and their environment including survival methods, food sources, and games!

## SPECIAL ACTIVITIES

Students will have the opportunity to sign up for 3 special activities at The Outdoor School. The students sign up in the order that they go to bed so you might want to practice with your student now!!!

The following is a list of special activities that may be offered (but not always) at The Outdoor School:

9 mile ridge hike – boating – archery – old man murphy – stealth mission – frog city – improv comedy games – gladiator death ball – the lost redwood – survival hike – rock hopping – talking sticks – bat cave – messy relays — animal tracking – waterfall hike – campfire stories – hot air balloons – and many more!

## DO NOT PACK WILL RESULT IN IMMEDIATE DISMISSAL

<b>Knives</b>	<b>Tobacco</b>	<b>Hatchets</b>	<b>Alco-</b>
<b>hol</b>	<b>Lighters</b>	<b>Illegal Drugs</b>	<b>Matches</b>
	<b>Fireworks</b>	<b>Weapons</b>	

**IF IT CANNOT GO TO SCHOOL, IT MAY NOT  
COME TO THE OUTDOOR SCHOOL**

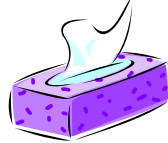
## DISCIPLINE POLICY

Our approach to discipline is positive reinforcement (Stars)– although sometimes it is necessary to have consequences for behavior (checks).

- When a student exhibits negative behavior, s/he will receive:
  - 1 check** – warning and discussion with Naturalist of what the student did that was inappropriate,
  - 2 checks** – the student is the last person at The Outdoor School to sign up for a special activity,
  - 3 checks** – the student misses a recreation time and a behavior contract is created.
  - 4 checks** – the student will miss a special activity and call home to have a discussion with his/her parents.
  - 5 checks** – the parents and/or guardian of the child are notified and the child is sent home.
- Students who exhibit severe or unsafe behavioral problems such as intentionally harming another person, bringing or using knives, firearms, explosives, controlled substances, other dangerous weapons, cabin raids or fighting will be immediately removed from The Outdoor School



# HEALTH INFORMATION



## Emergency Form

It is essential that you fill The Outdoor School Student Health and Emergency form out **COMPLETELY (no child will be able to attend The Outdoor School without this form).**

## Medication

Health forms will be provided by your school district. The rules regarding dispensing medication are determined by your school district, not The Outdoor School. If you have any medication questions please contact the appropriate school district official.

## Special Needs

We welcome all students at The Outdoor School. If your child has a special need (sleep walking, bed-wetting, snoring, shyness, homesickness, health condition, dietary requirements, etc.), please do not hesitate to send her/him to The Outdoor School. Discuss any special needs your child may have with his/her classroom teacher prior to departure. If you still have concerns, please feel free to call The Outdoor School Education Director at (805) 686-5167.

If the special need involves dietary restrictions, please list substitution items on the health form. Our kitchen staff needs to know what your child can have, not simply what they cannot.

## Emergencies

Should your child require medical attention while at The Outdoor School, s/he will be immediately transported to the emergency room at Santa Ynez Valley Cottage Hospital. If such a case were to occur, you would be notified as soon as possible. Parents are responsible for costs/charges incurred as a result of emergency care.

# CONTACTING YOUR CHILD

## Mail

Please mail letters at least a week ahead of time to ensure that your student receives the mail – it will be passed out during breakfast. Please include the name of your child’s school and the dates of attendance. **DO NOT** mail packages or express mail, it will not arrive to the school in time. If your child will be sending letters home, please provide them with an appropriate amount of self-addressed stamped envelopes. Outdoor School post cards with stamps are available for \$1.00 at the Trading Post. Due to administrative restraints we cannot receive emails for students.

Child’s name The Outdoor School 2680 Highway 154 Santa Barbara, CA 93105 School name and dates attending
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## Phone calls

Children are not allowed to call home except in emergencies. Parents should call The Outdoor School **ONLY** in case of an emergency. Social calls are not permitted. You can reach The Outdoor School at (805) 686-5167 until 4 p.m. If there is an emergency after 4 p.m. then you may call (805) 686-5172 **(emergencies only).**

## Visits

You are welcome to visit The Outdoor School prior to your child’s visit. No visits will be permitted while your child is at The Outdoor School – this increases homesickness for your child and other students.

## Birthdays

If your child’s birthday occurs during their stay at The Outdoor School we promise to make it a memorable experience by acknowledging it during dinner. We cannot accommodate any special requests such as a party or dessert due to the number of students at The Outdoor School.

**MEDICATIONS BEING TAKEN:** All medications must be approved by the school district and are regulated by school district policy, not The Outdoor School. Please contact your school for the appropriate forms.

**HEALTH HISTORY:** (Please circle yes or no; provide comments regarding management of condition where applicable)

**Yes No** 1. Severe Bee Sting Allergies  Yes  No

Date of last reaction and its severity: \_\_\_\_\_

(If bee sting kit is necessary, please use school district medication form)

**Yes No** 2. Allergies- Hayfever, Food, Other

Comments: \_\_\_\_\_

**Yes No** 3. Asthma (Include date of last attack)

Comments: \_\_\_\_\_

Will your child be bringing an inhaler?  Yes  No

**Yes No** 4. Heart Condition Comments: \_\_\_\_\_

**Yes No** 5. Diabetes Comments: \_\_\_\_\_

**Yes No** 6. Epilepsy: (Include date of last seizure)

Comments: \_\_\_\_\_

**Yes No** 7. Frequent Severe Headaches or Fainting

Comments: \_\_\_\_\_

**Yes No** 8. Any \_\_\_\_\_ Speech, \_\_\_\_\_ Hearing, or \_\_\_\_\_ Vision problems

Comments: \_\_\_\_\_

**Yes No** 9. Sleepwalking. How often? \_\_\_\_\_

**Yes No** 10. Prone to bedwetting? Frequency? \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

**ALLERGIES/RESTRICTIONS:** List all known. Describe reaction and management of the reaction.

Medical Allergies (list): \_\_\_\_\_

Food Allergies (please include restrictions, i.e. vegetarian, vegan): \_\_\_\_\_

Activity Restrictions (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

Please use this space to provide any additional information about student's behavior and physical, emotional, or mental health about which we should be aware. \_\_\_\_\_

# Health History /Emergency Treatment Form The Outdoor School at Rancho Alegre

Complete and return to your classroom teacher before leaving for The Outdoor School. Any changes to this form should be provided in writing to the classroom teacher before arrival at The Outdoor School.

*The Outdoor School at Rancho Alegre is owned/operated by Los Padres Council, BSA.*

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_  
Home address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
School: \_\_\_\_\_ Entering \_\_\_\_ grade in fall

## Emergency Numbers (fill in completely):

1. Custodial parent/guardian:  
Cell: ( ) \_\_\_\_\_ Day phone: ( ) \_\_\_\_\_ Night phone: ( ) \_\_\_\_\_
2. Second parent/guardian:  
Cell: ( ) \_\_\_\_\_ Day phone: ( ) \_\_\_\_\_ Night phone: ( ) \_\_\_\_\_
3. Emergency contact/relative:  
Day phone: ( ) \_\_\_\_\_ Night phone: ( ) \_\_\_\_\_
4. Neighbor:  
Day phone: ( ) \_\_\_\_\_ Night phone: ( ) \_\_\_\_\_

## INSURANCE INFORMATION

Is the student covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_ Family Doc-  
tor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## AUTHORIZATION AND CONSENT FOR MINOR

*Pursuant to California Civil Code Section 25.8, Pursuant to California Penal Code Section 12552*

With the understanding that my child, \_\_\_\_\_, will be at all times under the supervision of a certified teacher, I give my permission for him/her to attend The Outdoor School and to participate in all the activities involved, unless otherwise noted.

The undersigned do hereby authorize The Outdoor School, its employees, agents and volunteers as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for: \_\_\_\_\_ born on \_\_\_\_\_, which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp, or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved or participating in any activity of The Outdoor School, unless revoked by the undersigned, in writing, delivered to The Outdoor School.\*

I hereby assign and grant The Outdoor School the right and permission to use and publish photographs/film/videotapes/electronic representations and/or sound recordings made of my son/daughter during the week. I release The Outdoor School from any and all liability from such use and publication and waive any right to any compensation.

Student Name \_\_\_\_\_ Address \_\_\_\_\_  
X \_\_\_\_\_ Date \_\_\_\_\_ Telephones: Home ( ) \_\_\_\_\_ Business( ) \_\_\_\_\_  
Signature of Parent and/ or Guardian

*\*If for religious reasons, medical/surgical attention cannot be given strike out that portion of the consent form.*