



## CABIN LEADER REGISTRATION PACKET

We appreciate your interest in serving as a Cabin Leader in the San Mateo Outdoor Education Program.

In fact, we believe that the success of the Program depends on the Cabin Leaders who serve as positive, caring role models for fifth and sixth graders. Becoming a Cabin Leader requires a serious commitment from you. This packet provides the necessary information and forms required to become a Cabin Leader.

Once you have been selected as a Cabin Leader, please do the following:

### Step 1: Complete **Cabin Leader Information Section**

- Read and keep the **Cabin Leader Information** sheet (lavender)
- Sign and have your parent/guardian sign the **Responsibility Contract** (white)

### Step 2: Complete **Registration Section**

- Ask your parent/guardian to read and keep the **Parent/Guardian Information** sheet (white)
- Ask your parent/guardian to fill out and sign the three page **Registration Form** (white)

### Step 3: Complete **High School Release Section**

- Ask your teachers to read the **High School Teacher Information** sheet (white)
- Ask your high school teachers to sign the **High School Student Request for Release from Class** form (white)

**Step 4:** Complete **Cabin Leaders...Tell Us About You** form (lavender) and bring it with you to Outdoor Ed.

**Turn in all four completed white forms to your High School Outdoor Education Coordinator by the assigned deadline. Check with your High School Outdoor Education Coordinator for transportation arrangements and to obtain a copy of the *Cabin Leader's Handbook*.** Please read the Handbook prior to your week as a Cabin Leader and bring it with you to Outdoor Education. The Handbook will prepare you for the experience as a Cabin Leader and serve as an important reference throughout your time as a Cabin Leader.

We look forward to working with you!

**PLEASE KEEP THIS INFORMATION FOR YOUR REFERENCE.**

**All forms, medical information, responsibility contract and photography release need to be reviewed, signed, and returned prior to your week at Outdoor Education.**



## DEAR POTENTIAL CABIN LEADER,

Cabin Leaders are an important part of the San Mateo Outdoor Education Program. The week-long program is a residential outdoor learning experience in science and social studies for 5th and 6th graders. A Cabin Leader supervises a group of about 15 students.

Upon your arrival at Outdoor Education you will receive leadership training. This leaflet will inform you of your basic roles and responsibilities as a Cabin Leader. More detailed information is available from your high school coordinator.

### SEVEN KEYS TO SUCCESS AS A CABIN LEADER

#### 1. Be a positive role model:

- Participate with enthusiasm in all activities.
- Always follow the same program rules that the students do.
- Assist with activities and encourage student involvement.
- Use appropriate language. Foul language or put downs are not permitted.

#### 2. Know where your students are and make sure they are supervised at all times.

- Count your students when moving from one area to another.
- Correct disruptive behavior with fair, firm, but not physical means.

#### 3. Keep your students safe and healthy.

- Be aware of students' health needs; be sure they receive proper health care.
- Be sure students are safe and dressed properly.

#### 4. Observe the special rules for Cabin Leaders.

- No tobacco products, alcohol or illegal substances are permitted at Outdoor Education.
- Visitors are not permitted at Outdoor Education. However, the pay telephone may be used during your specified break.

#### 5. Plan activities for student free time.

The Outdoor Education Program will provide sports equipment, games, journals, and stories for you to use to structure the time between scheduled lessons or activities.

#### 6. Ask for help if you need it.

The Outdoor Education staff and teachers would like to know if there is a problem they can help with. They can provide assistance without interfering with your role as the Cabin Leader.

#### 7. Work hard and enjoy the week.

Getting to know your students and serving as their leader and friend is bound to be one of your most memorable experiences. Encourage fun, friendships, and the appreciation of nature but always remain their leader! Do your utmost to be constructive in your comments to children and share how things are going with the children's teachers. They are very interested in how the children are adjusting to this new environment. Keep in mind that the success of this program depends on you, and that every child in your group will have this experience only once. Let us see your leadership ability!

**PLEASE KEEP THIS INFORMATION FOR YOUR REFERENCE.**

**All forms, medical information, responsibility contract and photography release need to be reviewed, signed, and returned prior to your week at Outdoor Education.**



## WHAT TO BRING: A CHECKLIST FOR CABIN LEADERS

### FIRST DAY LUNCH:

You should bring a sack lunch for the first day. Please pack a meal that creates as little waste or trash as possible and includes only food that can be eaten during this lunchtime. The program will provide all meals and snacks for the rest of your stay.

### CLOTHING:

The following list of clothing is recommended. Older but serviceable clothing is best. We urge you **NOT** to buy new clothing or equipment and do not send highly valuable items. **Clearly label all items with your name.** Space is limited – please send only one duffel bag or suitcase and a sleeping bag.

### YOU SHOULD BRING RAIN GEAR AS WET WEATHER CAN OCCUR AT ANY TIME OF THE YEAR.

#### ESSENTIAL ITEMS:

- Cabin Leader Handbook
- One sleeping bag and fitted bottom sheet **or** one bedroll including a blanket, top and fitted bottom sheets
- One pillow
- Two pairs of shoes (tennis shoes are fine)
- Five pairs of socks
- Five changes of underwear
- Three t-shirts with appropriate messages only
- Two heavy cotton/flannel or wool shirts
- Three pairs of pants (jeans, cords, or heavy trousers)
- One or two pairs of pajamas
- One heavy jacket or coat (regardless of the weather)
- Rain gear (no matter how sunny)
- One day-pack and water bottle
- Flashlight and batteries
- One hat or cap
- One bathing suit
- Alarm clock (no radio)
- Watch

#### TOILET KIT CONTAINING:

- One bath size towel
- Soap and shampoo
- Toothbrush and toothpaste
- Sunscreen
- One washcloth
- Comb or hairbrush
- Shower slippers or flip-flops
- Laundry bag or plastic garbage bag

#### OPTIONAL ITEMS:

- Single-use or inexpensive digital camera
- Bathrobe
- Gloves or mittens
- Shorts (for warmer weather)
- Binoculars
- Snacks for time off (some refrigerator space will be available)
- Quarters to buy soda and use the pay phone during time off
- Cash or a check to purchase an Outdoor Education t-shirt
- Appropriate music for Thursday night's meeting

#### PROHIBITED ITEMS:

- No tobacco products, alcohol or illegal drugs
- No valuables\*
- No electronic devices such as mp3 or media players, games, laptops or cell phones\*
- No curling irons, hair dryers, or aerosols
- No cologne or perfume
- No knives
- No curling irons, hair dryers, or aerosols
- No cologne or perfume

\*All electronic devices, snacks, valuables and money will be held for use during your time off.

### PLEASE KEEP THIS INFORMATION FOR YOUR REFERENCE.

All registration, medical information, and photography release forms need to be reviewed, signed, and returned to your child's teacher.



## CABIN LEADER RESPONSIBILITY CONTRACT

A San Mateo Outdoor Education Cabin Leader's primary responsibility is the emotional well being and safety of the children in his or her care. The following contract clarifies the responsibilities of the Cabin Leader to ensure the safe, positive nature of the program.

**Please read and initial the following statements and sign the document in the appropriate place.**

1. I must ensure as a Cabin Leader, that I guide the children fairly and consistently. I will take care to treat them with respect. \_\_\_\_\_
2. I will remain with the children unless it is my specified time off. \_\_\_\_\_
3. I will report all injuries, illnesses, and potentially dangerous situations. \_\_\_\_\_
4. I will protect students from foul language and gestures and unwholesome or frightening stories and activities. No uncomplimentary remarks or discussions about race, religion, sex, or sexual orientation will be tolerated. \_\_\_\_\_
5. I agree that while at San Mateo Outdoor Education I will not use tobacco products, alcohol, or illegal drugs. \_\_\_\_\_
6. I understand for my protection, I should not touch children inappropriately and that I must never hit or mishandle a child. \_\_\_\_\_
7. I will not allow any student to enter a cabin that he or she is not assigned to, nor encourage or lead cabin raids. \_\_\_\_\_
8. I understand that it is my responsibility to maintain open and respectful communication with the Outdoor Education staff and teachers while following their directions and guidance. I should ask for help when it is needed. \_\_\_\_\_
9. I agree not to discuss, nor answer questions about my personal life. I also agree not to share or discuss personal information such as phone numbers, email addresses, websites, etc. \_\_\_\_\_
10. I understand that as a leader and a role model, I must follow and enforce all of the rules of the San Mateo Outdoor Education program. \_\_\_\_\_
11. I understand that any infraction of the above statements can result in my immediate dismissal. I agree to read the Cabin Leader Handbook prior to my arrival. \_\_\_\_\_

**I HAVE READ AND AGREE TO THE RESPONSIBILITIES LISTED ABOVE.**



\_\_\_\_\_

**Print Your Full Name**

\_\_\_\_\_

**Sign your full name**

\_\_\_\_\_

**Date**

**I UNDERSTAND IF MY CHILD VIOLATES ANY OF THE ABOVE STATEMENTS, THEY ARE SUBJECT TO IMMEDIATE DISMISSAL AND I WILL BE NOTIFIED TO BRING THEM HOME.**



\_\_\_\_\_

**Parent or Guardian's Name**

\_\_\_\_\_

**Parent or Guardian's Signature**

\_\_\_\_\_

**Date**



## PARENTS/GUARDIANS OF POTENTIAL CABIN LEADERS

Your son or daughter has expressed an interest in serving as a Cabin Leader at San Mateo Outdoor Education Program. We would like to provide you with information about this exciting opportunity for developing leadership skills and environmental awareness. Our week-long program is a residential, outdoor educational experience for fifth and sixth graders that focuses science and social skills. The cabin group leadership is provided by students from the local high schools.

Cabin Leader duties include supervision of a cabin group and assist the instructional staff by serving as positive and caring role models, by maintaining group safety and teaching small instructional units. Cabin Leaders work under the supervision of visiting classroom teachers and the outdoor education staff at all times. The success of the week's program depends on the Cabin Leaders effectiveness. Our program provides high school students with leadership training, room and board, and an experience working with people that may be valuable for future career or educational opportunities.

Local schools attending the program will provide transportation to and from the Outdoor Education Site. Cabin Leaders ride with the attending school group, departing at about 9:00 a.m. Monday and returning early Friday afternoon. Our Program is conducted at the San Francisco Y.M.C.A. Camp, 4 miles from La Honda. The 927-acre site has heated cabins, a large central food service, and a variety of beautiful nature study areas. The mailing address is:

Student's Name and High School  
San Mateo Outdoor Education  
11000 Pescadero Rd.  
La Honda, CA 94020  
Emergency telephone number: (650) 747-0414

We value education and encourage academic success for high school students. It is the student's responsibility to schedule their school work so that this experience will not interfere with their grades or attendance. With this in mind, an evening of study time is offered to any Cabin Leaders at their request. More time can be allowed, along with use of a computer if the need is communicated on the first day.

Please fill out and return the attached Cabin Leader Registration and Health Information, the Cabin Leader Responsibility Contract and Tell Us About You forms. Have your son or daughter return these to the outdoor education coordinator at their high school.

**PLEASE KEEP THIS INFORMATION FOR YOUR REFERENCE.**

**All forms, medical information, responsibility contract and photography release need to be reviewed, signed, and returned prior to your week at Outdoor Education.**

# SAN MATEO OUTDOOR EDUCATION: CABIN LEADER REGISTRATION AND HEALTH INFORMATION

To help us provide a safe and enjoyable experience for your child. We need to know about your child's current health status and any medications that he/she is taking. In the event of an accident, we need to know where to reach you, what to do if you are unavailable, and your insurance carrier.

If your child has a life threatening allergy, diabetes, or other serious medical condition that may require special attention, please call **(650) 747-0414**. If he or she is under a doctor's care for an acute or chronic problem including food allergies or dietary restrictions, your physician needs to know that the child will be away from home for **four or five** full days. **Please have your child's physician complete the Medication and Physicians Instruction Form.**

STUDENT  
INFORMATION:

_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Print name of student (last, first)	Sex	Birth date	School
_____			
Home address of child (number, street, state, zip code)			
_____			
Language spoken at home			Home phone
_____			
Mother (guardian) name	Email Address	Work or cell phone	
_____			
Father (guardian) name	Email Address	Work or cell phone	
_____			
Emergency contact	Address	Phone	
_____			

MEDICAL  
INFORMATION:

_____	_____	_____
Physician's name	Physician's Address	Physician's Phone
_____		
Name of your insurance company	Policy number	Group number
_____		
Address of insurance company (number, street, city, state, and zip code)		Telephone no. of insurance company
_____		

HEALTH  
INFORMATION:

1. Check all applicable condition of child and explain below.

<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Headache/Migraines	<input type="checkbox"/> Recent Broken Bone	<input type="checkbox"/> Backaches or Weak Back
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Recent Surgery	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Allergy to Bee Stings	<input type="checkbox"/> Car Sickness	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Autism/Aspergers
<input type="checkbox"/> Allergy to Food/Peanut	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Medication Allergy	<input type="checkbox"/> Sleep Walking	

Briefly explain: \_\_\_\_\_

\_\_\_\_\_

2. If your child is on a special diet, briefly describe: \_\_\_\_\_

\_\_\_\_\_

3. Please specify any limitations on physical activity: \_\_\_\_\_

\_\_\_\_\_

4. Please specify exposure to any communicable disease during past month: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

5. Please describe any recent illness, special needs or concerns that our staff should be aware of to best care for your child:

\_\_\_\_\_

(I/We), the parent(s) or guardian(s) of the above-named student, wish to register our child a five day experience in the Outdoor Education Program. Should it be necessary for our child to have medical care for illnesses or accidents, we hereby give permission to the person in charge at the Outdoor Education Program to obtain the best possible care for our child. We agree any cost incurred will be our responsibility. In addition, we hereby agree to defend, indemnify and hold harmless from any demands, claims, actions, suits, or any liability of any nature or kind arising out of his/her participation in the Outdoor Education Program, the County Superintendent, the Board of Education, the district, any and all personnel, employees and agents of said County Superintendent, Board of Education, and district and the San Francisco YMCA and all personnel, employees and agents of the San Francisco YMCA.



Signature of custodial parent or guardian

Date

# SAN MATEO OUTDOOR EDUCATION: MEDICATION INFORMATION AND PERMISSION

**We cannot administer any type of medication including, prescriptions, over the counter medications or vitamins without a doctor's signature according to California education code 49423.**

## 1. PRESCRIPTION INFORMATION

If your child takes prescribed medication, over the counter medication, or vitamins, and if you want your child to receive medication at the Outdoor Education Program, it is necessary that:

- The **REQUEST FOR MEDICATION AND PHYSICIAN'S INSTRUCTIONS** form by completed and signed by you and your doctor.
- The medication is in its original packaging or prescription bottle, and is labeled with your child's full name, school, and instructions.

## 2. Medications Outdoor Education Has

These medications below are kept at Outdoor Education. DO NOT send these medications to Outdoor Education, with your permission and instructions below, we will administer these medications to your child.

### YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol Jr. for headaches, pain, or elevated temperature |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums for upset stomach                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough drops for sore throat                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Caladryl for skin rashes or insect bites                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough syrup for coughs                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Phenylephrine for nasal congestion                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Benadryl for nighttime allergies              |
| <input type="checkbox"/> | <input type="checkbox"/> | Chlorpheniramine for daytime allergies                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pepto Bismol for diarrhea                                |

Special instructions for administering any of the above medications:

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(We, the parent(s) or guardian shall defend, save harmless and indemnify the County Superintendent of Schools, the County Board of Education, the school district, the San Francisco YMCA and all personnel, employees and agents of the San Francisco YMCA and all their officers, agents, and employees from all liabilities, an claims for damages for death, sickness, or injury to person or property, including without limitation all consequential damages arising from or connected with the dispensing of said medication.



Signature of custodial parent or guardian

Date

# SAN MATEO OUTDOOR EDUCATION: MEDICATION AND PHYSICIAN'S INSTRUCTIONS

SECTION 1:

## PRESCRIPTIONS, OVER-THE-COUNTER MEDICINE, AND VITAMINS

(The medication must be in its prescription or manufacturer's container.)

A **doctor's signature** is required for all prescription and non-prescription medication to be administered to your child. Please refer to the list of non-prescription medication available at Outdoor Education on the medical information and permission form before sending non-prescription medication from home.

\_\_\_\_\_  M  F \_\_\_\_\_  
 Print name of pupil (last, first) Sex Birth date School

I request that my child (named above) be assisted by an authorized person in taking prescribed medication (described below) at the Outdoor Education Program, in compliance with the program's policies and procedures.



\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Signature of custodial parent or guardian Date signed (month, day, year) Home phone

**MEDICATIONS** This form will be completed by the child's physician.

	1.	2.	3.
	Name of medication	Name of medication	Name of medication
Purpose of medication:	_____	_____	_____
Dosage prescribed:	_____	_____	_____
Time schedule:	_____	_____	_____
Dose form: (liquid, tablet, etc.)	_____	_____	_____
Date of prescription:	_____	_____	_____
Length of time medication is necessary:	_____	_____	_____
Precautions, special instructions, possible adverse effects, or comments: _____			
_____			
_____			

**TO BE COMPLETED BY PHYSICIAN** The above-name pupil, for whom the above medication is prescribed, is under my care.

\_\_\_\_\_  
 Print Name of Physician

\_\_\_\_\_ \_\_\_\_\_  
 Address (street number, street name, suite or room number, city, and zip code) Telephone number



\_\_\_\_\_ \_\_\_\_\_  
 Signature of physician Date signed (mo./day/yr.)

SECTION 2:

## PHYSICIAN'S INSTRUCTIONS FOR ACUTE OR CHRONIC PROBLEM

If your child is under a doctor's care for an acute or chronic problem including food allergies or dietary restrictions, your physician needs to know that the child will be away from home for **four or five full days**. Please have physician give instructions in this space for care of child.

\_\_\_\_\_  
 \_\_\_\_\_





## PHOTO RELEASE FOR STUDENT PARTICIPATION IN OUTDOOR EDUCATION VISUAL PRESENTATIONS

San Mateo Outdoor Education, a program of the San Mateo County Office of Education, develops presentations designed to inform students, parents, and school personnel about the Outdoor Education Program. Your student may be photographed and recorded as part of preparing the visual presentation. The visual and/or recorded presentation may be in the form of a video program, printed promotional materials, or Web page on the Internet. **As part of the Outdoor Education experience, Naturalists, Cabin Leaders, and Students photograph their week at Outdoor Education. The pictures are compiled into a culminating slide show that is shown on Friday morning to all the students. A CD of the pictures is given to each school.** We can make no remuneration for participating in this project. Your consent to your student's participation is required, as is this Release, Hold Harmless, and Indemnification Form. If you wish to allow your student to participate, please sign below

San Mateo County Superintendent of Schools:

I hereby give my consent for my child, \_\_\_\_\_, to be videotaped and/or photographed and recorded for use in the preparation of an Outdoor Education presentation, to be used for legitimate educational purpose and to be shown to persons with a legitimate educational interest.

I hereby waive all rights to any remuneration for my child's participation. I release any and all rights, title and interest that we may have to the materials created for the presentation. I further agree that the materials may be used, in whole or in part, for non-commercial broadcasting purposes and for all other purposes in any manner or media, including the Internet, in perpetuity.

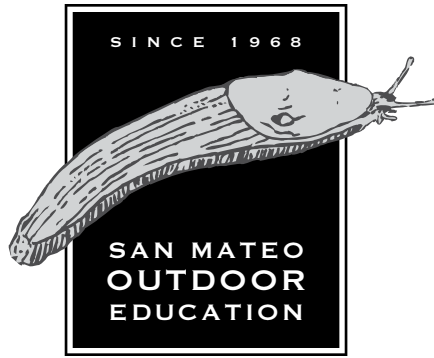
As a condition of participation in said project, I hereby indemnify and hold harmless the County Superintendent of Schools, its officers, agents, employees and servants, for any injury, accident, illness, death, or damage to property, occurring during or by reason of participation in said activity.



\_\_\_\_\_  
Signature of custodial parent or guardian

\_\_\_\_\_  
Date





## TELL US ABOUT YOU!

(THIS WILL HELP US LEARN MORE ABOUT YOU AND MATCH YOU UP TO YOUR CABIN BETTER!)

1. Why do you want to be a Cabin Leader at Outdoor Education? \_\_\_\_\_

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2. Have you been a Cabin Leader at Outdoor Education before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who was your naturalist? \_\_\_\_\_

3. What do you think your greatest strengths as a leader are? \_\_\_\_\_

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4. What leadership skills would you like to gain or improve upon? \_\_\_\_\_

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5. What is your experience with 5th/6th graders? Any experience with other age groups? \_\_\_\_\_

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6. If you have been to Outdoor Education before as a 5th/6th grader, what do you remember about it? Do you remember anything about your Cabin Leader? If so, what? \_\_\_\_\_

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7. Do you speak any language fluently? If so, what? \_\_\_\_\_

8. Do you have a brother/sister/neighbor/cousin/etc that will be at Outdoor Education during your week? What is their name? \_\_\_\_\_

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9. What do you want to get out of the week? \_\_\_\_\_

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10. If you're a female Cabin Leader, do you prefer working with boy, girl, or either cabins? \_\_\_\_\_

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Full Name (printed)

School

Grade

Age

Full Name (signature)

Sign your full name

Date

Male

Female