



PROGRAM DESCRIPTION



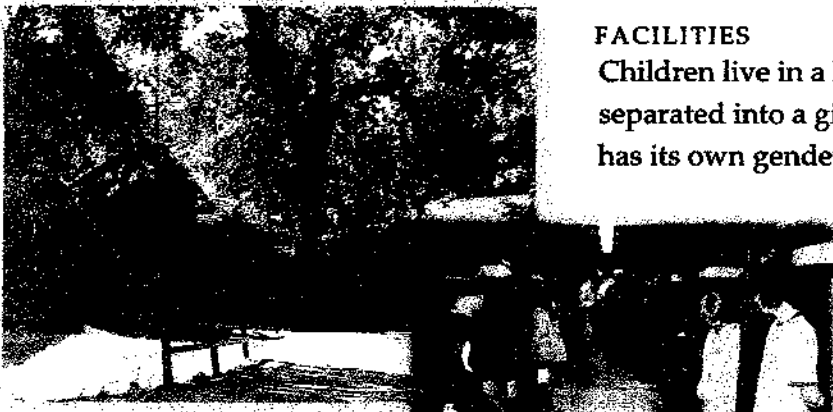
Dear Families,

Foothill Horizons Outdoor School offers on a once in a life time learning experience for your child. Parents say that their child returns home more mature, and excited to learn about science and nature. During their stay, our goals are for children to grow personally and socially, learn about science and connect to nature in a safe, nurturing environment. We are owned and operated by Stanislaus County Office of Education and have been teaching students for over 50 years. We hope this brief letter will let you know how we will care for your child and the benefits of our program.

SUPERVISION

Children are supervised at all times. Below are the people who will be caring for your child.

- Classroom teachers—your classroom teacher will attend with your child and participate in many activities with your child such as hikes on the trails, eating meals and recess
- Naturalists—the naturalist provides the instruction on the trail and coordinates all activities. They are college graduates and trained to create the most supportive environment for your child.
- High School Counselors—these selected high school students will be helping your child in the dorms, such as getting ready for the day and arriving to hikes on time and prepared. They are trained and coached throughout the week to provide the best care for your child.



FACILITIES

Children live in a heated dormitory building. The dorms are separated into a girls section and a boys section. Each section has its own gender specific bathroom and showering area.

Boys will never be on the girls side of the dorms or girls on the boys side.

The facilities are clean and safe.



FOOTHILL HORIZONS OUTDOOR SCHOOL

PARENT INFORMATION

Videos, program description, forms, packing list found on our parent page:

<http://www.stancoe.org/SCOE/iss/outdoor-ed/parents.html>

HEALTH CARE PROVIDED

We strive to provide exceptional care for every student who attends the program. On the Student Health Form write any medical needs, medications, and recent illness or injuries. Our health office staff is available to help students between 7am and 9:30pm; 2 trained staff members are on call all night. All staff are trained in CPR and First Aid. Registered School nurse is on site the first day students arrive to establish care plans and review medication administration.

If your child becomes ill or injured while at Foothill Horizons, you will be notified and/or called to pick up your child.

STUDENTS WITH SPECIAL NEEDS & SERIOUS HEALTH CONCERNS

All children deserve the Foothill experience. If your child requires individualized support such as a one to one aide or has a serious health concern, such as diabetes, seizure disorder, heart condition, chronic illness, or severe physical limitations, contact Foothill 6 weeks in advance of your child attending. Additional forms may be required. We welcome all children.

FOOD

Students receive well-balanced meals that are served "family-style." We encourage students to eat all they want but not to waste food. If your child has food s/he cannot eat or is allergic to any food, please write the details on your child's Health Information Form. If your child has a serious allergy or limited food options please contact the kitchen directly: 209-532-6673 x 114

CHILDREN'S MEDICATION

If your child needs to take ANY KIND of medication (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops, etc.), you must have your doctor fill out our "Request for Administration of Medication at Outdoor School" form available at your school or by going to our website.

One month before your child attends, start completing the medication form. You will need to:

1. Read and complete the form accurately.
2. Get it signed by your doctor.
3. Package the form and medication in the original container in a bag.
4. Deliver that medication to your school to be reviewed by your school nurse.

BEHAVIOR

Each student and family signs a discipline contract on the Student Health Form. When students break the rules they may receive detention or a step. We have a 3 step discipline process:

Step 1: The student has a conference with his/her teacher

Step 2: The student calls home

Step 3: The student must go home

When a student receives a third step you must pick them up and they go home. Students who commit a serious offense will be sent home immediately for the safety of other students. Students sent home for discipline will not receive a refund.

HOUSING

Children stay in our heated dormitory buildings. The beds are furnished with mattresses but not pillows. For more information, please visit our website.



FOOTHILL HORIZONS OUTDOOR SCHOOL STUDENT HEALTH INFORMATION



FORM MUST BE COMPLETED AND SIGNED IN INK BY PARENT OR GUARDIAN

Name of Student _____ Date Of Birth _____
School _____ Teacher _____

☐ Male
☐ Female

PLEASE CHECK A BOX FOR EVERY QUESTION AND EXPLAIN ANY YES ANSWERS.

YES NO

☐ ☐ 1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? Describe:

☐ ☐ 2. Does your child have any behavioral or learning diagnoses? Describe:

☐ ☐ 3. Does your child take any medications?
If YES, you **MUST** have the "Request for Administration of Medication at Outdoor School" form completed and signed by your child's Health Care Provider for **BOTH** prescription and over the counter medications (i.e. Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

☐ ☐ 4. Does your child have any **serious allergies** to foods, insect stings, medications, or other substances? If YES, what is s/he allergic to?

Is this allergy life threatening? ____yes ____no Epi Pen needed? ____yes ____no

Is this allergy from: ☐ Contact/touch ☐ Ingestion/eating ☐ Airborne/inhalation

☐ ☐ 5. Are there foods your child CANNOT eat? _____

(Please call the Foothill Kitchen if you have concerns—209-532-6673)

☐ ☐ 6. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)?
If YES, please ask your Health Care Provider to fill out the **Limited Activities List** (found on the Parents' Page at www.foothillhorizons.com).

☐ ☐ 5. Is your child covered by **health insurance**? If YES, please list carrier and policy number.

Carrier: _____ Policy Number: _____

If your child takes **MEDICINE**, s/he will not be able to attend outdoor school unless your Health Care Provider correctly completes the "Request for Administration" form (found on the Parents' Page at www.foothillhorizons.com). Your school's supervisor of health must review the "Request" form(s) and sign them before your child attends. All medication must be delivered to your child's school in a pharmacy-labeled container with the child's name, name of medication, and instructions for administration on the label. If you have questions about medications please contact our health office: 209-532-6673.



FOOTHILL HORIZONS OPEN HOUSE

Come visit Foothill Horizons Outdoor School, Summer Camp and rental facility. Our staff will welcome you, give you a free tour of our facilities, and answer questions.



SATURDAY,
SEPT. 17, 2016
APRIL 29TH, 2017

10 to 2 pm

Caution: get directions from our website

WHAT IS FOOTHILL HORIZONS?

- **Outdoor School**

For over 60 years, Foothill Horizons, often called 6th grade camp, continues to provide an interactive science experience, teaching students about science and nature, and helping kids connect to each other. During the school year staff welcome over 5,000 students. Please join us and find out why your child shouldn't miss out on this once-in-a-life time experience!

- **Summer Camp**

During the summer months, we welcome campers to join the Foothill Family for weekly themes, such as Batman vs. Superman or Hunger Games. Got to see it to believe it!

- **Rental facility**

Rent our site and buildings for weddings, parties, retreats and more.



Stanislaus County
Office of

WWW.FOOTHILLHORIZONS.COM



Parent commitment form / carta de compromiso

Para ayudar en la determinación de la escala de recaudación de fondos o sitio fondos nos gustaría que los padres completen la carta de compromiso y regresen al maestro/a de su hijo.

Nombre del estudiante _____ Firma de Padres _____

☐

Si, estoy comprometido a enviar a mi hijo a Foothill Horizons School.
(necesario)

☐

No, no voy a comprometerme a enviar a mi hijo a Foothill Horizons School
(requerido)

☐

Puedo ser voluntario para recaudar fondos para los gastos de mi hijo para el aire libre Educación Foothill Horizons. (no requerido)

To assist with determining the scale of fundraising or site funds we would like for parents to complete the commitment letter and return to your child's teacher.

Name of student _____ Parent signature _____

☐

Yes, I am committed to sending my child to Foothill Horizons School.
(required)

☐

No, I will not commit to sending my child to Foothill Horizons School
(required)

☐

I can volunteer to fundraise for my child's expense for Outdoor Education Foothill Horizons.
(Not required)