

**Multnomah Education Service District**  
**OUTDOOR SCHOOL**  
 11611 NE Ainsworth Circle  
 Portland, OR 97220-9017  
 Phone: 503-257-1600 / Fax: 503-257-1592  
 Email: outdoorschool@mesd.k12.or.us

Outdoor School Site Assigned: \_\_\_\_\_

Week # \_\_\_\_\_

Dates \_\_\_\_\_

**PERMISSION FORM FOR HIGH SCHOOL STUDENT LEADERS**

**Please bring this completed form with you when you arrive for your assigned week. Your parent/guardian and counselor (or school administrator) must sign on this page in order for you to attend.**

The following student has been selected to attend Outdoor School as a Student Leader during dates listed above. It is necessary that the student receive permission from their school district and parent/guardian prior to attendance. Students are expected to arrange with teachers: **1)** to complete work prior to Outdoor School; **2)** to obtain homework to complete during Outdoor School; and **3)** to make up missed work during the week of Outdoor School.

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

High School \_\_\_\_\_ Grade in school \_\_\_\_\_

**SCHOOL PERMISSION**

I give the above student permission to attend Outdoor School as a Student Leader.

\_\_\_\_\_ (High School Counselor or Administrator Signature)

**TEACHER'S SIGNATURES**

	<b>Approve</b>	<b>Disapprove</b>		<b>Approve</b>	<b>Disapprove</b>
PERIOD 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	PERIOD 5 _____	<input type="checkbox"/>	<input type="checkbox"/>
PERIOD 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	PERIOD 6 _____	<input type="checkbox"/>	<input type="checkbox"/>
PERIOD 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	PERIOD 7 _____	<input type="checkbox"/>	<input type="checkbox"/>
PERIOD 4 _____	<input type="checkbox"/>	<input type="checkbox"/>	PERIOD 8 _____	<input type="checkbox"/>	<input type="checkbox"/>

**PARENT PERMISSION**

I give permission for the student named above to attend Outdoor School as a Student Leader. Furthermore, I (choose one)  give/  do not give my permission for directory information release as stated in the "Letter to Parents" enclosed in this packet. I also (choose one)  give/  do not give my permission for this student to self-administer prescription and non-prescription medication **(if permission not given, please contact ODS office 503-257-1600 for additional information and paperwork).**

\_\_\_\_\_ (Parent's Signature)

# STUDENT LEADER HEALTH HISTORY FORM FOR OUTDOOR SCHOOL--PLEASE PRINT

Pages 2 & 3 are confidential, for MESD Outdoor School Nurse and Site Supervisor use only. To be archived and destroyed by MESD.

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone(home/work) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone(home/work) \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

<b>ALLERGIES</b> (*please list below)	Mobility Issues
Asthma or other breathing condition	Physical Injuries (recent)
Bowel / Bladder Condition	Seizure Condition
Bedwetting	Skin Condition
Diabetes	Sleep Walking
Emotional/behavioral or learning concerns	Vision Condition
Hay Fever	Other chronic or recent illness or surgical procedures (specify):
Hearing Condition	
Heart Condition	

Please provide more specific information about identified health concern or pertinent health information, including treatment needed while at Outdoor School. The parent, by signing on page 1, authorizes an exchange of information, as necessary, between the Outdoor School nurse, Outdoor School personnel and or the student's health care provider:

---



---



---

Are there any activity restrictions, i.e., strenuous hiking, tug-of-war, etc.? \_\_\_\_\_

---

Is your student currently receiving mental health services? \_\_\_\_\_ If yes, who is the Provider? Name \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact them in a mental health emergency? \_\_\_\_\_

Special dietary needs: circle or write it down below.

Vegetarian, Vegan, Gluten Free, Halal, Kosher, Dairy Free, etc: \_\_\_\_\_

Other special dietary needs (including food allergies): Contact the Outdoor School Nurse at 503-257-1600 as soon as possible to discuss needs. Outdoor School may not be able to accommodate all needs and student leaders may need to bring supplemental food with them: \_\_\_\_\_

## MEDICATION POLICY FOR STUDENT LEADERS

1. To assure the safety of all students attending Outdoor School, all medications must be kept and secured by the site nurse. You may go to the nurse to take your medication as prescribed. You may carry your emergency inhaler and auto injector.
2. Prescription and over-the-counter medication **must** be in original containers and marked clearly with your name.
3. Please bring over-the-counter medication if necessary. Outdoor School does not supply them.
4. You will eat well-balanced meals at Outdoor School. Unless your health care provider has told you to take vitamin preparations, please leave them at home.

\*\*\*\*\*

### THIS SECTION FOR OUTDOOR SCHOOL NURSE USE ONLY

#### RECORD OF MEDICATIONS ADMINISTERED BY THE OUTDOOR SCHOOL NURSE

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATES ATTENDING: \_\_\_\_\_

Initials	Signature	Initials	Signature

**Use the following key for days medication not given:**      **X** = Not at site      **0** = Student refuses/parent notified      **NS** = No Show

(Please: use **one line only per dose** administered)

(initial each entry)

Count In/# Initial	Count Out/# Initial	Medication Name and Dose	Hour	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.

#### Medication Record (As needed medications.)

(Please: use **one line only per dose** administered)

Date	Time	Medication, route, dosage, reason	Initials

## SEARCHES

The Outdoor School Program strives to ensure a physical and learning environment which protects the health, safety and welfare of students and staff. As part of this goal program staff may at any time search program facilities and equipment including cabins, desks and computers. Neither staff nor students have a reasonable expectation of privacy regarding program facilities or equipment.

Program staff may, subject to the requirements below, search a student leader's person and property, including property assigned by the program for the student leader's use. Searches may be conducted at any time.

All student searches for evidence of a violation will be conducted by the program staff subject to the following requirements:

1. Program staff members shall have individualized, "reasonable suspicion" to believe evidence of a violation of law, Board policy, administrative regulation or school or program rule or otherwise illegal possession is present in a particular place. Program staff may also search when they have reasonable information that emergency/dangerous circumstances exist.
2. The search shall be "reasonable in scope." That is, the measures used are reasonably related to the objectives of the search and not excessively intrusive in light of the age, sex, and maturity of the student and nature of the infraction.
3. The search will be conducted by the Site Supervisor, with at least one additional Outdoor School staff member in attendance.

Program staff may seize any item which is evidence of a violation of law, Board policy, administrative regulation or school or program rule, or otherwise is prohibited by law, policy, regulation or rule.

### **As a High School Student Leader in the Outdoor School program I understand that:**

1. Alcohol and drugs are not permitted on the Outdoor School site and that possession of certain drugs is also against the law. If it is determined that I am in possession of, under the influence of, or have used alcohol on site, on MESD property or on the bus, MESD will arrange for my departure from the Outdoor School site immediately and will notify my parent or guardian, my school district and law enforcement personnel. My employment contract immediately terminates.
2. MESD prohibits the use of tobacco products by students and student leaders at any time during the Outdoor School program. If it is determined that I am in possession or have used tobacco products on site, on MESD property or on the bus, I will be asked to leave the Outdoor School site immediately, MESD will notify my parent or guardian, my school district and, if I am under age 18, law enforcement personnel. My employment contract immediately terminates.
3. Sexual activity is prohibited in all Outdoor School programs. This includes conversations that are sexual in nature. If it is determined that I have engaged in such behavior on site, on MESD property or on the bus, I will be asked to leave the Outdoor School site immediately, MESD will notify my parent or guardian, and my school district.
4. At Outdoor School, it is my responsibility to be with the students to which I am assigned, whether on field study, in cabins, or other program areas. If it is determined that I have left students unattended, I will be asked to leave the Outdoor School site, MESD will notify my parent or guardian, and my school district.

I also understand that it is my responsibility to abide by all policies and procedures in the Outdoor School Student Leader Handbook. Failure to do so may result in my removal from the Outdoor School program.

Student Leader Name (please print) \_\_\_\_\_  
First Middle Last



\_\_\_\_\_  
(Signature)