



Naturalist Adventure Camp

Registration Information



Naturalist Adventure Camp

The Naturalist Adventure Camp is an interactive one or two week hands-on day camp for children 7-13 to explore and play in nature. There is also an exciting third week backpacking trip for ages 10 – 14 which will include 2 overnights. The campers will become stewards for their community while learning skills in observation, navigation, tracking, and nature appreciation. They will challenge themselves, make new friends and have fun embarking on an environmental adventure.

Session 1 will emphasize curiosity and wonder through playful explorations throughout San Diego's natural treasures. Drop-off and pick-up location will be at various locations throughout San Diego. Camp will be from 8:30am – 1:30pm. July 7 – 11. Lead teachers will be C.J. Hawk and Stephanie Rankin.

In Session 2, campers will explore exciting, more challenging hikes while investigating and playing with different sciences on the trail. Drop-off and pick-up location will be at various locations throughout San Diego. Camp will be from 8:30am – 1:30pm. July 14 – 18. Lead teachers will be C.J. Hawk and Stephanie Rankin.

In Session 3, campers will learn about the fundamentals of backpacking and go on a 3 day and 2 night backpacking experience in the local mountains. Monday and Tuesday will be a day camp from 8:30am – 1:30pm. Wednesday drop-off will be at 9am at Cuyamaca State Park (Exact drop-off location details will be provided in the Confirmation packet) and pick-up will be at 1:30 on Friday at Cuyamaca State Park. July 21 – 25. Lead teachers will be Merrill DeGraff, CJ Hawk, and Stephanie Rankin.

Location Specifics and Transportation

A unique feature of Naturalist Adventure Camp is its daily roving location. In order to access a variety of ecosystems in San Diego, Naturalist Adventure Camp will be held at various locations throughout San Diego.

Families provide their own transportation to and from each of the above locations. Carpooling is encouraged. Detailed Drop off/ Pick up information, directions, and maps will be sent out in the Confirmation Packet.

Faculty

Founders Merrill DeGraff and C.J. Hawk bring a love for learning and creative teaching to the program. Merrill DeGraff has been teaching in San Diego City Schools for the past 14 years. Each year has had a special hallmark of community work. This tradition and philosophy has particularly flourished over the past 6 years working at the San Diego Cooperative Charter School with team teacher C.J. Hawk. Together they have reveled in challenging the traditional definitions of "classroom" by creatively implementing hands-on projects taking students into the world. Their students are often seen conducting research at the downtown library, dancing at Eveoke, playing and investigating in Marston Canyon, stopping to investigate puddles, leading docent tours in the museums of Balboa Park, farming at People's organic farm, all the time asking questions and thinking about their place in the world. Constantly curious and eager to be outside, Merrill is currently a volunteer Canyoneer with the Natural History Museum leading thematic weekend hikes with her

daughter to the public throughout the county. Merrill is a former recipient of the Toshiba Grant for a Natural History Program that was implemented in 5th grade. Finally, Merrill also has had experience organizing, promoting, and leading the International Friendship Camp in Tijuana at the Expanza Schools. Merrill currently teaches 3rd grade at the San Diego Cooperative Charter School.

C.J. Hawk has worked in the educational arena for 10 years integrating daily her degree in Biology and Environmental Studies. C.J. worked for Orange County Outdoor Science School, a weeklong residential environmental science program, in the San Bernardino Mountains for four years starting as an instructor and working up to Program Assistant developing standards based outdoor science curriculum for the program. She fostered her love for teaching by obtaining a teaching credential at San Diego State University. Her outstanding contributions to her program won her the Phil Halfaker Memorial Award for Outstanding Student Teacher in the spring of 2002. C.J. has worked for the San Diego Cooperative Charter School for the past 6 years teaching 5th and 6th grade math and science in a team teaching approach. When she is not teaching, C.J. loves to be outside in nature: hiking, backpacking, whitewater rafting and enjoying a variety of outdoor sports from rock climbing to surfing.

Stephanie Rankin has been working with children for over 15 years through coaching, camps, and teaching. Prior to living in San Diego, Stephanie spent 8 years in Fairbanks & North Pole, Alaska. During that time, she earned her Bachelor of Science in Physical Education, played and coached basketball, and enjoyed the beautiful outdoor scenery through various trips around the state. After Alaska, she moved back home to Seattle and taught middle school PE at Seattle Academy for five years and participated in several middle school backpacking trips to the Wind River Range, Grand Tetons, and Seven Devils. She is currently in her second year teaching K-8 PE at the San Diego Cooperative Charter School and is responsible for developing the new PE and intramural sports programs. In addition, she recently completed her Masters in Elementary Education and is officially credentialed in the state of California. She is very excited to be participating in this adventure camp to continue her love of the outdoors.

How to Register

Complete the following forms for your family and/or camper(s). Forms are also available on our website <http://www.sdccs.org/sdccsnaturalist.html> .

Form checklist:

- Registration and Authorization for Medical Treatment Form (per family)
- Photo/Media Release (per family)
- Personal History Information (per camper)
- Drop Off/Pick Up Permission Slip (per family)
- Release of Liability (per family)
- Financial statement (per family)
- Backpacking registration form (if applicable)
- Backpacking Adult Chaperone Form (if applicable)

To insure your child's space, mail completed forms and check to **SDCCS Naturalist Adventure Camp**, Attn. C.J. Hawk, 7260 Linda Vista Road, San Diego, CA 92111 or turn in to San Diego Cooperative Charter School office. Participants will be enrolled on a **first come, first served basis**.

A Confirmation Packet with maps, drop off directions, and other camp information will be mailed to all enrolled campers. If you have not received by June 13, 2008 please call (619) 341-2910.

The cost of Naturalist Adventure Camp is \$160 per week for Session 1 and 2 and \$200 per week for Session 3 (includes cost of backpack rental). This fee also includes a camp T-shirt. Additional shirts can be purchased (see financial form). There will also be a 15% discount for families that have multiple children enrolled in the camp (see financial form for details).

If you would like to sponsor a child to attend camp, or know of someone who would, donations are accepted. We are a nonprofit organization whose mission is to offer safe, hands-on, low cost, innovative environmental education programs to all children in San Diego inspiring personal connections between children, their community, and the natural world. Simply add your donation to your camper's payment. Letters of appreciation containing our tax I.D. number will follow. Thank you!

Payment

We accept money orders, personal, bank, or cashier's checks made out to **San Diego Cooperative Charter School**. Please put "Naturalist Adventure Camp" in the memo. A \$15 service charge will be attached to any checks returned by the bank due to insufficient funds. To insure your child's space, mail completed forms and check to:

SDCCS Naturalist Adventure Camp

Attn. C.J. Hawk
7260 Linda Vista Road
San Diego, Ca 92111

Cancellation Policy

A 50% refund will be given for cancellations before June 13, 2008, after which, no refunds will be given. Cancellations after June 13, 2008 due to special circumstances will be subject to review.

Questions

Please call C.J. Hawk at (619)341-2910 or Merrill DeGraff at (858) 525-5312.

Naturalist Adventure Camp

Registration and Authorization for Medical Treatment

(Per Family)

Child Information

Child's Full Name:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth:
Name child goes by:			
Child (2) Full Name:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth:
Name child goes by:			

Parent/Guardian Information

Parent's Name (1):	Home Phone Number: ()
	Cell Phone Number: ()
Home address:	
Place of Work:	Work Phone Number: ()
Parent's Name (2):	Home Phone Number: ()
	Cell Phone Number: ()
Home address:	
Place of Work:	Work Phone Number: ()
Parent 1	
Best phone number to reach you at between 8:30am and 1:30pm: HOME CELL WORK	
Parent 2	
Best phone number to reach you at between 8:30am and 1:30pm: HOME CELL WORK	
Email Address:	

Medical Information

Physician's Name:	
Address:	
Phone Number:	
Dentist's Name:	
Address:	
Phone Number:	
Name of Insurance:	
Group #:	ID Number:
	ID Number for child 2:

Emergency Information

If neither parent can be reached in case of emergency call:

Name:	Home Phone:()
Relationship:	Work Phone:()
	Cell Phone:()
Name:	Home Phone:()
Relationship:	Work Phone:()
	Cell Phone:()

Student Health Information/ Child's name: _____

Does child have a recent history of any of the following conditions? Please check all that apply

<input type="checkbox"/> ADD	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> ADHD	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headache
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Bee Stings/insect bites	<input type="checkbox"/> Recent broken bone or surgery
<input type="checkbox"/> Food	Body part affected _____
<input type="checkbox"/> Hay Fever	Date of injury/surgery _____
<input type="checkbox"/> Medication	Activity restrictions _____
<input type="checkbox"/> Diabetes	
Briefly explain all items checked above and explain any other health issues not listed above.	

(2nd Child if applicable) Child's name: _____

<input type="checkbox"/> ADD	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> ADHD	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headache
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Bee Stings/insect bites	<input type="checkbox"/> Recent broken bone or surgery
<input type="checkbox"/> Food	Body part affected _____
<input type="checkbox"/> Hay Fever	Date of injury/surgery _____
<input type="checkbox"/> Medication	Activity restrictions _____
<input type="checkbox"/> Diabetes	
Briefly explain all items checked above and explain any other health issues not listed above.	

First Aid and Emergency Care

In the event of an emergency, I authorize the staff of Naturalist Adventure Camp to provide any first aid care deemed necessary for my child.

If at any time my child becomes ill or injured at the Naturalist Adventure Camp, or any sponsored activity, and no parent or legal guardian can be reached, I hereby grant authority to the Director or the Director's delegate to act as legal guardian for my child in order to obtain and give permission for emergency medical treatment deemed necessary by the attending physician or the staff of the hospital.

In the event of an emergency in which I cannot be reached, the physician listed above and/ or the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Please check one: Yes No

Parent/Guardian

Signature _____ **Date** _____



Naturalist Adventure Camp
Photo/ Media Release
(Per Family)



I, (print parent's name) _____, give **San Diego Cooperative Charter School** permission to use my child(ren)'s name(s) and likeness(es) in its promotional materials and publicity efforts. I understand that the still and motion-picture imagery may be used in publications, print ads, direct mail, electronic media (e.g. Website, video, CD), or other forms of promotion. I release San Diego Cooperative Charter School their photographer(s), offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Child's Name: _____

Child's Name: _____

Child's Name: _____

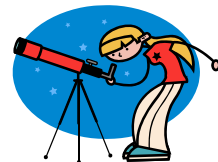
Child's Name: _____

Parent/Guardian Signature _____ **Date** _____

Naturalist Adventure Camp

Personal History Information

(Per Camper)



Child's Name: _____

1. Are there currently or have there been any problems with (circle any that apply):
Vision Hearing Speech Other

Please explain any circled above:

2. Has your child been referred for or is he/she receiving any special services? Yes No
If yes, please explain:

3. Are there any special eating or food instructions? Please explain:

4. Hiking Experience (circle one): Beginning Intermediate Advanced

5. Does your child have any fears that may appear in a camp setting? (Ex. Fear of dogs, bugs, heights, etc.)
Please explain:

6. Is there any additional information about your child that we should know?

Naturalist Adventure Camp
Personal History Information/2nd Child if Applicable
(Per Camper)

Child's Name: _____

7. Are there currently or have there been any problems with (circle any that apply):
Vision Hearing Speech Other

Please explain any circled above:

8. Has your child been referred for or is he/she receiving any special services? Yes No
If yes, please explain:

9. Are there any special eating or food instructions? Please explain:

10. Hiking Experience (circle one): Beginning Intermediate Advanced

11. Does your child have any fears that may appear in a camp setting? (Ex. Fear of dogs, bugs, heights, etc.)
Please explain:

12. Is there any additional information about your child that we should know?

Naturalist Adventure Camp

Drop Off/ Pick-up Permission Slip

(Per Family)

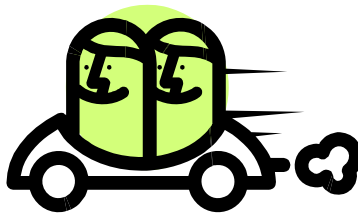
Notification prior to drop off or pick-up is necessary for each occurrence. If you will have any changes in this list you must send a signed and dated note to the staff of the Naturalist Adventure Camp. Identification will be required unless prior introductions have been made. Thank you!

Child's or children's name(s): _____

The following person or persons have permission to drop off and/or pick-up my child from Naturalist Adventure Camp.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Parent/Guardian Signature: _____ Date _____



Carpooling

Are you interested in carpooling if possible? Yes No

How many shoulder belts do you have in your vehicle? _____

What area of San Diego do you live in? (Ex. Pacific Beach, Hillcrest, etc.)

San Diego Cooperative Charter School Naturalist Adventure Camp (“SDCCS-NAC”)

Release of Liability (“Release”) for : _____
Campers Name (Please Print)

THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING ON BEHALF OF MY CHILD/WARD/DEPENDENT (referred to hereinafter solely as “child”) AND ON MY OWN BEHALF TO RELEASE SDCCS-NAC AND OTHER PARTIES RELATED TO IT FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Assumption of Risk and Acknowledgement of Understanding: SDCCS-NAC intends to make me aware, and I understand, that participation in outdoor and adventure activities including, but not limited to, mountain and wilderness travel and activities, transportation to and from camp trips/activities, rock scrambling, hiking, and backpacking, exposes the participant to certain risks, hazards, and dangers that cannot be predicted or controlled, including, by way of example, the risk of personal injury (including the risk of death), accidents, or illnesses in remote places without the immediate availability of medical facilities, and exposure to adverse weather conditions. I also understand that outdoor and adventure activities require physical exertion and any participant should be in good physical health. By signing this Release, I permit my child to engage in SDCCS-NAC’s outdoor and adventure activities with full understanding of the risks.

Release – Child’s Rights: In consideration for the privilege of allowing my child to participate in SDCCS-NAC’s outdoor and adventure activities, I hereby release and hold harmless SDCCS-NAC, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive any and all claims, demands, losses, damages, and liabilities that my child may have or sustain with respect to any and all property damage, personal injury, and/or death arising out of his or her participation in the outdoor and adventure activities of SDCCS-NAC; whether caused by the negligence of the Released Parties or otherwise. I covenant not to sue any of the Released Parties in connection with any of the released claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

Release – Parents’/Guardians’ Rights: Furthermore, in consideration for the privilege of allowing my child to participate in SDCCS-NAC’s outdoor and adventure activities, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive any and all claims, demands, losses, damages, and liabilities that I as the parent/guardian of the participant may have or sustain with respect to any and all property damage, personal injury, and/or death arising from the participation of my child in the outdoor and adventure activities of SDCCS-NAC; whether caused by the negligence of the Released Parties or otherwise. I covenant not to sue any of the Released Parties in connection with any of the released claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

Indemnifications: I further agree to indemnify, save, and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities including those for indemnity, contribution or otherwise with respect to any and all property damage, economic loss, medical expense, personal injury and/or death suffered by the undersigned parent/guardian and/or the child arising from my child’s participation in the outdoor and adventure activities of SDCCS-NAC, whether asserted by the undersigned parent/guardian or by another person.

Miscellaneous: In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. The parties agree that any action brought as between the child and/or his or her parents/guardian and SDCCS-NAC shall be brought in the state courts of California, San Diego County, or the U.S. District Court for California, and the parties consent to jurisdiction and venue of such courts. I understand and agree that this Release is intended to be as broad and inclusive as permitted under application law and shall be governed by California Law.

I HAVE CAREFULLY READ THIS RELEASE AND AGREE TO ALL OF ITS TERMS. IF I AM A PARENT/GUARDIAN OF A CHILD PARTICIPANT, I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE CHILD PARTICIPANT, AND FUTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE CHILD PARTICIPANT.

Parent/Guardian’s Signature	Printed Name	Date
Parent/Guardian’s Signature	Printed Name	Date
Child’s Signature	Printed Name	Date

** Each Parent/Guardian with legal responsibility over the participant for purposes of this release of liability should sign this form**

Financial Statement and T-Shirt Form

Camper Name: _____

Total:

\$

Additional Camper Name: _____

Camper Fee (See Scale):

\$ _____

Scale:	Session 1	Session 2	Session 3
One Child	\$160	\$160	\$200
Two Children w/15% sibling discount	\$272	\$272	\$340
Adult chaperone on Backpacking trip*	-----	-----	\$65

* Adult Chaperones are responsible for providing their own camping supplies except for food and water. Fee includes food and water. Fee does not include camp T-shirt.

Tax Deductible Donation to sponsor a
camper in financial need.

\$ _____

Each camper attending Naturalist Adventure Camp will receive a camp t-shirt. Please circle the size below:

Camper Name: _____

Sizes:

Child size S M L XL XXL

Adult size S M L XL XXL

Additional Camper Name: _____

Child size S M L XL XXL

Adult size S M L XL XXL

Additional Shirts may be purchased. Please Circle size and state quantity.

Sizes:

Child size S M L XL XXL

Adult size S M L XL XXL

Quantity	Price	Subtotal
	\$13	
	\$15	



Backpacking Registration Form (For Session 3)

Child's Name: _____

1. Has your child backpacked before? (Circle one) YES NO
2. Does your child have background information that could be beneficial to our backpacking experience? (Example: knowledgeable bird watcher, camp games, songs, etc.) _____
3. Are you planning on being an adult chaperone on the backpacking trip? YES NO
 If YES:
 Are you fingerprinted with the school*? YES NO
 Do you have a current TB (Tuberculosis) test screening*? YES NO
 Do you have current First Aid training? (Not required) YES NO
 Do you have current CPR training? (Not required) YES NO

*If you have answered "no" to the first two questions, we will send you information on how to obtain them. Please see the adult chaperone form included for more information.

Special Needs:	YES	NO	Frequency and/or severity	Special Needs:	YES	NO	Frequency and/or severity
Asthma				Hearing impaired			
Bedwetting				Visually Impaired			
Night terrors				Physical disability			
Sleepwalking				Vegetarian/Vegan			
Stomach aches				Other:			
Homesickness				Other:			

- Please allow _____ to keep an inhaler with him/her at all times. He/she is competent to safely administer medication.
- Please allow _____ to keep an epipen with him/her at all times. He/she is competent to safely administer medication.

Please explain any items checked above. Attach additional sheet if necessary.

CONSENT TO ADMINISTER FIRST AID AND MEDICATIONS (In addition to the Authorization Medical Treatment form)

I give permission for the teachers and adults chaperoning for the Naturalist Adventure Camp to give my child the common medications listed below, if needed.

Camper(s) Name	Parent/Legal Guardian's Signature	Date
ANALGESICS Motrin (ibuprofen) Tylenol (acetaminophen) MOUTH/THROAT Throat Lozenges Cough Syrup DIARRHEA Immodium AD	EYE Eyewash Visine/Clear Eyes COLD/ALLERGY DECONGESTANT Nasal Wash Dimetapp Benadryl Tylenol Cough and Cold	TOPICALS Antibiotic Ointment Antiseptic Towlettes Bactine Calamine/Caladryl lotion Cortisone Cream Hydrogen Peroxide Insect Repellent Sting-eze Sunblock Vaseline

STUDENT HEALTH INFORMATION

YES	NO	Question/Information Needed
		Is there any reason your child cannot participate in strenuous activities (like hiking, active games, etc.)? If YES, please explain.
		Is your child allergic to: (Please circle and explain reaction and treatment) Food (Be specific!) Insect bites/stings Medication Other
		Does your child take any prescription or non-prescription medicine on a regular basis? If YES, please send permission to administer the medicine and explain details about administration of the medicine:
		Is there any other health information we should know? Please explain:

Adult Chaperone Medical Information (if applicable)

Special Needs:	YES	NO	Frequency and/or severity	Special Needs:	YES	NO	Frequency and/or severity
Asthma				Hearing impaired			
Epilepsy				Visually Impaired			
Diabetes				Physical disability			
Fainting				Vegetarian/Vegan			
Allergies(Explain)				Food Allergies			
Heart Condition				Recent Surgeries			
Other:				Other:			

Please explain any items checked above. Attach additional sheet if necessary.

Please provide a copy of your insurance card in case of emergencies.



**San Diego Cooperative Charter School
Extended Field Trip
Chaperone Form (For Backpacking Trip)**



School Policies Regarding use of Parent Volunteers as Overnight Fieldtrip Chaperones:

SDCCS has some overnight field trips that require parents or family members to serve as chaperones. Being an overnight fieldtrip chaperone is a unique volunteer experience. Overnight Fieldtrip chaperones must agree to follow the following school policies, and, in addition, must follow all applicable policies in the SDCCS Parent Handbook:

- Chaperones are on duty around the clock during the trip – they must be able to actively supervise children **AT ALL TIMES**.
- Chaperones must take direction from SDCCS Staff member(s) on the trip, and must address any problems that may arise to SDCCS Staff Member(s).
- Chaperones must have a current TB test on file at SDCCS
- Chaperones are subject to a fingerprint background check 30 days prior to the day of departure, and must successfully receive clearance prior to the trip. (see enclosed instructions)
- Chaperones must abide by the following Drug, Alcohol, and Tobacco-Free policy:
Having volunteered to act as a chaperone for a San Diego Cooperative Charter School (“SDCCS”) student activity, I hereby certify that I understand SDCCS’ requirements regarding the maintenance of an alcohol, tobacco, and drug-free workplace. I agree that I will not use or allow to be used any tobacco product while acting as a chaperone of any SDCCS student activity or while in the company of students engaged in such an event. I also agree that I will not use or allow to be used any alcoholic beverage while acting as a chaperone of any SDCCS student activity or while in the company of students engaged in such an event and I further agree that I will not be under the influence of any alcohol product while acting as a chaperone of any SDCCS student activity or while in the company of students engaged in such an event. I agree that I will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance while acting as a chaperone of any SDCCS student activity or while in the company of students engaged in such an event. I understand that violating any of these prohibitions will be grounds for SDCCS and/or its representative(s) to demand I immediately terminate my activities on behalf of the SDCCS in the event in which I am participating and that I, as soon as safe and practicable, leave the site of the activity. I further understand that SDCCS may, at its sole discretion and in response to the events described in the preceding sentence, deny access to any SDCCS activities at which students, including, if other SDCCS students will be in attendance, those for whom I am a parent or guardian, will be in attendance. I also understand that any cost I incur in complying with a demand by SDCCS and/or its representative(s) to terminate my activities on behalf of SDCCS in the event in which I am participating and/or to leave the site of the activity will be my sole responsibility.
- If a chaperone violates any of the policies stated above and applicable policies in the SDCCS Parent Handbook, SDCCS staff will, at their discretion, request the chaperone to leave the trip. In the event that a chaperone is asked to leave, they will be solely responsible for their transportation home.
- Camp adult chaperones will be required to pay a fee for food and water cost, and will need to supply their own camping gear.

I hereby certify that I agree to follow school policies as stated on this form:

Name: _____ Trip Attending: Naturalist Adventure Camp

CHAPERONE CHECKLIST: Please complete the following before returning this form:

Signature: _____

- Yes, I have been tested for TB and have attached the original test results.
- Yes, I have been fingerprinted at the San Diego County Schools Fingerprint Clearinghouse and have **attached a copy of the fingerprint form** (you need only be fingerprinted once for SDCCS – if you have already been fingerprinted previously for an SDCCS activity note it here: _____)
- Yes, I have paid the fee for this trip and will make my final payment as per the invoice deadline.

**Please return this form to Virginia Bays, PSA Treasurer –619-370-2709;
baysfish@cox.net**

Fingerprinting Instructions:

Fingerprinting will be done by the San Diego County of Education Fingerprint Clearinghouse, located at 6401 Linda Vista Road, San Diego, CA 92111

Fingerprinting is done only by appointment. Appointments must be made online at:
<http://www.sdcoe.net/livescan/week.asp>

At the web site listed above, please print out the “Fingerprint Clearinghouse” form (2 copies), complete the middle section, and bring it with you to your appointment, along with your payment.

There is a \$49 fee for fingerprinting. The school will reimburse field trip chaperones for the cost of fingerprinting, however chaperones must make the payment at the County clearinghouse **in the form of a Money Order or Cashier’s Check payable to SDCOE.**

A copy of the “Fingerprint Clearinghouse” form will be given to you as your receipt once you have been fingerprinted. This copy must be attached to your Extended Field Trip Chaperone Form – both as evidence that you have gone through the fingerprinting process, and in order to reimburse you.

Please note the due date listed on your EFT Chaperone Form and make sure you take care of your fingerprinting requirements in time to comply with the due date!

If you have already been fingerprinted for another SDCCS activity, you do not need to be fingerprinted again – simply indicate that on your EFT Chaperone Form.

You will be informed by the SDCCS administration of any negative findings which would prohibit you from participating in the trip (clearance takes approximately one week from the time of fingerprinting).

Tuberculosis (TB) Screening Guidelines

All employees and volunteers in public schools who are in contact with students must have a TB skin test done within 60 days prior to employment/volunteering. Volunteers with negative skin tests should repeat the test every 4 years. For employees with a documented positive skin test, a follow-up chest x-ray is needed to rule out active TB disease, but repeat skin testing and chest x-rays are not needed.

Volunteers can go to their private physician, a community clinic or one of the regional public health centers to be tested. The test must be read by a clinician 2-3 days after it is administered. A TB skin test at the public health centers ranges from \$8-\$15

LOCATION FOR PUBLIC TB CLINIC:

Health Services Complex-Rosecrans
3851 Rosecrans St.
San Diego, CA 92110

For clinic hours, rates and info on other clinic locations, call 619-692-5565

Once you have received TB clearance, the **original** physician’s documentation (not a copy, please) must be submitted along with your chaperone form.