



# Parent Checklist

Below is a checklist of forms that need to be returned to your homeroom teacher **four weeks prior to your visit.**

FORMS TO RETURN	SENT
Student Health History Form – Completed by Parents	
Medication Authorization Form - Completed by Physician ONLY	
Medication Administration Policies Form - Signed by Parents	
Permission to attend/Behavior Contract form	

**Other important information:**

- Please read the Medication Administration Policies Form thoroughly. It details important information regarding Hartley’s medication policies.
- Review the Physician medication authorization form when you get it back from your doctor. Make sure every medication is listed and the dosages are correct before you turn in the form. Many times errors are found on this form after the child is here and corrections need to be received from the doctor before we can give any medications.
- Included in this packet is the Student Clothing & Equipment list to use as a guide of recommended items to bring to Hartley.
- No cell phones or other electronics are allowed.
- Your home school may require additional forms to be completed.
- We have a fun and unique trading post that each student will have the opportunity to shop in. Sending money for the store is optional. Items range in price from \$.05 (ex: erasers) to \$20.00 (ex: Hartley logo hoodie). We have a wide range of items from pencils, journal books, plush animals, plastic animals, collectable rocks, bracelets, necklaces, novelty items, Jacobs ladder, compass, binoculars, and other unique things. Items in the store vary and change depending on availability. And of course we have various Hartley logo items in a wide price range. We do charge sales tax.
- Students are asked to behave in an appropriate manner and observe all the rules of Hartley including being respectful of all people, animals and plants while here.
- All students will be expected to participate in work “kapers” such as table setting, cleaning up, vacuuming and other responsibilities.
- In the event of a potential contagious illness, students will be evaluated by the nurse on staff. If a student has a fever of 100.0 and/or vomiting the parents will be contacted and asked to come and pick up their child. Other conditions will be evaluated on a case by case basis and the nurse will make a determination if the child needs to be sent home.



## Student Clothing & Equipment list

\*Please label all items with your name\*

Essential Items	Packed	Optional Items	Packed
<b>Bedding</b>		Store money	
1 sleeping bag or 3 blankets		Kleenex	
1 pillow w/ pillow case		Sunscreen	
<b>Toiletries</b>		Chapstick	
2 bath towels		Mosquito repellent	
2 washcloths		Camera (batteries & memory card)	
Comb & brush		Sunglasses	
Toothbrush & toothpaste		Stationary & stamps	
Deodorant		Pencils	
Body wash or soap		Hand lotion	
<b>Clothing</b>			
2 pair jeans or heavy pants			
2 lightweight shirts			
2 warm shirts/sweatshirts			
1 pair outdoor shoes			
1 pair athletic shoes			
1 pair pajamas			
Slippers			
Socks (3 days)			
Underwear (3 days)			
<b>Weather dependent items</b>			
Warm jacket		<b>What NOT to bring</b>	
Winter boots		Food (gum, candy, etc)	
Snow pants		Cell phones	
Knit hat & scarf		Electronic devices	
Mittens (2 pair)		Knives or weapons	
Long underwear		Jewelry	
Wool socks		Flashlight	
Raincoat		Matches	
Rain boots		Aerosol sprays (hair spray, etc.)	

- Parents: Activities are held outdoors year around. Please make sure your child has appropriate clothing for the weather conditions. We rarely cancel outdoor activities.
- If you are sending money for the store, please give it to your teacher
- We recommend that sentimental items not be sent



## Hartley Outdoor Education Center Permission to attend and Behavior Contract

Student Name \_\_\_\_\_ School \_\_\_\_\_

### Permission to attend

We, the parents/guardians of (print name) \_\_\_\_\_ grant permission for our child to participate in the Hartley outdoor education program for the following dates \_\_\_\_\_

I also grant permission for Hartley to take pictures/videos of my child and use them in an appropriate manner for use in marketing material.

I DO NOT grant photo use permission

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Behavior Contract

The Hartley Outdoor Education Center believes that the Residential Outdoor Education Experience is an important part of each student's education. To help the student understand that they have a responsibility to themselves, their classmates, teachers, and to the Hartley Staff, we have developed the following expectations while they are here:

- I will be respectful to my classmates, teachers, counselors and all adults at Hartley.
- I will respect the rights of all people to learn during class time.
- I will be respectful to all plant and animal life at Hartley.
- I will demonstrate good sportsmanship during free time activities and evening recreation.
- I will observe all safety rules at Hartley.
- I will respect others belongings.
- I will keep my hands (arms and legs) to myself. I will not fight, play-fight or rough-house.
- I will show proper courtesy in the dorms after lights out by remaining quiet and staying in my bunk so that all my classmates can enjoy a good nights sleep.

I understand the following consequences will result if I do not meet my responsibilities and break any rule:

- **1<sup>st</sup> Offense** - time out or quiet time
- **2<sup>nd</sup> Offense** - sent to Director's office for conference with Director, home school staff (and possibly parent or guardian).
- **3<sup>rd</sup> Offense** - expulsion from program and released to parent or guardian.

**I understand I will be sent home immediately if an offense is a serious violation of the rules (i.e. fighting, injuring another student, tampering with the fire alarm system, refusal to cooperate).**

**I understand the importance of these rules and regulations, and will follow them, so that the experience will be the best it can be for myself as well as all the other students with me at Hartley.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Student Health Form

To be completed by the Parent

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Date scheduled to arrive \_\_\_\_\_ Male Female

**Parent/Guardian Information:**

Name	Phone number	Alternate phone number
1.		
2.		

In an emergency & the parent/guardian can not be reached, contact the following person:

Name:	Phone

List two people the child may be released to other than a parent/guardian:

1.	2.
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Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

List all allergies (food, medicine, bees, grass, etc)	
Does your child carry an Epi-Pen? Yes No	
List any special medical, health, behavioral or emotional conditions (ex: diabetes, seizures, autism, asthma, etc)	
Does your child require any special diet considerations for cultural or medical reasons	
List any special equipment your child uses (hearing aide, cochlear implant, insulin pump, etc)	
List any other instructions or information	
Sleepwalker? Yes No	Bedwetting? Yes No
Vaccinations up to date? Yes No (Including tetanus)	

I hereby give my permission for non-prescription and/or prescription medication to be given to the above named student if deemed advisable by the Center's nurse or designated personnel. IN CASE OF SURGICAL EMERGENCY, providing parent or guardian cannot be contacted, I hereby give permission to the licensed physician selected by the Hartley Outdoor Education Center, to hospitalize, secure treatment for and to order injections anesthesia, or surgery for my child as named above. (Any directions to the contrary should be specified on the reverse side of this form and SIGNED.) If you have any questions please call the Nurse at the Hartley Outdoor Education Center (989) 865-6295.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Medication Administration Policies

To be completed by Parent

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male Female

School \_\_\_\_\_ Date scheduled to arrive \_\_\_\_\_

According to the "Michigan Department of Education Guidelines for administration of medication in schools", all medications must be signed by a physician before they can be administered. This includes ALL over the counter and other nonprescription medications, vitamins, herbal remedies, ointments and sprays. Please note the following policies regarding over the counter medication administration:

1. All medications must be listed and signed by a physician, this includes both prescription and over the counter medications.
2. Medication sent to Hartley that are not listed and signed by a physician will not be administered.
3. Medication will be administer exactly as directed by the physician. Deviations from what is ordered will not be followed.
4. No medication will be given unless in an ORIGINAL PHARMACY PRESCRIPTION LABELED BOTTLE.
5. Different medications can not be combined in one bottle (even if same medication but a different dose).
6. Pills sent in baggies or envelopes will not be given.
7. Over the counter medications must be in the ORIGINAL PACKAGE with students name
8. Medications are kept locked in the nurses station unless otherwise noted by physician to allow child to carry with them (such as emergency meds like an Epi-Pen). Some medications may be carried by the teachers when doing outside activities.

I request and give permission for (name of child) \_\_\_\_\_ to receive the listed medications/treatments listed at school according to standard school district policies and for the physician/staff at school to share information needed to assist my child with medication needs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Physician Medication Authorization

To be completed by Physician ONLY

Please list all Prescription and non prescription that the child takes

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Medication #1	Dose	Time	Route/form
Reason for medication		Special instructions (side effects/adverse reactions)	

Medication #2	Dose	Time	Route/form
Reason for medication		Special instructions (side effects/adverse reactions)	

Medication #3	Dose	Time	Route/form
Reason for medication		Special instructions (side effects/adverse reactions)	

Use the back for additional medications if necessary

**Medications below are the "as needed" medications in stock at Hartley:**

**\*Please make necessary changes & CROSS OFF MEDS THAT ARE NOT TO BE GIVEN**

Medication	Medication
Acetaminophen 325mg (1) q6-8hrs PO	Ibuprofen 200mg (1) q6-8hrs PO
Acetaminophen 160mg chew q6-8hrs PO (given by weight guidelines on package)	Ibuprofen 100mg q6-8hrs PO (given by weight guidelines on package)
Acetaminophen 160mg/5ml liquid q6-8hrs PO (given by weight guidelines on bottle)	Ibuprofen 100mg/5ml liquid q6-8hrs PO (given by weight guidelines on bottle)
Benadryl 25mg q8-12hrs PO	Triple antibiotic oint topical
Benadryl 12.5mg/5ml liquid q8-12hrs PO (given by weight guidelines on bottle)	Cough drops (various brands) PO
Glucose paste or tablets to be given for symptomatic low blood sugar	Caladryl lotion (or generic equivalent) topical
Sting relief (or equivalent) topical (may contain Lidocaine)	Aloe Vera gel topical
Antacid chewable (1) reg. strength q4hrs	(some meds are available in pill, chewable & liquid forms based on child's needs)

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_