Guide for Parents & Guardians

We eagerly await the arrival of your child’s class! Here is a brief overview to familiarize you with the Glen Helen Outdoor Education Center and our Outdoor School experience.

History
Our center was founded in 1956, by two Antioch students. It has grown to include a central lodge, three student dorms, a craft building, a raptor center and staff living space. We are located in the beautiful 1,000-acre Glen Helen Nature Preserve, which has been declared a National Natural Landmark and a National Environmental Study Area by the National Park Service.

What is Outdoor Education?
Outdoor education means using the natural world as a classroom. We tie different aspects of learning together: classroom academic concepts, experience, activities, play, creativity and positive relationships. During a typical day, your child will have two major field trips in the Glen, which include activities centered on themes such as ecology, geology, or cultural history. They may also do crafts, music, sports, drama, and of course relax a little and enjoy hot meals. By developing a relationship with nature, students will gain a better understanding of themselves, their communities and the broader world around and within them.

What is positive youth development?
At Glen Helen, students have the opportunity to grow in understanding, kindness, independence, and perseverance. We understand that this may be the first time your child stays away from home, and we will provide a safe space for them to overcome challenges and learn valuable life lessons. Most students, after a week of working together outdoors, bring home a deeper respect for each other, their teachers, their parents or guardians, and the natural world.

Photo Release
Occasionally, we may take photos or videos of school groups doing activities, to use in marketing. By sending your child to camp, you authorize Glen Helen Outdoor Education Center to take and use photos for the purposes of marketing in print or electronic media, unless you opt out below. Students will never be identified by name.

If you do not want your child to be photographed or included in a video, please fill out and return the Photo Permissions form.

For many students, their time at Glen Helen is an unforgettable experience. Many adults tell us that their week at Glen Helen as a child was one of the most meaningful events of their school years! Thank you for sharing your child with us - we appreciate your support and are honored to partners in your child’s education.

Sincerely,

Michael J. Blackwell, Director, and the Staff of the Glen Helen Outdoor Education Center
Frequently Asked Questions for Parents and Guardians

Location
The Outdoor Education Center is located off of State Route 343 on the north side of Yellow Springs. Mail for students should be addressed to them at 1075 State Route 343, Yellow Springs, Ohio, 45387. The emergency telephone number is 937-767-7648.

Telephoning your Child
Students are not able to receive phone calls, except in emergencies. Students are not permitted to call home. However, parents and guardians will be notified immediately of severe behavior problems, accidents, or illnesses.

Supervision
Your child will be supervised closely by teachers and chaperones from your child’s school or by Outdoor Education Center staff at all times. Our qualified staff includes college or graduate students who come to Glen Helen from all over the country and even abroad. They all are trained to work with children, have current First Aid and CPR certification, and have undergone federal background checks.

Housing
The students are housed in comfortable dorms with electricity, central heat, clean restrooms and showers. Supervision in the dorms is provided by teachers and chaperones coming from your school.

Food
Please do not pack food with your child. Three complete meals are served each day, and your child will not go hungry. Parents may send supplemental food only if their child has medical dietary restrictions. Food should be sent with teachers and distribution is to be coordinated by teachers throughout the week.

Medical Assistance
In the case of accident or illness, a parent or guardian will be contacted immediately. Each staff member is certified in First Aid and CPR. We have basic first-aid supplies on site and are located just minutes away from Greene Memorial Hospital and Miami Township Fire and Rescue.

Student Insurance
Each child must be covered by some form of accident insurance before arrival at the Glen. If a personal or school policy is not in effect, the Center can provide the required insurance for 35¢ a day for the period of their stay. Contact your child’s teacher if you are interested.

Camp Store
We sell a variety of items at our Camp Store. If your child’s school chooses this option, a list of sample items and prices will be sent home. Students must bring the exact amount of money in cash in a sealed envelope labeled with their name.

Bed Bug Prevention
Bed bugs have become a problem throughout the country and central Ohio has been hit the hardest. We have a rigorous protocol to ensure that we do not have bed bugs here, including monthly inspections with dogs, regular physical inspections, and regular heat and Cemex
treatment, BUT the most important precaution you can take to protect your home is to wash and dry the things children bring home. This will protect your home in the unlikely event that they have picked up critters here.

Have your students pack two large plastic bags with their name in tape on the outside and we will pack their things for the return trip in these bags.

When students return home, parents should clean all travel items. Inspect items before you bring them indoors. It’s safest to hot wash and high setting tumble dry all items for 30 minutes. Items that cannot be placed in a washer/dryer should be placed in a black plastic bag and heated by the sun for a day or more before bringing them indoors.

Outdoor School Suggested Packing List

Field exploration is central to the Outdoor School experience, so your clothing choices can mean the difference between a great week, and a very uncomfortable one. If you don’t have some of the essential items, you can substitute or improvise: Ponchos can be used as raincoats, two sweaters and a windbreaker can serve as a heavy jacket.

Remember that you’ll be carrying ALL OF YOUR OWN LIUSSAGE, so don’t bring more than you can carry up a small hill, through gravel, in one trip!

**Essentials**

**Bedding**
- Pillow + Fitted twin sheet + sleeping bag. Please bring 2 extra trash bags labeled with your name to place bedding in when you leave.

**Clothing** (all should be marked with name tapes or indelible ink; SEE COLD WEATHER CONSIDERATIONS ON FOLLOWING PAGE!)
- 1 pair pajamas (appropriate for the season)
- 1 waterproof raincoat or poncho
- 3-4 pairs underwear
- 4 shirts
- 2 pairs of pants

**Footwear**
- 1 pair sturdy shoes
- 1 pair other shoes (sandals for shower)
- 1 pair sturdy shoes or boots
- 4-5 pairs socks (you can never have too many socks!)

**Toiletries**
- 1 reusable water bottle
- 1 small daypack to carry during hike lessons
- 1-2 towels + washcloths
- Soap in a box
- Shampoo + conditioner
- Toothbrush + toothpaste
- Comb/brush
- Lip balm
- Deodorant
- Cloth napkin for mealtimes (we do not use paper napkins!)
Optional
Bathrobe, slippers, compass, camera, binoculars, small field notebook, quiet games for
dorm time, tissues, non-aerosol bug spray, sunscreen

Do NOT bring: Weapons of any kind (including pocket knives), electronics of any kind
(including cell phones, iPods, radios, hand-held games), money (other than Campstore),
hair dryer/curling irons/straighteners, chewing gum, candy

Cold Weather Considerations (Late October – Early March)

During colder months, preparation is key to staying warm, dry, and happy! The key to dressing
in the cold lies in LAYERS:

- Wicking Layer – closest to the body, wicks away sweat and moisture. Try to avoid cotton
  on this bottom layer!
- Warmth Layer – fleeces, wool sweaters, and sweatshirts to insulate you. Can be 1 or a
  few, depending on how cold it is.
- Weatherproof Layer – something water- and wind-proof to keep the elements out.

Don’t forget your head and hands! Hats and gloves are VERY IMPORTANT in the colder months.

In Fall or Winter, please add or substitute the following to your clothing list:

☐ 1 warm hat or ear covering (very important!)
☐ 1 winter coat or fall jacket
☐ 1 set of long underwear or extra pairs of warm pajamas for layering purposes
☐ 1-2 pairs warm mittens or gloves
☐ 3-5 pairs warm socks, wool is best (in cold months, socks are extra important!)
☐ 1-2 sweatshirts or sweaters
☐ 1 pair waterproof boots that can fit with wiggle room over 1-2 pair of socks
# GLEN HELEN OUTDOOR SCHOOL HEALTH FORM

School ___________________________ Grade ________

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birthdate</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

Street Address ____________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Parent/Guardian 1 __________________________ Guardian Reside at the Address Listed Above? Y / N

<table>
<thead>
<tr>
<th>Phone (H)</th>
<th>Phone (C)</th>
<th>Phone (W)</th>
</tr>
</thead>
</table>

Parent/Guardian 2 __________________________ Guardian Reside at the Address Listed Above? Y / N

<table>
<thead>
<tr>
<th>Phone (H)</th>
<th>Phone (C)</th>
<th>Phone (W)</th>
</tr>
</thead>
</table>

Emergency Contact Other Than Parent/Guardian ________________________________________________

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Phone (H)</th>
<th>Phone (W)</th>
</tr>
</thead>
</table>

## HEALTH HISTORY

Child’s Physician __________________________ Phone __________________________ Date of Last Visit __________

Are Immunizations up to date? __________ Date of Last Tetanus __________ Date of Hepatitis B Vacc. __________

### Please Check All Past and Present Health Concerns

<table>
<thead>
<tr>
<th>ADD</th>
<th>Bedwetting</th>
<th>Hemophilia</th>
<th>Nightmares</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Diabetes</td>
<td>High Blood Pressure</td>
<td>Psychiatric</td>
</tr>
<tr>
<td>Allergies</td>
<td>Eating Disorder</td>
<td>Hypoglycemia</td>
<td>Sleepwalking</td>
</tr>
<tr>
<td>Asthma</td>
<td>Hearing Loss</td>
<td>Insomnia</td>
<td>Seizures</td>
</tr>
<tr>
<td>Athletes Foot</td>
<td>Heart Disease/Defect</td>
<td>Muscular Disorder</td>
<td>Ulcers</td>
</tr>
</tbody>
</table>

If checked, please provide any necessary additional information ________________________________________________________________

Please explain any recent infectious disease ________________________________________________________________

Please list all **allergies** (food, drug, medicine or other) and reactions ________________________________________________________________

So that we can meet your child’s **dietary needs**, please share any dietary restrictions, food sensitivities: __________

Any limitations for your child’s physical activity? __________

Are there any other behavioral or medical concerns we should be aware of? __________
MEDICAL INSURANCE
Name of Medical Insurance Company______________________________________ Phone Number______________
Address____________________________________________________________________
Name of Policy Holder______________________________________________________
Policy Number_________________________ Group Number____________________

All students are required to have coverage by accident and illness insurance during their stay. This insurance can be provided through the policy that Glen Helen has with the Special Markets Insurance Consultants, Inc.

Will this child be insured by the Accident/Illness policy offered through Glen Helen?  Y / N
If yes, please make arrangements for coverage and payment with the coordinating teacher at your child’s school.

MEDICATIONS
IMPORTANT: The Outdoor Education Center's first aid cabinet is stocked with first aid supplies, over-the-counter medications, and treatments for minor afflictions. Are there any over-the-counter medications or treatments that your child may NOT have due to allergy or parental/guardian preference? ________________

Please list all prescription and non-prescription medications being brought to Glen Helen.

- A physician's signature is required if prescription medications are to be administered at Glen Helen.
- We recommend that your child is examined by his or her physician before arrival at Glen Helen.
- For both prescription and non-prescription medications, a physician's explanation and signature are required if the dosage or schedule to be followed is different from the prescription or manufacturer's dosage or schedule.
- For prescription medications, the medications must be in their original containers and the child's name, dosage and schedule listed on the original container must be correct.
- For non-prescription medications, the medications must be in their original containers and the dosage and schedule on the container will be followed.

Name of Medication ___________________________ Dosage and Schedule ___________________________ Purpose of Medication ___________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physician's Signature ___________________________ Date __________ Phone __________
(Required only if there are prescription medications or dosage variations on prescription or non-prescription meds.)

PARENT/GUARDIAN AUTHORIZATION (signature required for attendance)
The information contained in this form is correct, to the best of my knowledge, and the child described herein has permission to engage in all Glen Helen Outdoor Education Center activities, except as noted. I hereby consent to the following:

- authorization for consent for treatment may be given by any teacher or administrator of my child’s school or school district or by the Outdoor Education Director or Assistant Director, any of whom may sign all documents necessary to obtain such treatment;
- the administration of any and all necessary medical treatment by a licensed physician or dentist either at his/her office or at a hospital;
- and the transfer of the minor, if necessary, to a specialty hospital, such as children’s hospital.

I understand that the parent/guardian is fully responsible for the child’s transportation if he/she is dismissed for disciplinary, behavior, or medical reasons. I absolve Glen Helen Outdoor Education Center and all of its employees of any and all liability, financial and/or otherwise arising from participation in the Outdoor Education Center program and/or the administration of medication to the child named herein under the terms of this release. I understand that Glen Helen Outdoor Education Center is not responsible for payment for any medical expenses incurred during participation in the program.

X Signature of Parent or Legal Guardian ___________________________ Date __________

1075 State Route 343 | Yellow Springs, OH 45387 | 937/767-7648 | www.glenhelen.org
Anaphylaxis Emergency Action Plan

Patient Name: ___________________________ Age: ____________

Allergies: _______________________________________________________

Asthma ☐ Yes (high risk for severe reaction) ☐ No

Additional health problems besides anaphylaxis: ___________________________

Concurrent medications: _____________________________________________

Symptoms of Anaphylaxis

MOUTH itching, swelling of lips and/or tongue
THROAT* itching, tightness/closure, hoarseness
SKIN itching, hives, redness, swelling
GUT vomiting, diarrhea, cramps
LUNG* shortness of breath, cough, wheeze
HEART* weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.
*Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
   ☐ Adrenaclick (0.15 mg) ☐ Adrenaclick (0.3 mg)
   ☐ Auvi-Q (0.15 mg) ☐ Auvi-Q (0.3 mg)
   ☐ EpiPen Jr (0.15 mg) ☐ EpiPen (0.3 mg)
   Epinephrine Injection, USP Auto-injector- authorized generic
   ☐ (0.15 mg) ☐ (0.3 mg)
   ☐ Other (0.15 mg) ☐ Other (0.3 mg)

Specify others: _______________________________________________________

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home________________ work____________ cell____________
   Emergency contact #2: home________________ work____________ cell____________
   Emergency contact #3: home________________ work____________ cell____________

Comments: ___________________________________________________________

_____________________________________________________________________

Doctor’s Signature/Date/Phone Number

Parent’s Signature (for individuals under age 18 yrs)/Date

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information, visit www.aaaai.org. © 2013 American Academy of Allergy, Asthma & Immunology
OUTDOOR SCHOOL CAMPSTORE ORDER FORM

Camper Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Size</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hooded Sweatshirt (green or navy)</td>
<td>(Youth M-L, Adult S-XL)</td>
<td></td>
<td>$36.00</td>
<td></td>
</tr>
<tr>
<td>T-shirt (green, blue, or orange)</td>
<td></td>
<td></td>
<td>$15.00</td>
<td></td>
</tr>
<tr>
<td>Green Baseball Hat</td>
<td></td>
<td></td>
<td>$15.00</td>
<td></td>
</tr>
<tr>
<td>Stainless Steel Water Bottle</td>
<td></td>
<td></td>
<td>$15.00</td>
<td></td>
</tr>
<tr>
<td>Blue Drawstring Backpack</td>
<td></td>
<td></td>
<td>$15.00</td>
<td></td>
</tr>
<tr>
<td>Lanyard</td>
<td></td>
<td></td>
<td>$6.00</td>
<td></td>
</tr>
<tr>
<td>Zoo Book: spiders, nocturnal animals, snakes, birds of prey, butterflies, deer, animal babies, hummingbirds</td>
<td>book choice:</td>
<td></td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td>Sticker Book: butterflies, birds of prey, wildflowers, snakes, insects, forest animals</td>
<td>book choice:</td>
<td></td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td>Hand Lens</td>
<td></td>
<td></td>
<td>$2.00</td>
<td></td>
</tr>
<tr>
<td>Wristband</td>
<td></td>
<td></td>
<td>$2.00</td>
<td></td>
</tr>
<tr>
<td>Postcard with Stamp</td>
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<td></td>
<td>$1.25</td>
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<tr>
<td>Postcard</td>
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<td></td>
<td>$1.00</td>
<td></td>
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<tr>
<td>Pencil</td>
<td></td>
<td></td>
<td>$0.50</td>
<td></td>
</tr>
</tbody>
</table>

Total purchase price: _________________________

The Glen Helen Campstore is open at 3:30pm on arrival day only. Please send your student with this order form and the exact amount of cash (no checks please) in a sealed envelope with your child’s name clearly marked on the outside. We will do our best to accommodate size and color choices.

Thank you!
Photo Permissions Form

Occasionally, we may take photos or videos of school groups doing activities to use in marketing. Students will never be identified by name. By sending your child to camp, you authorize Glen Helen Outdoor Education Center to take and use photos for the purposes of marketing in print or electronic media. If you do NOT want to have your child photographed or videotaped, simply sign below and we will ensure that no pictures are taken of them.

☐ I do NOT want my child to be photographed or videotaped while they are at Glen Helen Outdoor Education Center.

Signed: ___________________________________________ Date: _____________________