

THIS FORM STAYS AT YOUR SCHOOL ADMINISTRATIVE OFFICE!

CAMP TAMARACK OUTDOOR SCHOOL PRE-ARRANGED ABSENCE AGREEMENT



Volunteer Name: _____

Dates of Absence: _____ - _____ 2024

School: _____

Before endorsing a high school student to attend Outdoor School, please read the following:

Camp Tamarack utilizes a model, which incorporates trained high school Student Leaders as educators, mentors, and counselors for our Outdoor School. We expect high school volunteers to have shown responsibility, leadership abilities, and motivation to be positive role models for younger students in community and science activities. Without the support of high school volunteers, Camp Tamarack would not be capable of providing the beloved 5th-grade Outdoor School experience our community greatly values. All students participating in this experience will work with an adult staff mentor at camp, receive volunteer hours of community service, and a written evaluation at the end of the session, and some students receive school credit depending upon school of attendance.

Should you have any concerns about the student's ability to perform the duties as described, please contact Morgo "Dice" Yon at (541) 390-4182 or dice@camptamarack.com

Students volunteering at Camp Tamarack are provided **at least one hour each day** where they are not instructing, supervising, or caring for 5th-grade students. While this time may be used to accomplish assigned coursework, the expectation is set that students engage fully with our program and learn during teaching, field science, and leadership experiences on-site. We hope to support students in their academic achievements and growth, but students maintain responsibility for finding a balance in their homework, etc.

1st Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	2nd Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
3rd Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	4th Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
5th Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	6th Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
7th Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	8th Period	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove

Volunteer Name Written

Volunteer Signature

Caregiver Name Written

Caregiver Signature

School Principal (for RHS and RVHS only)

School Principal Signature (for RHS and RVHS only)

or

or

School-to-Career Counselors Name (all other schools)

School-to-Career Counselors Signature (all other schools)

TURN IN ALL FORMS VIRTUALLY THE MONDAY BEFORE CAMP:

NEW: THE ABOVE FORM IS LEFT WITH YOUR SCHOOL ADMINISTRATIVE OFFICE. ALL FORMS BELOW MUST BE SUBMITTED VIRTUALLY VIA TEXT OR EMAIL THE MONDAY BEFORE YOUR SESSION.
 Text forms to (541) 390-4182 or email forms to dice@camptamarack.com

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FOR VOLUNTEERS: Please understand that without submitting the above absence form or forms not meeting high school excuse criteria, will be considered **UNEXCUSED**. Understand there is no guarantee the loss of attendance will not impact grades or overall academic progress. Understand if absences are determined to be UNEXCUSED, teachers reserve the right to not award credit for school work missed during this time.

Period	Class / Course Title	Instructor Signature	‡ Assignments During Absence <i>(Should Teachers require, additional assignments may be listed on the back of this page.)</i>
1			
2			
3			
4			
5			
6			
7			
8			
School Principal (for RHS and RVHS only) or School Counselors Name (all other schools)			

Volunteer Signature

Caregiver Signature

School Principal Signature (for RHS and RVHS only)
 or School-to-Career Counselors Signature (all other schools)

HEALTH HISTORY FORM

For you to attend Camp Tamarack, *all of the information* on this form must be complete each time that you come to camp! All medication will be collected and administered by our Medical Director.

Volunteer Name		Age	
Complete Street Address	<small>(Street)</small>	Birthday	/ /
	<small>(City) (State) (Zip)</small>	Gender	
Primary Caregiver		Relationship	
Secondary Caregiver		Relationship	
Phone Number	<small>Circle One: (Work) (Cell) (Home)</small>	Alt. Phone #	
Emergency Contact <small>(If neither Caregiver can be reached)</small>		Relationship	
		Phone #	
Authorized Pick Up <small>If necessary</small>		Phone #	

Health Information:

Please list any recent medical concern/condition/injury/exposure to illness/hospitalization: _____

Specify any activities that are not allowed or any activity restrictions i.e. strenuous hiking: _____

Please check "yes" or "no" for the following medical conditions. Use the space underneath to explain any checked "yes."

Yes	No	Medical Condition	Yes	No	Medical Condition
		Allergies?			Hay Fever?
		Asthma or Breathing Conditions?			Sleepwalking?
		Bowel/Bladder Problems?			Recent Physical Injury?
		Diabetes?			Seizure Disorder?
		Skin Conditions?			Vision/Hearing Conditions?
		Heart Conditions?			Recent Illness or Hospitalization?

*Please provide more specific information about any identified medical conditions: _____

MEDICATION INFORMATION

For the relief of minor health issues that might temporarily affect your child while at Camp Tamarack the camp maintains a supply of common over-the-counter medications at the site.
These medications will be administered by our on-site Medical Director.

Volunteer Name: _____

IF you do NOT want your child to take any of these medications: CROSS THEM OUT

Medication	Used For:	Medication	Used For:
Aloe Vera gel	Burns/ sunburns	Ibuprofen	Headache, minor pain, fever
Bacitracin Cream	Antibiotic for cuts	Cough Drops	Sore throat, cough
Petroleum Jelly (Vaseline)	Chapped skin, dry lips	Polyethylene Glycol (Miralax)	Constipation
Calcium Carbonate (Tums)	Upset stomachs, heartburn	Acetaminophen (Tylenol)	Headache, minor pain, fever
Diphenhydramine (Benadryl)	Allergic reactions	Anti-Itch Cream (Diphenhydramine)	Bug bites, minor skin rashes

Epinephrine - a prescription medication that is kept on-site for use in the event of a life-threatening allergic reaction.

I authorize Camp Tamarack’s Medical Director to administer these medications.

Caregiver Signature

Date:

Bringing Medications to Camp Tamarack

1. All medications must be in their ORIGINAL containers.
2. The following chart must be filled out for EVERY medication brought to camp
3. The chart MUST align with the prescription label or the dosage provided. If not, a doctor’s note will be needed for changes to the dosage or time.
4. Please include inhalers, auto-injectors, and other as needed medications.

Name of Medication	Dosage	Frequency (as needed? Once a day? Twice a day?)	Time of Day (Breakfast, Lunch, Afternoon, Dinner, Bedtime, etc.)	Purpose

I authorize my child to self-administer their INHALER or AUTO INJECTOR:

Caregiver Signature

Date:

I authorize Camp Tamarack’s Medical Director to administer my child’s medications:

Caregiver Signature

Date:

PERMISSION TO TREAT and MEDICAL AUTHORIZATION

Volunteer Name: _____

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN BELOW.

- I, _____, caregiver of the child named above, give consent for my child to attend Camp Tamarack. As a caregiver, I acknowledge that injuries may occur as a result in the participation of Camp Tamarack, and I accept that consequence. I hereby authorize Camp Tamarack medical staff or other appropriate camp personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with Camp Tamarack.

Caregiver Signature

Date:

OR

- I DO NOT want any type of medical treatment provided to my child.

Caregiver Signature

Date:

VOLUNTEER RELEASE and DIRECTORY INFORMATION

Liability Waiver: Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions, and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water, and shelter, and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

In consideration of the acceptance of my application, I, my heirs, executors, administrators, and assignees, waive, release, and discharge Camp Tamarack, its officers, directors, trustees, employees, agents, and any other personnel officially connected with this camp from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I understand that the aforementioned activity involves risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity and that should I become injured, emergency medical treatment from a hospital or physician may be delayed because we are in an area that is remote and many times inaccessible by conventional methods of transportation and care, such as ambulances.

Caregiver Signature

Date:

Permission for Photographs: I give permission to Camp Tamarack and/or other partners to use photos and videos for educational and for print and online promotional purposes of my child participating in all program activities unless I have otherwise noted below. I understand that as part of their educational experience, digital images of program participants are linked to the Camp Tamarack website (www.camptamarack.com).

Caregiver Signature

Date:

CAMP TAMARACK OUTDOOR SCHOOL VOLUNTEER CODE OF CONDUCT

In order to protect Camp Tamarack Staff, Counselors and all program participants – at no time during a Camp Tamarack program may a Counselor be alone with a single child where they cannot be observed by others. As Counselors supervise children, they should arrange themselves in a way that other Staff/Counselors can see them at all times.

Counselors shall never leave a child unsupervised.

Counselors should conduct or supervise private activities in pairs. When this is not feasible, Counselors should be positioned so that they are visible to others.

Any type of abuse will not be tolerated and will be cause for immediate dismissal. Counselors shall not abuse any program participants including physical abuse – striking, spanking, shaking, slapping, verbal abuse – humiliation, degrading, threatening, sexual abuse – inappropriate touching or verbal exchanges, mental abuse – shaming, withholding love; cruelty, and/or neglect – withholding food, water, basic care, etc.

Counselors must use positive techniques of guidance towards all program participants, including verbal redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism.

Counselors will have age-appropriate conversations (for 8- 12-year-olds), and expectations, and set up guidelines and environments that minimize the need for correction or discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.

Counselors will respond to all program participants and all program participants with respect and consideration. All program participants are treated in an equitable, safe, and affirming manner regardless of sex, race, religion, country of origin, language spoken, ability, gender identity, or sexual orientation.

Counselors will refrain from intimate displays of affection of any kind toward others at Camp Tamarack.

Using, possessing, or being under the influence of alcohol, drugs, or any substances at Camp Tamarack will result in the removal from the site and subsequent punishment.

Profanity, sharing intimate details of one’s personal life, sexual orientation, and any kind of harassment in the presence of program participants.

Counselors must be free of physical and psychological conditions that might adversely affect children’s physical or mental health.

Under no circumstances may a Counselor post identifying information or photos of children on their personal web page or any other public domain on the internet not authorized by Camp Tamarack.

Counselors shall not initiate contact with children online in any manner, including (but not limited to) email, all forms of social media, personal web pages, and other public domains on the internet not authorized by Camp Tamarack. If a Counselor is contacted by a child, the Counselor can choose to respond either by ignoring the overture or sending a brief reply indicating that online communication with children is not allowed.

I understand that as a Volunteer Counselor at Camp Tamarack, I am responsible for following these rules and I have taken the time to go over them with my caregiver. Sign below to demonstrate it is understood any violation of this Code of Conduct may result in immediate termination, communication with school districts to establish appropriate consequences, and notification of legal guardian(s).

Caregiver Name Printed:	Caregiver Signature:	Date:
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Volunteer Name Printed:	Volunteer Signature:	Date:
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