



FOOTHILL HORIZONS OUTDOOR SCHOOL COUNSELOR APPLICATION PACKET

NAME: _____ SCHOOL: _____ GRADE: _____

Please check the categories below that describe you:

Like working with kids	_____	Can live without a cell phone	_____
Enjoy hiking and being outdoors	_____	Can work with adults	_____
Can be responsible for kids 24 hours / day	_____	Can miss a week of school	_____
Can function well with a lack of sleep	_____	Can be a teacher's aide	_____
Can be an appropriate role model	_____	Like singing and laughing	_____

Checking most of the categories above suggests that you have what it takes to be a counselor!

HOW TO APPLY CHECKLIST:

- ☐ Fill out this entire application and get all necessary signatures:
 - ☐ One of your teachers or school counselor must sign page 2.
 - ☐ You must sign pages 3 & 4.
 - ☐ A parent must sign pages 4 & 5. And page 7 if you take medications.
 - ☐ Your doctor needs to sign page 7 if you take medications.
- ☐ Tell your school your preferred week and any dates that you cannot participate.
- ☐ If a 6th grade teacher requested you to attend, tell your school, and give them the dates (if you know). This does not ensure that you'll attend together.
- ☐ Return this completed application to your school counselor to be considered.
- ☐ Your high school will tell you when you're assigned, what to bring, etc.
- ☐ All high school students *must* ride the bus. Graduates may drive themselves.
- ☐ If you are a graduate and are over 18, you do not need additional signatures.
- ☐ **Bring this completed application with you to Foothill Horizons.**

IF YOU TAKE MEDICATION:

If you need to take any medication while you're at Foothill Horizons (including Advil) you **must** have the *Request for Administration of Medication* form at the back of this application signed by both your doctor and your parent. This includes prescription & over-the-counter medications like motrin, tylenol, cough drops, vitamins, etc. If you have questions, call us at 532-6673.

COUNSELOR INFORMATION

Name: _____ Year In School: JUNIOR SENIOR
(Please circle one)

School: _____ Date: _____

Age: _____ Birth Date: _____ Female: _____ Male: _____
(month/day/year)

Home Address: _____ Phone: _____
(Street number / name) (City / Zip)

Mailing Address: _____ Email: _____
(If different from above) (Street or P.O. Box) (City / Zip) (PLEASE PRINT)

Parent / Guardian Names: _____
(PLEASE PRINT)

Parent / Guardian Address: _____
(If different from above) (Street number / name) (City / Zip)

Parent / Guardian:
Home Phone: _____ Cell Phone: _____ Work Phone: _____
(Area Code / Number) (Area Code / Number) (Area Code / Number)

Applying for: FALL SESSION _____ SPRING SESSION _____

Requested by: _____ Dates requested _____
(Teacher / School)

Have you participated in this program before? Yes _____ No _____ If yes, when? _____

Please indicate the days / weeks you **CANNOT** participate: _____

TO BE COMPLETED BY THE SCHOOL COUNSELOR OR FACULTY MEMBER:

To the best of my knowledge, this student is in good or excellent academic standing, has an excellent attendance record, has the ability to miss a week of school, exercises sound judgment and will serve as a positive role model for 6th grade students. I have told this student where they can find more information - on the foothillhorizons.com website.

Print your full name

X _____
Sign your full name

Date

TO BE COMPLETED BY THE STUDENT:

1. How did you find out about being a counselor?
2. Why are you interested in being a counselor?
3. *Students will rely on your leadership and attention...*
 - (a) Have you had experience working with children?
 - (b) What do you look forward to about working with children?
4. Students will look up to you as a role model. (a) Describe someone that *you* looked up to when you were a sixth grader. (b) What made that person great?
5. What kinds of careers or plans are you considering for your future?
6. How will being a counselor help you meet your goals?

TO BE COMPLETED BY THE STUDENT:

I am volunteering as a counselor at Foothill Horizons Outdoor School. I understand I will not be paid except that I will receive room, board and health and accident insurance. I understand I will be living with students and will go with them on trips and activities. I will follow all rules and regulations set forth by the School Director, and understand I will be expelled from the program if I do not. I have read the information on what to pack, what not to bring, and the dress code on the Foothill Horizons website.

X _____ Date: _____
(Student signature) PLEASE USE INK

FOOTHILL HORIZONS OUTDOOR SCHOOL COUNSELOR CONTRACT

****Counselors must sign and have a parent/guardian
sign the bottom of this contract. ****

Student, please read and **initial** each of the statements below:

- _____ I will be a positive role model for the visiting students and fellow counselors the entire length of my stay at Foothill Horizons.
- _____ I will provide 24-hour supervision for students, keep my group together and keep students safe and accounted for.
- _____ I will protect students from bad language, unsafe activities, and scary stories. I will not discuss race, religion, sex, politics, or my personal life with students.
- _____ I will communicate to Foothill Horizons staff or visiting teachers any difficulties I am having with students including discipline matters, injury, or sickness.
- _____ I will not bring alcohol, tobacco, or illegal drugs to Foothill Horizons.
- _____ If I bring a cell phone or any other electronics, I will turn them in upon arrival to be stored in a lockbox until I depart. I will not bring hair dryers or curling irons.
- _____ Any snacks I bring for my time off will be stored in the staff office. I will not share the food I bring with students. I will not chew gum in front of students.
- _____ I will enforce all school rules and policies, for myself as well as others, including the Outdoor School Dress Code
- _____ I will never physically punish or verbally abuse a child; I will never leave my students alone.
- _____ I understand that for my protection I will not touch children of the opposite sex.
- _____ I will not post photographs taken of students, teachers or staff at Foothill Horizons on the internet, including but not limited to Facebook, Twitter, Instagram, or personal blogs.
- _____ I understand that photographs & videos of me may be used on the official school website or in official school literature, and that I will not be monetarily compensated.
- I have read and agree to the responsibilities listed above.
 - I understand I am subject to suspension for violating any of the above statements.
 - My parents and I understand that they must transport me home if I am suspended.
 - I know that my parents, school counselor & principal will be called if I violate this contract.

_____ X _____
Print your full name **Sign your full name** **Date**

_____ X _____
Print Parent/Guardian's Name **Parent/Guardian's Signature** **Dat**

PARENT PAGE

Your son or daughter has volunteered to be a counselor at Foothill Horizons Outdoor School. Please fill out and sign this page and sign the bottom of page 4. If your child is bringing any prescription or over-the-counter medication, page 7 must be completed and signed by a doctor and parent.

Counselors gain valuable leadership and educational experience by living with and leading 6th grade students at Foothill Horizons Outdoor School. The counselor's responsibility is to be a positive role model and to assist teachers during classes and field trips. Foothill Horizons staff supervises counselors during their stay. Meals, transportation and secondary insurance are provided. Counselors must bring bedding or a sleeping bag, a pillow, a towel, toiletries and appropriate clothes. All counselors will receive a letter of recommendation/evaluation once they complete their week.

- Complete the attached forms and return them to the office of your son/daughter's school.
Parent signatures are required at the bottom of this page & on the Counselor Contract (p. 4) And on page 7 for medication administration, along with your physician's signature.
- Please visit our webpage at: www.foothillhorizons.com
- The address of Foothill Horizons Outdoor School is: Telephone: (209) 532-6673
21925 Lyons Bald Mountain Road, Sonora, CA 95370 Fax: (209) 533-1390

PARENTS: Please read carefully and sign:

- AUTHORIZATION -

I hereby give permission for my son/daughter to participate as a counselor in this program. **Should my son/daughter not comply with the rules at Foothill Horizons, I understand he/she will be dismissed from the program and that I will be responsible to transport my son/daughter home.**

In the event of an emergency, I hereby give permission for a licensed physician to treat my child. In the event that first aid must be rendered, I also give my permission for a staff member certified in first aid to administer proper care. I understand that if it is determined that my child has a communicable disease or evidence of lice or nits I will be required to transport him/her home.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to photograph, record or videotape my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to any cause of action related to invasion of privacy.

X

Signature of parent/legal guardian (PLEASE USE INK)

Date

Emergency Contact:

Name, address and telephone number(s) of a person who, in an emergency, can find you or accept responsibility for your child:

(Name)

(Relationship)

(Home Area Code/Number)

(Street)

(City/Zip)

(Work & Cell Area Code/Numbers)

COUNSELOR HEALTH INFORMATION

PARENTS: Please answer every question.

1. Does your child have any health problems that might require immediate attention, such as asthma, diabetes, convulsive seizures, etc.? _____ If yes, please explain: _____

2. Does your child have any **serious allergies** to any food, medicine, insect stings, or other substance? _____ If yes, please give complete details about what s/he is allergic to:

Is this allergy life threatening? ____ yes ____ no **Epi Pen needed?** ____ yes ____ no

3. Has your child been immunized against tetanus? _____ If yes, when was the last booster given? (Date) _____ (Usually given as DPT: diphtheria, pertussis, and tetanus before age six or DT: diphtheria and tetanus after age six.)

4. Are there any foods your child CANNOT eat? _____ If yes, please explain or attach a diet list and call the Outdoor School Kitchen in Sonora at (209) 532-6673. If your child is a vegetarian, please indicate this and what types of foods he/she does not eat:

5. Is there any known reason why this student's physical activity should be limited in any way? If yes, please explain **fully**: _____

6. Please list your child's physician and the physician's phone number below:

Dr.'s Name: _____ Dr.'s Phone #: _____

7. Is your child covered by health insurance? _____ If yes, please list the carrier and policy number below:

Carrier: _____ Policy #: _____

8. Is your child required to take medication regularly? _____ Or only as needed? _____
If yes to either, please sign page 7 and have page 7 completed & signed by a physician.

Parents: if your child takes any medications you must have page 7 completed & signed by a physician and parent. This includes prescription & over-the-counter medications like Advil, Tylenol, cough drops, vitamins, etc.

REQUEST FOR ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673

Student: _____ Birth Date: _____ Male__ Female__

School: _____ Teacher: _____ Grade: _____

Parents: please see instructions on opposite side. Make copies if more than one medicine is required.

TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Medication name: _____ Strength (mg, ml, mcg): _____

Dose (# of tabs, puffs, etc.): _____ Method of Administration: _____

Time of Administration (circle if appropriate): 8:20 am noon 6:20 pm 9 pm Other: _____

Start: __ immediate __ other date: _____ Stop: __ end of year __ other date/ duration: _____

☐ PRN (prescribed as needed): symptoms _____

Reason for Medication: _____ Special storage requirements: __refrigerate __none

Restrictions and/or important side effects: __none anticipated __yes—please describe: _____

REQUEST FOR SELF-ADMINISTRATION OF INHALERS AND EPI-PENS

(Only for auto-injectable epinephrine or inhaled asthma medication)

This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication. __ Yes—unsupervised __ Yes—supervised __ No—please indicate why: _____

This student may carry medication: __ Yes __ No Please indicate additional information: _____

Health Care Provider's Name: _____

Health Care Provider's Signature: X _____ Date: _____

Address: _____ Phone #: () _____

TO BE COMPLETED BY PARENT OR GUARDIAN

PARENT/GUARDIAN CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL

Parent(s)/guardian(s) of _____, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container.

Parent/Guardian Signature: X _____ Date: _____ Phone #: () _____

PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION

(Only for auto-injectable epinephrine or inhaled asthma medication)

I hereby consent for my child, _____, to self-administer the following medication while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

Please check appropriate medication: __ Inhaled asthma medication __ Auto-injectable epinephrine

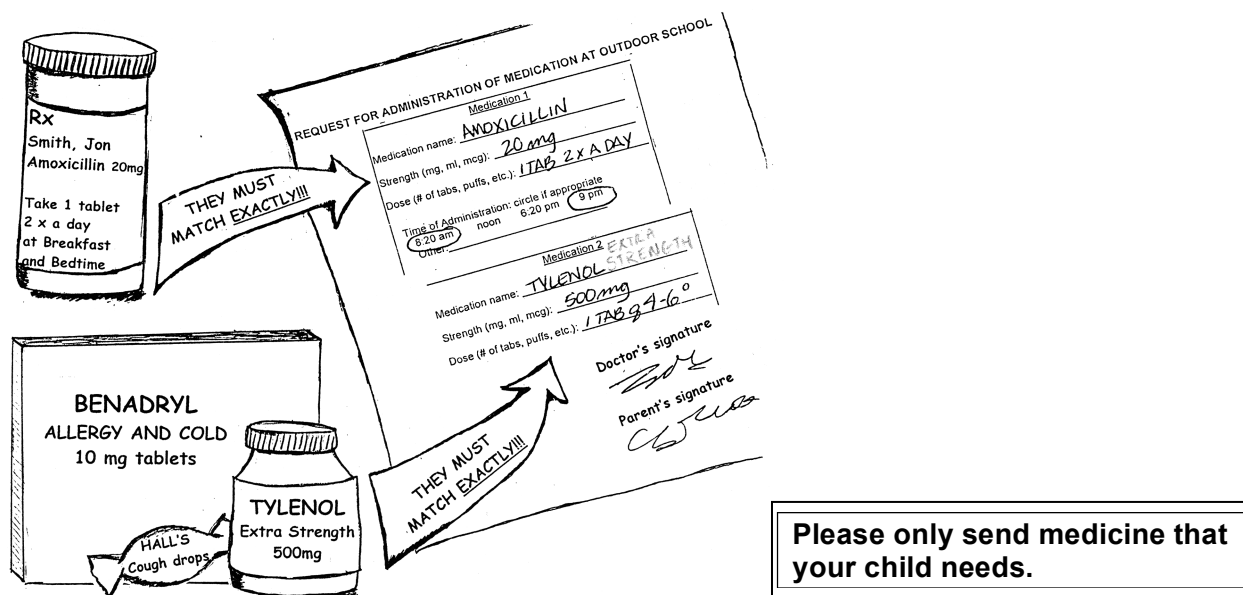
Parent/Guardian Signature: X _____ Date: _____ Phone #: () _____

Reviewed by School Nurse: X _____ Date: _____

Continued on back

PARENTS: If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed take the medication while they attend Foothill Horizons.**

1. Have your child's Health Care Provider (H.C.P) fill out the appropriate form(s). The label on the medicine and what the H.C.P writes on the form must match exactly. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P's prescription. **The Health Care Provider must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. **All medication forms must have a parent/guardian's signature.** Check that you have signed the paperwork.
3. Put all your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name and school on the bag. Have the school nurse check the medication and paperwork prior to the departure day. Give the labeled bag of medicines to your child's teacher on the departure day.



California Code of Regulations, Title 5, Education Article 4.1: Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day

§600. Authorization

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

CEC. 49423. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b)

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

CEC. 49423.1. (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.

COUNSELOR DRESS CODE:

Counselors must be dressed appropriately for hiking and outdoor activities that include crawling on rocks and sitting on the ground. Bring clothes that are appropriate for school and the outdoors. **DO NOT BRING YOUR BEST CLOTHES.** Counselors who display inappropriate attire will be asked to change. **Disregard of this dress code may result in disciplinary action.**

Counselors please follow these guidelines:

- Clothing must cover the shoulders, midriff and undergarments at all times.
- Shorts are at least fingertip length or longer.
- Hats or visors are worn with the bill facing forward only.
- Sandals or slippers are worn only in the dorm building.
- Pajamas are worn only in the dorms.

Clothing *not* to bring:

- Clothing associated with gangs, i.e. bandanas.
- Baggy pants, pants are to be worn at waist.
- Tank tops or low cut tops or tops that show the midriff & lower back.
- Clothing or items that contain offensive or vulgar writing or images, references to drug/sex, or alcohol/tobacco advertising.
- Skintight, activewear, yoga pants, or shorts

PACKING LIST:

Bedding: Sheets/blankets or a sleeping bag, and a pillow

Clothing: SEE ABOVE, and only bring what you are willing to get **dirty** & remember it can be much **colder** in Sonora! Suggested items:

- Socks and underwear
- T-shirts (no tank tops, low cut or revealing tops, no bare midriffs or lower backs, no inappropriate messages)
- Shorts (at least finger tip length) (spring and fall only)
- Long pants and belt (no baggy pants please)
- Long sleeve shirt or sweatshirt
- Shoes/hiking boots (2 pairs in case one gets wet)
- Jacket and/or raincoat (a sweatshirt will not be enough)
- During winter months, bring gloves, mittens, a beanie, and a warm coat.

Equipment:

- Watch (You won't have your phone)
- Water bottle
- Sunscreen/chap stick
- Camera (optional, not a phone)
- Musical instruments (optional)

Toiletries:

- Soap & shampoo
- Toothbrush and toothpaste
- Comb or brush
- Towel & washcloth

Cell phones will be kept in a lock box during your stay.

Please do not bring:

- iPods, MP3 players, electronic games or knives
- Hair dryers or curling irons
- Any tobacco, alcohol, or illegal substances
- Do not bring money or valuables EXCEPT exact change for a:
Foothill Horizons T-shirt (\$14), hat (\$13), or hooded sweatshirt (\$28).

QUESTIONS? Please visit www.foothillhorizons.com or call Diann at 532-6673