

## Chaperone Packet

Release forms need to be copied and distributed to all chaperones, then collected by the lead teacher from your school and returned to IslandWood at *least* two weeks in advance of your visit.

We highly recommend copying the IslandWood Release form in color to emphasize its importance in the packet!!

Information sheets need not be returned.

# IslandWood Release Form (Adult-18 years and older)

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN INK

**Participant's Name:** \_\_\_\_\_  
School/Group: \_\_\_\_\_ Program Dates: \_\_\_\_\_  
Participant's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Female Male  
Address (include city and zip): \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACTS:

1) Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
Evening Phone: (\_\_\_\_) \_\_\_\_\_ Pager/Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
Evening Phone: (\_\_\_\_) \_\_\_\_\_ Pager/Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please read the following carefully before signing:**

## ACKNOWLEDGEMENT AND RELEASE AUTHORIZATION FOR MEDICAL TREATMENT:

I am familiar with the program for which I, the participant, am registering. I understand that this program involves activities of a physical nature that will take place in an outdoor environment, and may include hiking on trails and rough terrain and in the vicinity of bodies of water, overnight camping and walking on high bridges and canopy walkways. I further understand that there are risks associated with these kinds of activities.

As a condition of participation in this program and/or the use of IslandWood equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my participation, and I agree not to hold IslandWood responsible, and their respective agents and employees, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from participation in this program and/or the use by me, the participant, of any IslandWood facilities and /or equipment.

If I am taking any medication, I understand that IslandWood will not be responsible for administering such medication. I hereby give permission to personnel of ISLANDWOOD to authorize any x-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, me, the participant, as may be required in the event of an emergency. If the emergency contacts designated previously cannot be contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to me, the participant, as may be necessary under the circumstances, including hospitalization.

I certify that I have completed the Health History and Health Questionnaire on the reverse side of this form fully and accurately and accept full responsibility for any errors or omissions.

**PHOTOGRAPH AUTHORIZATION:** I agree that any photographs taken by any IslandWood personnel of myself as a program participant shall be the property of IslandWood, and may be used by IslandWood, at its discretion, for any publicity, education, marketing and/or advertising purposes and I hereby consent to and authorize such use without restriction.

**I HAVE READ THE AGREEMENT, AND FULLY UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**BEFORE RETURNING THIS FORM TO YOUR SCHOOL,  
BE SURE TO COMPLETE THE MEDICAL/DIETARY QUESTIONS ON REVERSE!!!**

<p><b>Physical Condition:</b></p> <p>Please list any physical/medical conditions that would be helpful for us to know in an emergency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you capable of participating in an easy to moderate 3-mile hike, with frequent rest stops? ____yes ____no</p>	<p><b>Medications:</b></p> <p>Are you taking any medications? ____yes ____no</p> <p>If so, please list and describe:</p> <table border="0"> <tr> <td style="width: 60%;">Name of Medication</td> <td>Dosage &amp; Instructions</td> </tr> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> <tr> <td>4) _____</td> <td>_____</td> </tr> </table> <p>Are you current on your tetanus injections? ____yes ____no</p>	Name of Medication	Dosage & Instructions	1) _____	_____	2) _____	_____	3) _____	_____	4) _____	_____
Name of Medication	Dosage & Instructions										
1) _____	_____										
2) _____	_____										
3) _____	_____										
4) _____	_____										
<p><b>Allergies (This box is for medical allergies only. Food likes and dislikes may be noted in Dietary Preferences)</b></p> <p>Please indicate any allergies that you have. (If allergies are severe, medication must be carried):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List any foods that you are allergic to and cannot eat:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What precautions, if any, does IslandWood need to take besides not serving you this food?</p> <p>_____</p> <p>_____</p>	<p><b>Dietary Preferences/Restrictions</b></p> <p>Please circle any that apply:</p> <p><b>Vegetarian</b></p> <p><b>Vegan</b></p> <p><b>No pork</b></p> <p><b>No red meat</b></p> <p><b>No nuts</b></p> <p><b>No dairy</b></p> <p><b>Other:</b> _____</p> <p>_____</p> <p>_____</p>										
<p><b>Miscellaneous</b></p> <p>Is there anything else that you believe is important for us to know in regards to your participation in this program? If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Health Care</b></p> <p>Name of physician: _____</p> <p>Physician's Telephone: _____</p> <p>Is participant covered by any medical insurance? ____yes ____no</p> <p>If so:</p> <p>Carrier: _____</p> <p>Phone Number: _____</p> <p>Subscriber Name (if different than participant): _____</p> <p>_____</p>										

**\*\*\*Please read and sign the front of this page.\*\*\***

## **What Makes a Great IslandWood Adult Chaperone?**

You are a role model. Your attitude and positive influence on the students is a key element to the success of this program. We cannot do it without your help! If our staff could create the 'ideal' chaperone, he or she would:

### **Be Well Informed**

- ◆ Attend the orientation provided by the primary teacher or trip organizer.
- ◆ Be aware of and comfortable with chaperone responsibilities.
- ◆ Be familiar enough with all students to recognize special needs.

### **Be a Great Role Model**

- ◆ Be an enthusiastic and active participant, exhibiting maturity, responsibility, flexibility, initiative, integrity, and excitement for learning.
- ◆ Be a team player.
- ◆ Be physically and psychologically prepared for hiking in the field and showing enjoyment of the outdoors.

### **Facilitate Positive Interactions with Students**

- ◆ Show joy in working with youth.
- ◆ Respect all students equally.
- ◆ Be able to focus students' attention when necessary.
- ◆ Be responsive to all students at all times.
- ◆ Act as a leader during activity times.
- ◆ Follow the rules and guidelines of the school and IslandWood.

### **Have a Strong Commitment to the Group**

**(You must stay with the same group throughout your stay)**

- ◆ Arrive and depart with the school group, remaining throughout the program.
- ◆ Stay with the field group during the entire day and during the evening programs.
- ◆ Keep the group together by bringing up the back of the field group and motivating students.
- ◆ Coordinate and participate in evening activities and meal supervision.
- ◆ Communicate with the teacher and IslandWood staff regularly.

### **Thoughts and Tips for Chaperones**

- ◆ Be prepared to live without a cell phone. We ask that cell phones remain off throughout the day at IslandWood. (Phones for adult use are available in the lodges. Instructors carry radios with them at all times in case of emergency.)
- ◆ Don't forget a pillow for your bed!
- ◆ Bring a pair of slip-on shoes in addition to your hiking shoes. Our lodges have a "no-shoe" policy.
- ◆ Bring enough warm clothes and then some--someone always forgets.
- ◆ Have fun! Enjoy yourself and celebrate how great the kids are.

## Chaperone Responsibilities in the School Overnight Program

We thank you all for making the commitment to help us create a safe and exciting learning experience for all of our students. The following list of responsibilities will clarify the duties as a chaperone for our School Overnight Program.

- ◆ Upon your arrival, an IslandWood faculty member will facilitate an orientation for visiting teachers and chaperones. At this time, we will review the teachers' goals for the students and our combined expectations to help us meet those goals. We will also review any changes in information.
- ◆ We ask teachers and other adults to be active, positive participants, helping with discipline when necessary. Adult attitudes and involvement will have a significant impact on the experience students have at IslandWood. Teachers and chaperones are role models for living cooperatively, learning with enthusiasm, and enjoying the outdoors.
- ◆ Adult chaperones (who are not the primary teacher) or floaters must remain with the same field study group throughout the field study portion (9:00 a.m. - 4:00 p.m.) of each day. Parents are required to join a group that does not include their own child, allowing for a non-biased focus on all children during field studies. Floaters are asked to stay with one group for an entire day unless called away for emergency. Bouncing from group to group in a single day is not acceptable.
- ◆ Teachers and chaperones will be expected to aid in group management and safety in all programs, and throughout their stay.
- ◆ In addition to assisting the IslandWood instructors during field studies and evening programs, chaperones are responsible for supervising students in the lodges and during these primary portions of each day:
  - ◆ **Wake-up:** through breakfast and until field time.
  - ◆ **Lodge time:** 12:30 - 1:00 p.m. and 4:00 - 5:30 p.m.
  - ◆ **During meals, after dinner, and journaling time.**
  - ◆ **After the evening program,** through quiet hours and bedtime.
- ◆ Evening programs will take place only if the one adult chaperone per field group requirement is met.
- ◆ If a student is too ill or injured to attend the field study group, it is the school's responsibility to provide care in the lodge, or in our wellness room. A chaperone must stay with a student who is ill if a teacher is not available. Please inform your liaison if a student is ill.
- ◆ Continued communication between chaperones and your school's IslandWood liaison and instructors throughout the experience will help ensure a positive experience for all participants.

Be sure to rotate responsibilities during the early mornings and evenings, so that all adults have an opportunity for their own three R's. We want everyone to enjoy his or her IslandWood experience.

## Chaperone Scheduling Chart (for school planning)

	TIMES	Chaperones Needed (Daily)
WAKE UP AND SHOWER	7:00 - 7:30	Bird's Nest: (2 chaperones) _____, _____ Mammal's Den: (2 chaperones) _____, _____ Invertebrate Inn: (2 chaperones) _____, _____
BREAKFAST W/STUDENTS	7:30 - 8:30	All Chaperones - One per table
GATHER FIELD STUDY GEAR	8:30 - 9:00	Bird's Nest: (2 chaperones) _____, _____ Mammal's Den: (2 chaperones) _____, _____ Invertebrate Inn: (2 chaperones) _____, _____
FIELD STUDY TIME	9:00 - 4:30	One Chaperone Per Field Group: 1 _____ 6 _____ 2 _____ 7 _____ 3 _____ 8 _____ 4 _____ 9 _____ 5 _____ 10 _____
Lodge Time	4:00 - 5:45	Bird's Nest: (2 chaperones) _____, _____ Mammal's Den: (2 chaperones) _____, _____ Invertebrate Inn: (2 chaperones) _____, _____
DINNER W/STUDENTS	6:00 - 7:00	All Chaperones - One per table
EVENING PROGRAMS	7:00-8:15	One chaperone with each field group.
Reflection & Journaling	8:15 - 9:00	Bird's Nest: (2 chaperones) _____, _____ Mammal's Den: (2 chaperones) _____, _____ Invertebrate Inn: (2 chaperones) _____, _____
Quiet Time / (Lights Out 9:30!)	9:00 - 10:00	Bird's Nest: Downstairs _____, _____ Upstairs _____, _____ Mammal's Den: Downstairs _____, _____ Upstairs _____, _____ Invertebrate Inn: Downstairs _____, _____ Upstairs _____, _____

We suggest that you schedule specific times for chaperones (and teachers) to be the responsible person in an area. In this way, chaperones and teachers can anticipate when they will have a break.