



2022-2023 Counselor Application for Outdoor School

DATE _____

Last Name First Name Middle Initial Gender

Home Address Grade Date of Birth

City State Zip Code

Student's Phone Numbers:

Home: _____ Cell: _____

Name of High School: _____

Position of Leadership in School or Community:

GPA: _____

Preference: Fall _____ Spring _____ Winter _____

No Preference: _____ Special needs one-on-one: _____

Describe briefly any prior experience, training or interest that might qualify you for such a position:

Approved:

Parent Signature

Student Signature

School Counselor Signature

Other

Applicants for counselor for Outdoor School will be screened and selected as the need arises.
Please complete your application carefully and return to the ODS Counselor Coordinator in your school.

**To obtain additional information about the Outdoor School, please visit our website at
<http://www.carrollk12.org/ods/>.**

Outdoor School Student Counselor Contract

Please read this carefully and discuss it with your parents. You and your parents must sign two copies. One copy is to be returned to the School Counseling Office before you attend Outdoor School. The other copy remains at home.

Student counselors are held to very high standards. It is important that you understand the following information. If you or your parents have any questions, please call Gina Felter, Principal of the Outdoor School at 410-751-3301.

I understand that ...

- Being an Outdoor School counselor is a privilege and not a right.
- I am attending at the discretion of the Outdoor School staff and my High School's administration.
- While attending the Outdoor School I am considered a "primary caregiver"
- I am responsible for any missed school work.
- I may leave the Outdoor School only for legitimate reasons. These would include: classes, family and work obligations and school activities.
- I will inform the Outdoor School staff of my schedule and adhere to it. Any changes in the schedule will require consent from a parent or guardian.
- I am a role model for the younger students in my charge as well as the other counselors.
- Service hours are earned and not merely given for attendance.
- While at the Outdoor School and I am on school property, I will abide by all Carroll County Public School policies.

Failure to live up to these high expectations or to perform my assigned duties may result in:

- ✓ An "invitation" to leave Outdoor School and return to High School with no negative repercussions.
- ✓ A dismissal or removal from Outdoor School. This would likely entail discipline beyond merely leaving the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Parent Cell Phone: _____ Parent's Email Address: _____

Emergency Contact if parent not available:

Name: _____ Phone: _____

Counselor Health Inventory

The following information will be helpful in providing the best care for you. It will be treated as confidential and will be kept on file by the Outdoor School nurse.

Please Print

Name: _____

Gender: _____

Date of Birth: _____ School: _____

Grade: _____

Do you:

1. Yes No Need to follow a program of limited activity?
- Explain _____
2. Yes No Have any nervous habits, fears or behaviors?
- Explain _____
3. Yes No Have allergies to medications? - Name of medication _____
- Type of reaction _____
4. Yes No Have allergies to insect bites?
- Is the reaction? Mild OR Severe
- Medication given _____
- Explain type of reaction _____
5. Yes No Have reactions to plant poisons (i.e.: poison ivy, poison oak, etc.)
- Is the reaction? Mild OR Severe
- Medication given _____
- Explain type of reaction _____
6. Yes No Have allergic reactions or intolerances to foods?
- What foods? _____
- Ingestion Contact Air
- Is the reaction? Mild OR Severe
- Medication given _____
- Explain type of reaction _____
7. Yes No Have dietary restrictions based on health or religious practices?
- Explain _____
8. Yes No Have seizures - Type? _____
9. Yes No Sleepwalk? - How Often? _____
10. Yes No Have asthma? - Comments _____
- If "yes", does you use an inhaler? Yes No
11. Yes No Have any other chronic health conditions or syndromes?
- Explain _____
12. Yes No Take daily medication?
- Comments _____

***If "Yes", medication consent **MUST BE** properly filled out. (please see next page)

Discretionary Medication Consent for Outdoor School

Name of child: _____ Birthdate: _____ Allergies: _____

For mild complaints, Outdoor School has the following medications on hand to administer to your student per CCPS nursing protocol and have been approved by our medical director via standing order.

✓ Please check the medications that you are allowing us to administer:

Ibuprofen/Motrin (mild pain)

Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Acetaminophen/Tylenol (mild pain)

Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Diphenhydramine/Benadryl (rashes only)

Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Tums (stomach ache)

Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Calamine lotion

I do not wish for my child to receive any of these medications.

Instructions for prescription and over the counter medications at Outdoor School:

- All medications, prescription and over the counter require a healthcare provider's order. (This includes vitamins and homeopathic/herbal medications) **No medications will be given without an order.**
- Medications sent to Outdoor School must be in the original prescription bottle or package, labeled specifically for the student. The prescription label on the medication must match the authorized prescriber's order.
- Non-expired medications are to be placed in a bag clearly marked with student's name and given to the home school nurse. Please send only the amount of medication for the week.
- The medication containers and unused medications will be returned to the home school nurse and can be picked up when your child returns home from Outdoor School.
- **Per CCPS policy, students may not transport their own medications. Please do not send medications in student's luggage.**

Parent Permission to Administer Medications:

I authorize and request representatives of the Outdoor School to administer the medications listed above which are approved for Outdoor School use and in doing so, relieve them of any responsibility for ill effects from said administration to my child.

➤ **Signature of Parent/Guardian:** _____
 (required for Outdoor School staff to give medications listed above)

_____	_____	_____	_____
Nurse Signature	Initials	Nurse Signature	Initials

Carroll County Outdoor School Prescribed Medication Form

This form is to be completed and signed by the authorized prescriber and signed by a parent/guardian for prescribed medications to be given at Outdoor School. This includes both prescription and over the counter medications, except those listed on the previous page. **All medications and orders on file at your child's school will be forwarded to Outdoor School for the week they will be attending.**

Student Name: _____ D.O.B.: _____ Allergies: _____

Medication: _____ Route: _____ Strength: _____ Dosage: _____

Time to be given: _____ Reason: _____ Side Effects: _____

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Medication: _____ Route: _____ Strength: _____ Dosage: _____

Time to be given: _____ Reason: _____ Side Effects: _____

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Medication: _____ Route: _____ Strength: _____ Dosage: _____

Time to be given: _____ Reason: _____ Side Effects: _____

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Parent/Guardian Signature: _____ Date: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Name: _____ Healthcare Provider Phone #: _____

Nurse Signature	Initials	Nurse Signature	Initials

Outdoor School Counselor Transportation Permission and Departure Schedule

Name of Student: _____

Attending Outdoor School Week of: _____

Make and Model of Vehicle: _____ Tag#: _____

Driving Permission:

_____ has permission to drive to/from Outdoor School.
(Student's Name)

Transport Permission:

My child, _____ has permission to transport _____
(Student's Name) (Student's Name)
to/from Outdoor School.

Riding Permission:

_____ has permission to ride to/from Outdoor School with _____.
(Student's Name) (Student's Name)

Departure Schedule:

Day	Leave time	Return time	Reason (school, work, etc)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I understand that I must follow the above schedule. Any variation or unscheduled trips will require the Outdoor School Staff to contact parents for permission. I understand that if the return time is 10pm or later, it is more beneficial to the program to stay at home that evening and return the next morning.

Student signature: _____

Parent/Guardian Signature: _____

CARROLL COUNTY OUTDOOR SCHOOL
Hashawha Environmental Center
300 John Owings Road
Westminster, MD. 21158

Phone Numbers

OFFICE: 410-751-3301

NURSE: 410-857-7932

Below is a sample schedule of a typical day at Outdoor School:

7:15 a.m.	Wake up and begin cabin cleanup
8:00 a.m.	Breakfast
8:30 a.m.	Flag raising
8:50 a.m.	Cabin cleanup
9:15 a.m.	Instructional period -- one (1) of the following environmental investigations: watershed, wildlife habitats, weather, wetlands, environmental history, confidence course, wildlife simulation game, fresh water ecology, environmental action/service learning.
12:00 p.m.	Lunch
1:40 p.m.	Instructional period (see 9:15 a.m.)
4:15 p.m.	Shower and recreational time
5:00 p.m.	Dinner
6:40 p.m.	Journal time
7:30 p.m.	Evening Programs -- owl prowl, night hike, raptor program, campfire, astronomy, etc.
9-10pm	Snack and Bedtime

Please keep the above schedule in mind when planning your time away from Outdoor School to avoid disruptions to classes. If you plan to be away past 9pm in the evening, you will need to go home and return to Outdoor School the next morning.

EQUIPMENT LIST

FOR HIGH SCHOOL COUNSELORS

All clothing, reading materials and small games are to be school appropriate.

What to Bring

- Pillow
 - Sheets and blanket or sleeping bag
 - Four or five pairs jeans or pants
 - Weather appropriate shirts
 - Weather appropriate jackets
 - Three pair of shoes:
 - ✓ 1 pair old **tie on** tennis shoes for wetland and stream study
 - ✓ 1 pair for hiking
 - ✓ 1 pair for use around camp
 - Lightweight long pants for wetland study
 - Eight - ten pairs of socks (knee-high, not just ankle socks)
 - Raincoat
 - Underwear
 - Sleepwear
 - Hats, gloves, winter underwear during cold weather weeks
 - Boots for wet ground and snow * Note: We have knee-high rubber boots in all sizes for students to use.
 - Nylon/waterproof jogging pants or snow pants(in winter)
- Bathroom articles:
- toothpaste and brush
 - soap and shampoo
 - non-aerosol deodorant
 - bath towels /washcloths
 - comb/brush
 - Crocs or flip-flops for shower (optional)
 - Water bottle
 - Chapstick
 - Pencils
 - Large plastic bags for wet/dirty clothes
 - School Work

Please mark your personal belongings.

Optional

- Hats (not worn in buildings)
- Small games – NO ELECTRONICS
- Kleenex
- Reading material
- Stationery and stamps
- Disposable camera
- Hair dryer
- Bath robe

IN SEASON:

- Shorts (school appropriate)
- Sun Screen(requires medical order if it contains DEET)
- Hand/foot warmers
- Non aerosol insect repellent

What Not to Bring

- Clothing inappropriate for school
- Flashlights, book lights
- Matches
- Knives
- Aerosol cans
- Laser pointers
- Toy guns or weapons
- **MEDICATIONS (these must be dropped off by a parent with proper orders from a doctor)**

Cell phones are allowed at the Outdoor School and may be used during free time, but must be kept in the counselor's room and are not to be taken into the cabins or used during any school activity.

You may bring snacks to be kept in the counselor's room. Please do not share snacks with 6th graders due to the possibility of food allergies.