



-Providing youth with a unique experience in a natural setting that inspires learning through exploration and instills appreciation for local resources-

**TEACHER/GROUP LEADER
INFORMATION PACKET
KOSS Science Day Programs**

P.O. Box 721
Klamath Falls, OR 97601
541-850-8218
koss@qwestoffice.net

Welcome to an exciting adventure in learning! We have prepared this packet to help make your time with us easy and rewarding. Please read it carefully and don't hesitate to contact us if you have any questions.

Location: KOSS is located on ten forested acres in Sun Pass State Forest, the only Oregon State Forest east of the Cascades. KOSS is located 45 miles north of Klamath Falls off of highway 62, near Kimball State Park and the headwaters of the Wood River. The nearest town is Fort Klamath. Directions are enclosed.

Facilities: We will have portable restrooms and hand washing stations.

Meals: Bring your own lunches. We will supply drinking water, but bring your own reusable bottle.

Weather: Weather in the Klamath Basin is unpredictable. Be prepared for cool and wet conditions!

Equipment: An equipment list is enclosed. Everything on the equipment list is important. Don't skimp. We will be outside for the entire day, so it is critical that participants are warm and dry enough. Today's students typically wear only light jackets (if any) and no boots. They believe that because they aren't too cold during their short times outdoors that they will not need heavy winter attire for outdoor school. They do not have experience with how cold they will get after *many hours* outdoors. Many students do not even have winter clothes and students tend to resist bringing heavy clothes, even if they have them. Please go over the list carefully with your students and emphasize the importance of being prepared. If the weather is warm, students do not have to wear their warmest clothes, but it is impossible to wear clothes that haven't been brought along. **BE PREPARED!** Even if the weather seems warm while you are there, please do not bring shorts or sandals. We are in the woods where long pants are the appropriate attire. Bring clothes that can be layered so it is easy to adjust to changing weather. **Students should bring their own water bottles** that they can fill again and again at our water jugs to use when away from camp on field studies.

Klamath Outdoor Science School T-shirts will be available to students and adults for \$10 each. Purchases can be made while at camp.

Standard Field Gear: Teachers should copy and distribute the enclosed list of standard field gear to each student. Students should be made aware that they are required to have all of these items before heading out on any field study. Please emphasize the importance of this list to your students! We will supply the field journal.

What NOT to bring: Except for lunch, no one should bring candy, soda, gum, snacks, or food of any kind.

Electronic equipment will not be allowed at any time. Appreciating the natural setting and experiencing primitive conditions is an integral part of outdoor school. If teachers wish to allow electronic equipment on the bus, it must be collected and stowed in a safe place during your stay at KOSS.

Chaperones: Teachers MUST arrange for all chaperones, and students must be supervised by an adult at ALL times. Overall, there must be at least one adult for every ten students. All chaperones will be screened by the teacher/group leader to ensure the safety of the students. Chaperones are required to remain on site during your entire stay and are expected to be with the students during all activities. They also should know that NO ALCOHOL OR TOBACCO USE by adults or students is allowed during your stay. Emphasize that for their own protection, chaperones should never be alone with any student. Be sure all chaperones get and read a copy of “Responsibilities of Group Leaders and Chaperones” which is enclosed in this packet.

Medical Concerns: Every participant, adult and child, is required to complete and return the signed medical form which is included in this packet. Dispensing medication for students is the responsibility of the teacher/group leader. Students are not allowed to have medications of any kind, whether prescription or over-the-counter, in their possession. See item 9 of “Responsibilities of Group Leaders and Chaperones” for more detail.

Behavior Expectations: Be sure each student and parent reads and understands the enclosed sheet outlining behavior expectations and rules and policies. As a group leader you are expected to enforce these rules.

Reaching Us At Camp: KOSS is located in an area of Sun Pass State Forest that has very spotty cell phone reception. However, we can get reception by driving a short distance away from the site. If a parent or the school needs to contact us, they should call the cell number 541-891-5106 and leave a message with Bill Hunt. Please do not call unless it is extremely important.

Emergencies: We have a detailed emergency plan for any situation that should arise. Our staff is trained to follow that plan. They are also trained in first aid and CPR. If additional emergency services are needed, we will contact the Oregon Department of Forestry Fire Dispatch through two way radio.

Things To Do Now!

Dear Participating Teacher/Group Leader:

Here is a list of things you need to begin doing, in order of priority.

- Read all of the enclosed materials. If you have any questions, call Bill Hunt at 541-850-8218 or 541-660-4222 or email at BillHuntKoss@gmail.com
- **Return Program Contract and Scholarship Request** form ASAP
- **Solicit responsible adult chaperones** that you know and trust to be around your students. Screening chaperones is the responsibility of the participating group leader or school. You will need a minimum of 2 men and 2 women, one of which is you! Give them the chaperone packet and emphasize the importance of reading and understanding all rules and policies. Be sure all chaperones complete and return to you their own medical form.
- As soon as possible, make copies of the **student/parent sheets**, field gear and permission/medical form with your introductory field trip letter and give one to each of your students. Be sure your students understand the information in their packets. Then send the packets home to parents. Each parent will need to complete their child's KOSS permission/medical form for their child and return it to you. You may have your own permission slip for parents to sign, as long as it includes a medical form that will also work for the Day program.
- **Return your Participant List to KOSS** at least **two weeks prior** to your first day of camp.

Bring with you to KOSS all completed and signed **KOSS permission/medical forms (our your schools permission/medical forms)** for each participating student and adult.

Responsibilities of Group Leaders & Chaperones **While at Klamath Outdoor Science School Day Camps**

The role of the KOSS staff is primarily instructional. Student supervision and discipline is primarily the responsibility of the school/group. Students must be monitored by school/group representatives at all times. The school/group is responsible for student actions and the consequences of those actions during the program.

1. **Group leaders and chaperones are responsible for student supervision at all times.** All leaders and chaperones must remain on site during the full length of the program. Trips to town are not allowed. Any exception to this must be cleared with the site KOSS Program Director and Lead Teacher on site.
2. At least one chaperone must accompany each instructional group during every activity, whether in the field or in camp, to help KOSS instructors with safety and management. This might involve strenuous activity, such as several miles of hiking, so chaperones must be physically prepared.
3. One participating adult, usually a teacher, will be designated "health officer" who is responsible for all medical forms and insurance information for each student and adult. That person will collect all medications and dispense as appropriate. This person is also responsible for informing the Program Director of all medical and dietary concerns.
4. Policies maintained by your school apply while you are participating in KOSS programs.
5. No pets are allowed at KOSS.
6. No alcohol or tobacco is allowed on site at any time. Illegal substances are not allowed on site.
7. No weapons are allowed on site, except in the possession of official law enforcement personnel. Fireworks and other explosives are prohibited at all times.

Klamath Outdoor Science School Health and Medical Form

All youth and adults participating in KOSS programs must fill out this form completely.
Return this form to your teacher or group leader. Please PRINT CLEARLY.

Participant Name: _____ Age: _____ Birth date: ___/___/___
Parent/Guardian: _____ Home Phone: _____
Street Address: _____ Work Phone: _____
City, State, Zip: _____ Cell Phone: _____
Home e-mail: _____ Work e-mail: _____
Emergency Contact: _____ Home Phone: _____
Relationship: _____ Work Phone: _____ Cell Phone: _____

Please check if participant is subject to the following and include an explanation:

- | | | | |
|-------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Blindness | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Severe bee sting allergy | <input type="checkbox"/> Deafness | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Other (specify below) |

Explanation: _____

List all current medications, time(s) taken, and for what condition(s): _____

List any allergies to medications, the reaction, and the severity: _____

List any past medical conditions, injuries, or illnesses that might affect the program, including any restrictions of activity for medical reasons: _____

Describe any behavior problems that might be disruptive to group learning: _____

List any dietary restrictions or food allergies (including reaction and severity): _____

Date of last tetanus inoculation (**Must be within the last 10 years.**) _____

Provider Information

Doctor's name: _____ Phone: _____

Insurance company: _____ Policy Number: _____

Insurance Address: _____

My child has my permission to participate in all sessions and field trip activities. I am this child's parent or legal guardian. In consideration of my child's participation in the program, I hereby release, waive, and discharge KOSS, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or to any person or property arising out of participation in the program, whether on KOSS premises or elsewhere. I also give KOSS permission to transport my child to obtain necessary medical treatment.

I ___ DO / ___ DO NOT give permission for KOSS to take and use photos of my child for promotion of KOSS.

Adult participant or parent/guardian signature: _____ Date: _____

Return this form to your teacher at least 2 weeks prior to camp!

STANDARD FIELD GEAR

For all KOSS Field Activities



Long Pants

Avoid leg scratches and insect bites



Shirt

With sleeves appropriate to the weather.
Long enough to tuck in. No tank tops.



Hiking Boots or Athletic Shoes

No open-toed or open-backed shoes!



Socks

Avoid blisters



Hat

Preferably wide-brimmed



Jacket

Wind and water resistant



Daypack

To carry water, lunch, & extra clothes



Water bottle

Be sure to fill it before each field activity.



Field Journal and Pencil

To record what you learn. Journal provided
by KOSS

Additional Items

Sunscreen, bug repellent, flashlight

KOSS Camp Participant List

Camp date(s) _____ School _____
 Grade(s) _____ Teacher(s) _____

Please Print

Boys	Girls
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
Male Adult	Female Adult
1	1
2	2
3	3

The following information is used in proposals and reports to funding agencies. No individual information is released.
 Please tell us the number of students in this group who are:

_____ Hispanic _____ Native American _____ Asian _____ African American _____ Caucasian

_____ Physically Handicapped _____ Learning disabled

Parent or teacher signature _____

Return this form to KOSS at least 2 weeks prior to your camp!



**KLAMATH
OUTDOOR
Science School**

-Providing youth with a unique experience in a
natural setting that inspires learning through exploration
and instills appreciation for local resources-

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KOSS School Group Day Contract

School _____ Teacher _____
 Address _____
 Phone _____ Cell phone _____ Email _____
 Grade level _____ Have any of these students previously attended a KOSS camp? _____

This contract constitutes an agreement between Klamath Outdoor Science School and the teacher and school listed above for a day camp on _____. Klamath Outdoor Science School agrees to provide instruction and equipment for this class, and the teacher and principal agree that this class will attend camp on the specified day.

Transportation arrangements to and from the site of Klamath Outdoor Science School in Sun Pass State Forest, and to any other field study sites, are the responsibility of the classroom teacher.

The teacher agrees to provide a **minimum** of one chaperone for every 10 students, including at least one chaperone of each gender if both boys and girls are attending. The teacher further agrees to provide completed and signed KOSS permission and medical forms for every participant, including adults, and to abide by all KOSS requirements for participant health and safety. Participants must provide their own lunches.

The cost of this program is **\$15 per student**. There is no charge for teachers and chaperones. Based on an estimated _____ students attending, the total cost (excluding transportation) for this class will be \$_____. The final charge will depend on the number of students, who actually attend, with a minimum charge of \$180.

A **non-refundable deposit of \$50** is required. The deposit will be deducted from the final bill. To hold your reservation, this deposit must be received no later than 10 days prior to your camp.

In addition to forfeiture of the deposit, the fee schedule for cancellations is as follows:

<u>Notification of Cancellation</u>	<u>You will be responsible for:</u>
5-10 business days prior to start date	\$ 50
3-5 business days prior to start date	\$100
0-2 business days prior to start date	\$180

Payment is due within 30 days from the invoice date.

 Teacher's signature Date Principal's Signature Date

Klamath Outdoor Science School Scholarship Application

Scholarship funding has graciously been provided by USFWS-Ecosystem Restoration Office.. To be reimbursed for the fees, KOSS needs the following information provided by the classroom teacher or parent. For privacy purposes, we are not requesting student or parent names.

School _____ Grade or Class _____

Teacher _____ Date(s) of camp _____

The Klamath Outdoor Science program prefers not to provide 100% scholarships for any participant unless it is absolutely necessary for their participation. Please try and have students raise 30% of the trip cost if possible so they have a higher level of ownership in their adventure. Unfortunately we need to track where and how scholarships are given to so we will need you to fill out a card for each student that you are requesting funds for. Sorry for the inconvenience but your assistance will help guarantee that we have these funds available for many future students.

Student eligibility information and Student demographic information:

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Free or reduced lunch (Y/N)_____	Free or reduced lunch (Y/N)_____	Free or reduced lunch (Y/N)_____
Known Special Needs:	Known Special Needs:	Known Special Needs:
_____	_____	_____
_____	_____	_____

Male__ Female__	Male__ Female__	Male__ Female__
Asian__ Afr. Amer__	Asian__ Afr. Amer__	Asian__ Afr. Amer__
Hispanic__ Native Amer__	Hispanic__ Native Amer__	Hispanic__ Native Amer__
Caucasian__ Multi/other__	Caucasian__ Multi/other__	Caucasian__ Multi/other__
\$ amount Requested _____	\$ amount Requested _____	\$ amount Requested _____

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Free or reduced lunch (Y/N)_____	Free or reduced lunch (Y/N)_____	Free or reduced lunch (Y/N)_____
Known Special Needs:	Known Special Needs:	Known Special Needs:
_____	_____	_____
_____	_____	_____

Male__ Female__	Male__ Female__	Male__ Female__
Asian__ Afr. Amer__	Asian__ Afr. Amer__	Asian__ Afr. Amer__
Hispanic__ Native Amer__	Hispanic__ Native Amer__	Hispanic__ Native Amer__
Caucasian__ Multi/other__	Caucasian__ Multi/other__	Caucasian__ Multi/other__
\$ Amount Requested _____	\$ Amount Requested _____	\$ Amount Requested _____

Printed Name of Information Supplier

Signature of Information Supplier

Please make copies of form if more scholarships are needed!