



**By the Great Horn Spoon!
Daily Schedule**

Day 1

- 9:00 Arrive at the Ocean Institute
- 9:30 Rotation 1: **Dockside Rotation**
Rowing / Moving Cargo / Laying Aloft
- 12:00 Rotation 2: **Shipboard Rotation**
Setting Sail / Life at Sea
- 3:00 Load buses / Depart for the Lazy W
- 4:30 Arrive at the Lazy W / Cabin Assignments
- 5:30 Dinner
- 7:00 **Evening Activities**
Telegraph / Letter Writing / Campfire
- 9:00 Back to the Cabins
- 9:30 Lights Out!

Day 2

- 6:30 Good Morning!
- 7:30 Breakfast
- 8:30 Cabin Clean-up
- 9:15 **The Gold Rush!**
Staking a Claim / Shopping for Supplies
Panning for Gold / Weighing Gold
Hydraulic Mining
- 12:00 Lunch
- 1:00 Conclusion
- 1:15 Load Bus
- 1:30 Depart for Home!

PARENT INFORMATION PACKET

Dear Parents,

Your child is about to participate in an exciting adventure ranging from the classroom to the shoreline of historic Dana Point, to the hills of the Cleveland National Forest as we take them on a journey through California history.

"By the Great Horn Spoon!" is a living history program set during the California Gold Rush. Our instructors play the part of historical characters to create an authentic '49 experience for your child. This program is design to complement 4th grade Social Science curriculum; everything they do and experience during the field trip will match up with what their class is studying back at school.

Your child's adventure begins in their classroom, where classmates join together to create a Mining Company and to make plans to "leave" for California. On the day of their field trip, the adventure begins at the Ocean Institute in Dana Point, where student "companies" will learn the skills necessary to sail a tall ship around Cape Horn to California. They act the part of sailors, raising sail and delivering cargo for an ornery ship's captain in order to earn money that they can bring with them to the Gold Fields.

After "arriving" in California, your child's class will depart for the Lazy W Ranch. This beautiful setting turns into a mining boomtown, as students participate in a Gold Rush-era Town Meeting around a campfire. After spending the night in a rustic cabin, students take to the fields in their mining companies as they spend their hard-earned California dollars on panning equipment and a trail guide. Only a few will strike it rich, but the time they spend in the gold fields will create memories for a lifetime.

In order to help you prepare your child for his/her field trip, we have provided the Parent Information Packet that includes the following information and forms:

- Letters from Home
- Safety and Wildlife Precautions
- Student Clothing and Supply List
- Individual Gift Shop Order Record
- Student Medical Form (2 pages)
- Administration of Medication forms (2 pages)
- Acknowledgement of Risk and Waiver for All Participants

Each child must arrive the first day with a completed Medical Forms and Acknowledgement of Risk and Waiver form. If your child requires any prescription or over-the-counter medication during the day, you must have the Administration of Medication form(s) completed by your doctor. The medication must be in the original container with clear instructions on both schedule and dosage.

If you have any questions, please contact your child's classroom teacher. We are looking forward to hosting your child on our program!

LETTERS FROM HOME

During the evening "Town Meeting," the camp boss will meet with the entire group around the campfire to debate current issues, deal with camp business, and discuss the history of the times. The "Letters to the Forty-Niners" are a great introduction to this activity. These letters are a very important aspect of the program and greatly enhance this "Town Meeting" time.

We encourage you to write a letter to your child that can be delivered during the program to give them news from home! This letter should be written to your child as if they were living in the year 1850. Please make sure that the letter is clearly addressed to your child on the outside. As well as news from home, please include news items of the times so that the students can build upon the lessons they have learned (as well as provide some entertainment). The camp boss will use the letters to begin a discussion of history.

You should secretly deliver this letter to your child's teacher, who will bring them the day of the program and hand them to the program administrator. Imagine the amazement of the sailors when the captain gives them their letters telling them of life back home on the farm or in Boston!

Please understand that the letters should not refer to or reflect modern times. The year is 1850, and the students have signed aboard a merchant ship for a job as a sailor. Remember, the Forty-Niner has been away from home for one year! You take the role of a parent who is writing from back east—either from the family farm or from their humble dwelling in the city. You can write about how life on the farm has been or the difficult times in the city, what is happening in the world, or exciting new inventions. The letters can be from the "parents," "children," "wife," "suitor," "friend," or whomever, but should attempt to recreate the atmosphere of the times.

Some current events in 1850:

- James Marshall discovered gold on January 21, 1848. He was working for an agriculturalist and businessman named John Sutter, who was building a lumbermill.
- Zachary Taylor was President when the Gold Rush first began. He died on July 9, 1850, due to unknown causes. Millard Fillmore succeeded him as President.
- The Seneca Falls Convention, which was the first convention held in support of women's rights, took place in New York in 1848. A group of women led by Elizabeth Cady Stanton presented the "Declaration of Sentiments," which was modeled on the Declaration of Independence.
- Regular steamboat service from the East Coast to the West Coast began in early 1849, in response to increased demands for transportation due to the Gold Rush.
- Henry Clay introduced the Compromise of 1850 (which allowed California to become a state) on January 29, 1850.
- The Scarlet Letter by Nathaniel Hawthorne was published in March 1850.
- After a long debate and much haggling, California became a state on September 9, 1850.
- Fire was a huge problem in early San Francisco, as many houses built during the Gold Rush were quickly and shoddily constructed. By 1850, Fire Departments were beginning to form throughout the city to respond to the constant threat of fire. These fire departments were mistrusted by the majority of the population, who were suspicious of men who made their livelihood by putting out fires.

SAFETY AND WILDLIFE PRECAUTIONS

The "By the Great Horn Spoon!" program takes place both at the Lazy W Ranch and at the Ocean Institute in Dana Point. All teachers, chaperones, parents, and students must understand safety rules for BOTH facilities before the start of the program.

For programs that go to sea on *Spirit of Dana Point*, strict adherence to safety regulations is required. *Spirit of Dana Point* is a working tall ship, and her crew is trained in Coast Guard-certified safety policies and procedures.

- All participants must wear rubber-soled shoes and long pants.
- While onboard *Spirit of Dana Point*, students must stay out of the rigging, stay away from rails, and follow instructions at all times.
- The first mate will point out safety hazards and discuss procedures in case of an emergency with the students once the program has begun. All students must listen to the safety talk.

If you are concerned about seasickness on board, there are several things that you and your students can do to avoid seasickness on day sailing programs. Have your child eat a good breakfast or lunch before the cruise—make sure that you avoid sweets and greasy foods! You can also let them take anti-motion medication at least 2 hours before boarding the vessel. We recommend a **non drowsy** form of Dramamine or Bonine.

The **Lazy W Ranch** is located in the Cleveland National Forest, which is a designated wilderness area. Animal residents of the area that make precautions necessary include mountain lions, bobcats, coyotes, rattlesnakes, scorpions, and bees. While encounters with these animals are rare, both adults and students must be aware of camp policies and procedures. Close supervision of students by the accompanying adults is essential, and strict adherence to the camp rules is necessary.

All teachers, chaperones, and students attending the "By the Great Horn Spoon!" program must read and understand the following wildlife and safety rules for the Lazy W Ranch before their visit:

- All students must remain in close proximity of an instructor or chaperone. Close proximity shall be strictly defined as "visual contact."
- Two adults will accompany each "mining company" at all times. While on the trail, an Ocean Institute instructor will lead the group and a designated chaperone will follow.
- At least one chaperone will oversee the recreation area during the recreation periods. At least one chaperone will oversee the cabin and shower areas before and after dinner.
- Students are never to go anywhere alone.
- Food (including gum and candy) is not allowed in the cabins or on the trails.
- Closed-toed shoes must be worn at all times (except for sleeping and showering). Students will be required to wear long pants on trails.
- Littering is not tolerated.
- Students should not touch any of the camp animals or pets, including the cats and dogs.
- The stream area is off limits unless accompanied by an instructor during an organized activity.
- Students must remain in their cabins from "lights out" until 7:00 AM, except for bathroom visits. Chaperones must accompany students on night bathroom visits.
- Instructors will carry walking sticks, air horns, and emergency first aid kits on hiking trails. In addition, all instructors are First Aid and CPR certified.
- Cabin raiding is not allowed.

STUDENT CLOTHING AND SUPPLY LIST

Remember, pack as carefully as possible! You will have to carry your own belongings. The weather at sea and at camp can be unpredictable, so please make sure that you are prepared for all kinds of weather. Everyone needs a rain jacket with a hat or a rain poncho. You will also be getting dirty and wet. Mark all of your belongings with your name.

- 1 Lunch with a drink for the first day
- 1 Sleeping bag
- 1 Pair of pajamas
- 2 Pair of pants (no shorts, please)
- 1 Sweater or sweatshirt
- 1 Jacket
- 2 Shirts
- 2 Pair of underwear
- 2 Pair of tennis shoes with good tread (they will get muddy)
- 4 Pair of socks
- Towel and washcloth
- Toilet Kit: soap, toothbrush and toothpaste, comb, etc.
- Rain gear: raincoat, poncho, or waterproof jacket
- Sunscreen
- Hat
- Water bottle
- Backpack
- Pen or pencil

Optional Items:

- Pillow
- Shower shoes
- Camera
- Book
- Hair dryer
- Mittens and stocking cap
- Flashlight

Do Not Bring:

- Candy, food other than lunch, gum
- Knives
- Radios, personal listening devices, or electronic games
- Curling irons
- Cell phones

STUDENT MEDICAL FORM

PLEASE PRINT CLEARLY

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's "By the Great Horn Spoon!" program.

Dates attending: _____ to: _____ Birth date: ____ / ____ / _____

Participant's Name (Last): _____ (First): _____

Address: _____ City: _____

State: ____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

In case of emergency, please notify: Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____

State: ____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

*Business Number: (____) _____ *Employer: _____

* For Medical Insurance Claims only

Alternate Person in case of emergency, please notify: _____ at: (____) _____

Name/Phone number of Family Physician: _____

Name/Number of family medical insurance carrier: _____

PARTICIPANT HEALTH INFORMATION

1. Does the participant have any physical or medical conditions or restrictions? Yes ____ No ____

If so, please describe: _____

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness Sleepwalking Bed wetting (send extra bedding) Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes ____ No ____

If so, please describe: _____

4. Does your child have any allergies that may be of concern? Yes ____ No ____

If so, please describe the severity of the allergy: _____

5. Has the participant recently been ill or exposed to any communicable diseases? Yes ____ No ____

If so, please explain: _____

MEDICATION

In order for your child to receive any prescription medication during the "By the Great Horn Spoon!" program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. For prescription medication, a form must be completed for each medication prescribed for the period your child will attend the program. The prescription container must be clearly labeled with the following information:

- | | | |
|----------------------------|---------------------|-----------------------------|
| a. Participant's full name | b. Physician's name | c. Physician's phone number |
| d. Name of medication | e. Dosage | f. Expiration date of Rx. |

Each medication must be in a separate container.

In order for your child to **bring** and receive any non-prescription medication (headache remedies, upset stomach remedies) during the program, an **ADMINISTRATION OF MEDICATION** form must be completed by a parent or guardian and your child's physician. Any non-prescription medication you send with your child must be in the original container and clearly labeled with your child's name. **No child will be allowed to take any non-prescription medication unless this form is completed, with a physician's signature, and the medication is sent to the program with the teacher-in-charge.**

If your child is under a doctor's care for an acute or chronic condition, your physician should understand that the child will be away for two or more days. Any special instructions should be attached to this form.

AUTHORIZATION AND CONSENT FOR PARTICIPANT TREATMENT

1. Parents will be notified immediately when a child becomes injured or seriously ill, and aid will be according to the parent's wishes. Arrangements will be made with the parent(s) to pick up their child if desired.

2. A child will not be released during the program to anyone other than parent or guardian except on written or verbal request by the parent or guardian.

3. I/We _____ do hereby authorize the Ocean Institute staff as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medical or Dental Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California. This authorization shall remain in effect until _____ (date) unless revoked sooner in writing and delivered to said agents.

Signature of Adult Participant or Parent/Legal Guardian of Child _____ Date _____

If it is desired that no medical treatment be given to the participant please provide the necessary instruction and sign here.

Signature of Adult Participant or Parent/Legal Guardian of Child _____ Date _____

ADMINISTRATION OF MEDICATION, PAGE 1

Name of Participant: _____

Dates Attending: _____

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous activities and walking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

INSTRUCTIONS

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

Part I: Prescription Medication

MEDICATION 1

Diagnosis: _____ Date of Examination: _____

Medication Prescribed: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 2

Diagnosis: _____ Date of Examination: _____

Medication Prescribed: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

ADMINISTRATION OF MEDICATION, PAGE 2

Name of Participant: _____

Dates Attending: _____

Part II: Non-Prescription Medication

MEDICATION 1

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 2

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 3

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name: "By the Great Horn Spoon!" Program Date: _____

Participant Name: Last: _____ First: _____

Birth date: _____

Guardian Name: Last: _____ First: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos and/or video footage taken of me and others under my care by the Ocean Institute for its promotional purposes.

Parent/Guardian Signature: _____

Today's Date: _____



**ROLLING HILLS COUNTRY DAY SCHOOL
RELEASE AND WAIVER**

We (hereafter called "Undersigned") have full custody of _____
(hereafter called "Student"), a minor. In consideration for permitting the Student to participate in
Outdoor Educational Trip to Ocean Institute called "Activity") on
(Day, Month, Year) May 22 - May 23, 2018 - All Day

The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue Rolling Hills Country Day School (hereafter called "School"), RHCDS Inc., its directors, officers, agents and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the School or otherwise while the Student or the Undersigned are engaged in the above-named Activity.

The Student and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Student and the Undersigned due to negligence of the School, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the above-named Activity.

The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Date _____ Parent or Guardian Signature _____

Date _____ Student Signature _____

EMERGENCY CONTACTS

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the student to be able to immediately contact the parents or guardian.

Residence Phone _____

Father's Daytime Phone, etc. _____

Mother's Daytime Phone, etc. _____

Name of Friend or Relative _____ Daytime Phone _____

Name of Friend or Relative _____ Daytime Phone _____

Name of Friend or Relative _____ Daytime Phone _____

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the school, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Health Care Provider's Name _____ Phone _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

We the Undersigned, parents/guardian of _____, a minor, authorize the School as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of her/his best judgment may deem advisable.

This authorization is given pursuant to the provisions Section 6910 of the Family Law Code of California.

We, the Undersigned, authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions Section 6910 of the Family Law Code of California to surrender physical custody of such minor to the above-named agent(s) upon the completion treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agent(s).

Date _____ Parent or Guardian Signature _____

This paper must be completed, signed, and returned to the School in order for the Student to participate in this Activity. Permission by telephone or fax is not acceptable. Thank you.