

Sky Ranch 2019

Please join us for a Parent and Student informational meeting on **Thursday, April 25 at 7:30am** in the Commons.

Please feel free to email any OK/MK teachers if you have questions about Sky Ranch and the history of this trip at Rivendell.

ALL SIGNED AND COMPLETED FORMS AND FEES ARE DUE BY MONDAY, MAY 6.
PLEASE TURN IN ALL PAPERWORK TO ELISA IN THE FRONT OFFICE.



April 1, 2019

Dear Parents and Students:

This packet consists of the information and required forms you and your student/s will need for the Rivendell Environmental Education Camp at Sky Ranch. The cost of your child's trip must be **paid in full** by the departure date. See the table below for costs per student. ****ALL FORMS AND FEES ARE DUE BY MONDAY, MAY 6.****

Grade	Departure	Return	Summary	Cost
Third	Monday, 5/13	Tuesday, 5/14	1 night, 4 meals	\$160
Fourth	Tuesday, 5/14	Friday, 5/17	3 nights, 10 meals	\$293
Fifth/Sixth	Monday, 5/13	Friday, 5/17	4 nights, 13 meals	\$355

**Cost per student include expenses for subs and teacher pay for chaperoning this event. Rivendell pays half of this total cost (substitutes, cost of teachers to stay at Sky Ranch, etc.), and the remaining half is divided among the expected number of participants.*

Payment:

Please make your check out to **Rivendell School**. Checks written for Sky Ranch will not be deposited until the week of the camp. All outstanding balances, tuition and daycare charges, must be paid *prior* to camp week for your student to be allowed to attend Sky Ranch.

*If your child will not be going to Sky Ranch, other arrangements will need to be made by the family. Unless your child is in third grade, **there are NO classes or extended hours while the class is away.***

Supervision:

This year our Rivendell chaperones include Older Kids Teachers Suzanne and Sarah and Middle Kids Teachers Bryce and Anna. Suzanne, Sarah and Bryce will be at Sky Ranch Monday through Friday. Holly and Anna will be there Monday and Tuesday. Larry Tucci, Rivendell alumni and volunteer, will also be staying all week.

Transportation:

The trip takes approximately three hours *round trip*. **We will need parent volunteers to drive the students to and from Sky Ranch.** Each family will be contacted by a Rivendell staff member via email and/or phone to verify ability for driving. After arrival at Sky Ranch, parent drivers are requested to leave Sky Ranch by 10:30am.

On departure day your camper needs to be at Rivendell by 8:00am with all his/her gear. The carpool will leave promptly at 8:30am. Lunch will be served at Sky Ranch to the campers upon arrival. There is no need to pack a lunch for that day.

It is highly recommended that campers be picked up at Rivendell as soon as they return from Sky Ranch (approximately 2:00pm). *3rd grade students will arrive back at Rivendell on Tuesday and 4/5th grade students will arrive back on Friday.* The kids will be tired and ready to see you!

Sincerely,
Holly



The following packet contains information about Rivendell's Sky Ranch Environmental Education Camp.

Cover Letter:

Describes the overall timeline for arrivals, departures, and payments.

Participant Health Form and Participant Medication Form:

These forms must be signed by a doctor. All medications, both prescription and over-the-counter, must be administered by an authorized adult at Sky Ranch. For example, if you anticipate that your child will need to take Tylenol, there must be a signed (by your doctor) form stating so. Please only use the forms that are provided in this packet. Adults will not administer over-the-counter medications that are not authorized by a physician. See your child's teacher or Elisa in the front office if you need clarification.

Participant Release Form:

This form is for Rivendell and Sky Ranch, and it acknowledges that you give your child permission to participate in all activities.

Visual and Verbal Directions to Sky Ranch:

A map and directions are provided for all participants.

Schedule of the Week:

See what your student will be doing each day.

Packing List:

The packing list is very important. Students and parents, please read it carefully and consider what to bring and what not to bring.

Behavior Contract:

Each student and parent must read, sign and return.

Transportation Release:

Parent must sign and return.



PARTICIPANT HEALTH FORM 2019

RETURN WITH YOUR BALANCE DUE AT LEAST 3 WEEKS PRIOR TO ARRIVAL (Keep a copy for your records)

Last Name _____ First Name _____ Gender _____

Health Insurance Carrier _____ Birth Date _____ Age _____

Health Insurance Group/Policy Number _____ Grade (As of May 2019) _____

INSTRUCTIONS FOR PARENTS/GUARDIANS AND ADULT PARTICIPANTS

1. All Sky Ranch participants (youth and adults) must complete this form in full. A new form must be submitted each year.
2. A Health Care Provider signature is required for all participants. A Healthcare Provider is a Nurse Practitioner, Physician Assistant, Medical Doctor, or Doctor of Osteopathic Medicine (NP, PA, MD, DO).
3. All participants must have a physical exam within 24 months of your week at camp. If you need a physical exam, please bring this form to your appointment. If you have had a recent physical exam, most doctor's offices will complete and sign the form without an appointment.
4. Participants without a Healthcare Provider signature are not eligible to participate in Sky Ranch programs.
5. This form is due three weeks prior to your arrival at Sky Ranch.

HEALTH HISTORY

1. Please complete the health history for the participant. Clearly describe any limitations, dietary restrictions, and allergies. You may attach more information if needed.
2. If the participant has Asthma or has a prescription for an Epinephrine Auto-Injector (Epi-Pen or Twinject), then you must complete an Asthma Care Plan or Epi-Pen Care Plan. Please find these forms at www.skyranchcolorado.org.

MEDICATIONS

1. All routine medications, including prescriptions, over-the-counter medications, and vitamins **MUST** be listed on the Health Form. This section must be completed by your healthcare provider.
2. Please ensure that accurate instructions and dosages are listed on the form. Sky Ranch **MUST** follow the written instructions on this form.
3. Please bring medications to camp in their original, non-expired containers—including vitamins and over-the-counter meds.
4. Sky Ranch stocks a healthcare center with over-the-counter medications. Please **cross off** the medications that should not be administered to the participant.

IMMUNIZATIONS

1. All required immunizations **MUST** be transcribed onto this form. **ATTACHED COPIES ARE NOT ACCEPTABLE.**
2. If the participant is missing a required immunization, an **Exemption Form** must be completed. Exemption Forms can be found at www.skyranchcolorado.org.

HEALTH HISTORY

CHRONIC CONCERNS

- Seizures/Convulsions
- Mononucleosis
- Fainting/Dizzy Spells
- Head Injury
- Sleepwalking
- Frequent Headaches
- Diabetes
- Heart Disease/Defect
- Asthma ****Please complete Asthma Care Plan****
- High Blood Pressure
- Frequent Ear Infections
- Cancer
- Bleeding/Clotting Disorder
- Menstrual Problems
- Kidney Disease
- Developmental Delays
- Learning Disability
- Other

Please explain each item checked: _____

MENTAL/EMOTIONAL HEALTH

- ADD/ADHD
- Anxiety
- Depression
- Bipolar Disorder
- Eating Disorder
- Other

Please explain each item checked and share any other information that will help Sky Ranch care for your child:

DIETARY CONCERNS

- Vegetarian
- Vegan
- Lactose Free
- Gluten Free
- Nut Free
- Other

Please explain each item checked and share any other information that will help Sky Ranch care for your child:

ALLERGIES

- No Known Allergies Insects Foods Medications Other

Please describe allergen, reaction, and treatment. Attach more information as needed. If camper carries an EpiPen, please complete the EpiPen Action Plan.



PARTICIPATION HEALTH FORM 2019

LAST NAME: _____ FIRST NAME: _____

MEDICATIONS—TO BE COMPLETED BY HEALTHCARE PROVIDER

Please complete the form with all medications (prescription, over-the-counter, vitamins) that will be brought to camp. Ensure that dosages and instructions are accurate.

MEDICATION #1

Medication Name (EXACT NAME) _____ Dosage (mg/ml & tab/capsule) _____

Administration Time: As Needed AM PM Other _____ Taken with food

Reason for Giving _____

MEDICATION #2

Medication Name (EXACT NAME) _____ Dosage (mg/ml & tab/capsule) _____

Administration Time: As Needed AM PM Other _____ Taken with food

Reason for Giving _____

MEDICATION #3

Medication Name (EXACT NAME) _____ Dosage (mg/ml & tab/capsule) _____

Administration Time: As Needed AM PM Other _____ Taken with food

Reason for Giving _____

MEDICATION #4

Medication Name (EXACT NAME) _____ Dosage (mg/ml & tab/capsule) _____

Administration Time: As Needed AM PM Other _____ Taken with food

Reason for Giving _____

Please attach additional medications and instructions on a separate page.

STOCK OVER-THE-COUNTER MEDICATIONS

The following medications are stocked in the health clinic at Sky Ranch. These medications are administered by our volunteer health supervisor.

Please cross off any medications that SHOULD NOT BE GIVEN.

Acetaminophen/Tylenol	Bug Spray	Hydrocortisone CR
Alcohol Wipes	BZK Wipes	Ibuprofen/Advil
Aloe Vera	Calamine Lotion	Immodium
Anbesol	Campho-Phenique	Insta-Glucose
Ammonia Inhalants	Cough Drops	Saline Eye Wash
Antacids/Tums	Cough Syrup	Sunscreen
Aquaphor	Diphen/Benadryl	Psuedoval/Sudafed
Antibiotic Ointment	Emergen-C	
BioFreeze	Gold Bond Powder	



PARTICIPATION HEALTH FORM 2019

LAST NAME: _____ FIRST NAME: _____

IMMUNIZATIONS—TO BE REVIEWED BY HEALTHCARE PROVIDER

CERTIFICATE OF IMMUNIZATION
www.coloradoimmunization.com



Colorado law requires this form to be completed by a school health authority or health care provider for each immunized student attending Colorado schools.

6 CCR 1009-2 The Infant Immunization Program and Immunization of Students Attending School: Schools shall have on file an official immunization record for every student enrolled.

Required vaccines	Each immunization date MM/DD/YY					Titer date
Hep B Hepatitis B						
DTaP Diphtheria, Tetanus, Pertussis (pediatric)						
DT Diphtheria, Tetanus (pediatric)						
Tdap Tetanus, Diphtheria, Pertussis						
Td Tetanus, Diphtheria						
Hib Haemophilus Influenzae type b						
IPV/DPV Polio						
PCV Pneumococcal Conjugate						
MAR Measles, Mumps, Rubella						
Measles						
Mumps						
Rubella						
Varicella Chickenpox						

Varicella date of disease	
Varicella positive screen date	

Recommended vaccines	Each immunization date MM/DD/YY				
HPV Human Papillomavirus					
Rota Rotavirus					
MCV4/MPSV4 Meningococcal					
Men B Meningococcal					
Hep A Hepatitis A					
Flu Influenza					
Other					

Please attach Immunization Exemptions, Asthma Care Plans, Epi-Pen Action Plans to this form, if needed.

Return forms to:
805 S. Shields St., Fort Collins, CO 80526
Info@SkyRanchColorado.org
Fax: 970-493-7960

PARENT/GUARDIAN RELEASE

I approve the over-the-counter medications on page 2 for use as needed by the participant. I have crossed off medications that are not approved for use by said participant.

I hereby request and give my permission to the Sky Ranch Lutheran Camp health care worker to administer medication to the participant identified above. I understand that all medications must be provided in the original pharmacy labeled container. I understand my child assumes responsibility for going to the health clinic at specified times for medications.

I hereby give my permission to Sky Ranch Lutheran Camp to give care to the camper identified above in case of illness or injury and understand Sky Ranch Lutheran Camp will attempt to contact me in such event. Sky Ranch Lutheran Camp and its' staff have authorization to obtain medical treatment and procedures for the participant as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate healthcare providers.

Signature of Parent, Guardian, or Adult Participation Date

HEALTHCARE PROVIDER RELEASE (NP, PA, MD, DO)—REQUIRED TO ATTEND CAMP

I have approved the medications and dosages listed above for use by the camper identified above.

I approve the stock over-the-counter medications listed on the front page for use as needed by the camper identified.

I have examined the camper listed above within the last 24 months and have reviewed the health history. It is my opinion that this camper is in satisfactory condition and capable of engaging in all camp activities, unless noted otherwise.

I have completed and reviewed the immunization record.

Signature of Healthcare Provider Date

Printed Name _____ Phone Number _____
Printed Address _____



PARTICIPATION RELEASE FORM 2019

Scanned _____
Entered _____

This form must be filled out annually in order to participate in Sky Ranch programs. Please type or print legibly. Fill out one form for each camper attending. Return with your balance due at least **3 WEEKS PRIOR TO THE ARRIVAL OF CAMP.**

Mail to: Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521 Fax to: 970-493-7960. If you have any questions filling out this form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258)

Participant Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip Code _____

_____ Grade Completed (As of June, 2019) _____

PARENT/GUARDIAN INFORMATION (not applicable for adult participants)

Guardian Name _____ Email _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Employer _____ Address _____

EMERGENCY CONTACT INFORMATION (Must be different from Parents/Guardians)

Contact Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Upon arrival at camp, parents/guardians will indicate who is allowed to pick the participant up from Sky Ranch. If there are individuals who are not authorized to transport the camper from Sky Ranch, please contact our office prior to your week at camp. Please indicate any individuals who do NOT have permission to transport the participant:

I hereby release Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp, its agents, members, and employees, from all liability for any accident, injury or claim arising from the participant named above's use of any of its facilities or participation in any of its programs.

In case of emergency, I understand every effort will be made to contact me and the authorized persons named above. I understand our congregational contact will handle primary medical response. In the event we cannot be reached, I give my permission to camp officials to provide for the participant named above any medical or surgical care. I understand that Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp does not carry health/accident insurance on its participants and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & video taken of the participant named above.

I give permission for the participant named above to go on Sky Ranch Lutheran Camp staff supervised trips away from camp premises, on foot or by vehicle.

I give permission for the camper named above to participate in all appropriate elements of the High & Low Ropes challenge course. I understand that campers who have completed grade six and older can participate in high challenge elements, but that low challenge activities are available with age appropriate activities for all ages.

I give permission for the camper named above to participate in all camp activities with the following exceptions:

X

(Signature of Parent, Guardian or Adult Participant)

(Date)

I understand and agree to abide by any restrictions placed on my participation in camp activities. I agree to abide by all policies regarding personal conduct. If I do not cooperate, or become a hindrance to the camp program, I understand I will be sent home.

X

(Signature of Camper)

(Date)

Last:

First:

Week:

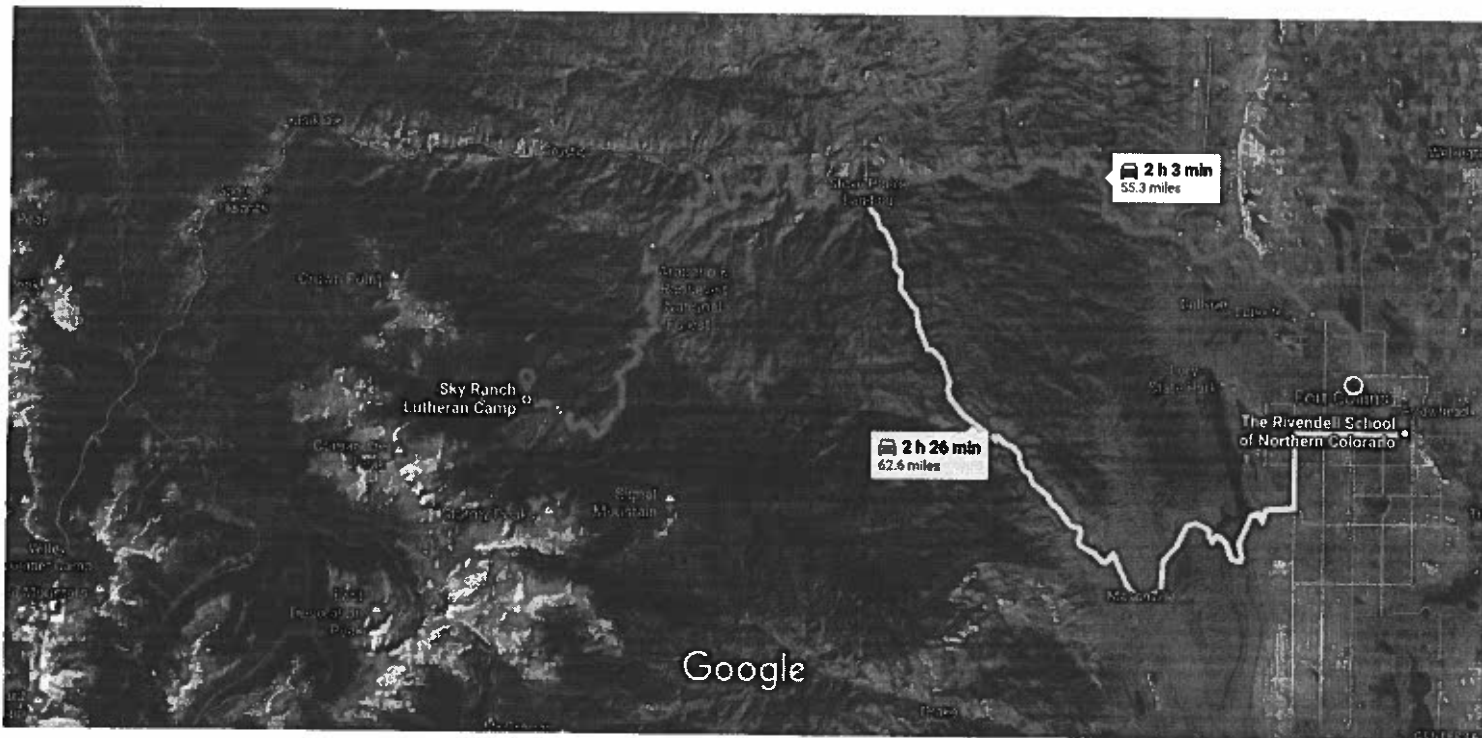
Program:



Google Maps

The Rivendell School of Northern Colorado to Sky Ranch Lutheran Camp

Drive 55.3 miles, 2 h 3 min



Imagery ©2019 Google, Map data ©2019 Google 2 mi

The Rivendell School of Northern Colorado

1800 E Prospect Rd, Fort Collins, CO 80525

Follow Riverside Ave to Jefferson St






- ↑ 1. Head north toward Riverside Ave 5 min (2.0 mi)
- ↘ 2. Turn right onto Riverside Ave 364 ft
- 2.0 mi

Take CO-14 W to Pingree Rd

- ↑ 3. Continue onto Jefferson St 52 min (36.2 mi)
- ↘ 4. Turn right onto US-287 N/N College Ave 0.4 mi
 - 📍 Continue to follow US-287 N
 - 📍 Pass by Burger King (on the right in 1.3 mi)
- ⤴ 5. Merge onto CO-14 W/US-287 N via the ramp to Laramie/CO-14/Poudre Canyon 3.4 mi
- ↙ 6. Turn left onto CO-14 W 6.2 mi
- 26.2 mi

Take N Co Rd 63E/Pingree Park Rd to W Co Rd 145**Campground**

1 h 8 min (17.0 mi)

-  7. Turn left onto Pingree Rd
-  8. Turn left onto N Co Rd 63E/Pingree Park Rd
-  9. Turn right onto W Co Rd 145 Campground
-  10. Turn right to stay on W Co Rd 145 Campground
 -  Destination will be on the left

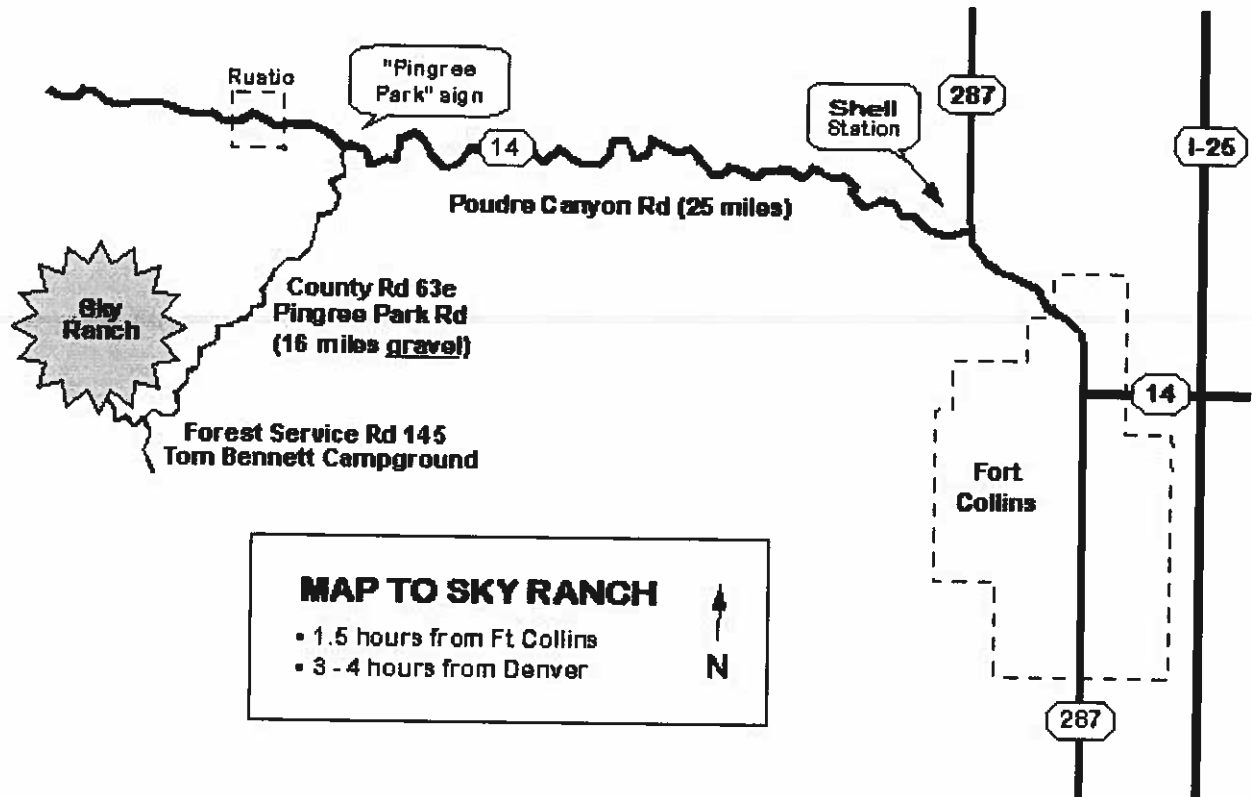
Sky Ranch Lutheran Camp

38999 Co Rd 44H, Bellvue, CO 80512

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Sky Ranch is located 55 miles west of Fort Collins. Driving from Fort Collins to camp takes around 1.5 hours. After leaving Fort Collins, cell service and GPS do NOT work. Please make sure you know your route prior to departing!

1. From Fort Collins, drive North on US-287
2. Turn left onto the Poudre Canyon Road. You will see a Shell gas station. This is your last place for gas and cell service!
3. After following the Poudre Canyon Road for 26 miles, turn left onto County Road 63E (also known as the Pingree Park Road).
4. Stay on the gravel road for 16 miles.
5. Turn right onto Forest Service Road 145. You will see signs for Tom Bennett campground and Sky Ranch. If you reach the CSU Mountain Campus, you've gone around 2 miles too far.
6. After 2 miles, arrive at Sky Ranch!



Sample Schedule

		2019 Environmental Education			
		Tuesday May 14	Wednesday May 15	Thursday May 16	Friday May 17
Monday May 13	8:00	Breakfast	Breakfast	Breakfast	Breakfast
	8:30	Teacher Arrival & Staff Meeting	Colorado History & Tree Cookie Project	Day Hike (Lunch on Trail)	Colorado History & Tree Cookie Project
	9:00	3rd and 5th Arrival	Clean Up		Journal
	9:30	Settle In and Orientation	Lunch		Lunch
	10:00				Graduation
	10:30				4th - 5th Farewells
	11:00				
	11:30				
	12:00				
	12:30				
	1:00	Earth Play	Low Ropes - 4th	Pioneer History (Candle Making)	
	1:30	Snack	High Ropes - 5th	Snack/Journals	
	2:00	Survival Skills	Snack/Journals	Free Time	
	2:30	Snack	Free Time	Dinner	
	3:00	Low Ropes	Dinner	Dinner	
	3:30	Free Time	Games	Skit Prep	
	4:00	Free Time	Night Activity	Skit Night	
	4:30	Free Time	Staff Meeting	Staff Meeting	
	5:00	Free Time	Staff Meeting	Staff Meeting	
	5:30	Dinner	Staff Meeting	Staff Meeting	
	6:00	Dinner	Staff Meeting	Staff Meeting	
	6:30	Owl Pellets/ Games	Staff Meeting	Staff Meeting	
	7:00	Indoor Games	Staff Meeting	Staff Meeting	
	7:30	Campfire	Staff Meeting	Staff Meeting	
	8:00	Campfire	Staff Meeting	Staff Meeting	
	8:30	Campfire	Staff Meeting	Staff Meeting	
	9:00	5th Grade Walk	Staff Meeting	Staff Meeting	
	9:30	Bed	Staff Meeting	Staff Meeting	
	10:00	5th Grade Walk	Staff Meeting	Staff Meeting	
			Sky Ranch Staff in Cabins by 9:15 p.m.		

Notes:

SUPPLY CHECKLIST

The following is a supply list of recommended clothing and equipment that students should bring with them to camp. Keep in mind that the majority of our time will be spent outdoors, so bring plenty of warm clothes, shoes/boots and rain gear. At 9200 feet, the climate tends to be more winter-like during spring. **DO NOT BRING:** valuable items, jewelry, weapons, food, candy/gum, ANY electronics, pets, etc. Rivendell School and Sky Ranch are not responsible for campers' personal items. It is recommended that **all items are marked** with the student's name.

Plenty of Warm Clothing (adjust to the number of days you are attending)

- Warm pajamas
- 2-3 pairs of jeans or pants
- Warm sweaters/jackets
- Daily change of socks and underwear (extra socks are recommended)
- Heavy and light shirts
- 2 pairs of sturdy footwear (hard-soled shoes helpful)
- Raingear
- Knit cap or hat with brim
- Heavy jacket or coat
- Mittens/gloves
- Snow pants
- Snow Boots

Bedding: (Sky Ranch provides bunk beds and mattresses)

- Sleeping bag or at least two blankets
- Pillow

Toiletries:

- Toothbrush and paste
- Soap
- Towel and washcloth
- Brush/comb
- Chapstick/Lip balm with sunscreen
- Tissues

Mandatory Items:

- Water bottle
- Whistle on a chain, cord or lace
- School-type backpack, not camping style
- Sunscreen

Useful Items:

- Notebook or writing paper
- Pencils/Pens
- Camera
- Flashlight/Headlamp
- Books to read



Camper Behavior Contract

I understand the Sky Ranch Environmental Education Week is a planned part of the Rivendell curriculum. The same behavioral expectations are in effect at Sky Ranch as during the school day at Rivendell. Respect for adults and the other students is essential to assure the safety of everyone, as well as providing an enjoyable experience.

I promise to use appropriate language, exhibit responsible behavior and cooperate with the adults in charge. I understand the failure to do so will result in my parents being called to pick me up.

Student's Name _____

Student's Signature _____

Parent Name _____

Parent Signature _____

Transportation Release

Rivendell will not be providing transportation for your child to and from Sky Ranch. But we will coordinate carpooling with all families of children attending. If you are available to be a driver, please contact Madeline.

I understand Rivendell is not responsible for my child's transportation to and from Sky Ranch. I also understand that Rivendell is not liable for any incidents that may happen in the transport of my child to and from Sky Ranch.

Parent Name (Printed) _____

Parent Signature _____

Child's Name _____