

## Summer@Saklan Behavioral Code

### ***Behavioral Expectations***

Summer@Saklan expects everyone to be positive, contributing members of our community at all times. We are committed to the principles of respect for self and others, and responsibility for our actions and the care of our community. Within the framework of a fun and engaging program, we expect all campers to follow these rules of behavior:

### ***At all times...***

1. Campers are expected to conduct themselves with tolerance and respect for each other regardless of an individual's race, religion, culture, gender, sexual orientation, thoughts, hopes or dreams.
2. Campers will respect all Saklan property and will not break, damage or deface the buildings and grounds, materials, books, laptops, printers and furnishings.
3. Campers will respect the personal property, belongings and materials of campers and instructors.
4. Campers will respect the rights of fellow campers without fighting, teasing or name-calling.
5. Campers will use language that is free from vulgarity and profanity.
6. Campers will be honest in their words and deeds.
7. Campers will act in a way that does not disrupt the work of the instructor or the participation of other campers.
8. Campers will walk, not run, in and around classrooms and keep their voices quiet as not to disturb other campers and instructors.
9. Campers will clean up after themselves, especially after meal times and swimming.
10. Campers will use the playground equipment properly and safely, as well as sharing with other campers.
11. Grabbing, wrestling, tackling and rough-housing are not allowed during camp.
12. Campers will not use sticks, stones, or other materials that may cause harm or injury.

### ***Philosophy***

At Summer@Saklan, we expect our campers to conduct themselves with respect for themselves and each other, the school, and greater community and environment at all times, both on campus and off. We empower students to become more independent and confident in their communication skills and understanding of the world around them. Our goal for summer learning is to give campers unique and fun opportunities to explore through guided inquiry, first-person interaction with other cultures and languages, and exciting field experiences in our amazing home, the Bay Area. It is imperative that all students commit themselves to meet our standard of behavior while they are in attendance in order to best support the learning environment for students of every background and ability. We reserve the right to take disciplinary action such as suspensions or expulsion in extreme cases.

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Signature of Parent/Guardian

Date

## BLANKET PERMISSION FORM

Child's Name:

DOB:

**If you do not agree to any of the below listed items, please cross them out and initial each item you delete. Otherwise, the School will assume that you have read and agreed to all of the conditions.**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the School held on and off The Saklan School campus. Any physical restrictions or limitations are listed below.

I hereby grant permission for my child to leave the School premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Head of School or Extended Day/Summer Camp Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent or guardian through any of the persons listed on the Emergency Form completed by the parent or guardian.
4. If we cannot contact the parent, guardian or physician, we shall do any or all of the following: (a) call another physician, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member. (Kaiser Plan requires that you fill out a special form at their facility and have it on file there. They will not take a child for emergency treatment unless the form has been completed.)
5. Any expenses incurred under #4, above, will be borne by the child's family.
6. The School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The School will not assume responsibility for a child who has not been signed in when he/she arrives for the day, if a parent or guardian drops the child off. Desk personnel signs in all children dropped off by a bus or arriving from another classroom, during the school year.

### Please initial on the line provided:

\_\_\_\_\_ Classes often go on trips to nearby places such as a public library or park. I give permission for my child to participate in field trips sponsored by the School.

\_\_\_\_\_ I hereby give my permission to The Saklan School to use photographs, films, and/or videotapes of my child/children, my child/children's artwork, or other school work, or any other projects, in promotional displays,

mailing brochures, yearbooks, newsletters, advertising, web sites, and/or publications that the School may produce.

### Please list any restrictions or exceptions you may have (medical, equipment or excursion restrictions)

**I have read the above information and agree to the contents, except as noted.**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## EMERGENCY INFORMATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Allergies \_\_\_\_\_

## Family Information

Names listed below are authorized to pick up my child(ren) unless otherwise indicated

Name of Parent/Guardian \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Authorized Emergency Pick-Up List

Names of persons authorized to pick up in the event of an emergency or if you are late and cannot be reached.

(If you wish to assign someone as a temporary or permanent pick up for you child, you must provide The Saklan School with a written, signed, and dated authorization.)

Name /Address /Phone /Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PARENT MEDICAL AUTHORIZATION

Please write the name and date of birth of your child/ren:

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

## AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I hereby authorize an adult representative of THE SAKLAN SCHOOL to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child/ren upon the advice of a physician and/or surgeon licensed under the provisions of the California Medical Practice Act, or to consent to any x-ray exam, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to my child by a dentist licensed under the provisions of the California Dental Practice Act. I further certify that, if divorced, I have joint or sole custody of the child/ren named above.

## CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to **THE SAKLAN SCHOOL** to **provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child/ren listed above.** This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian (print name) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## NON-PRESCRIPTION MEDICATION RELEASE

Student Name:

Grade Level:

I give my permission to The Saklan School to administer non-prescription medications when appropriate.

Parent: Please indicate whether or not you approve of the use of the items listed below:

	Yes	No
Hydrogen Peroxide	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen (provided by family)	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian

Date

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**FOR OFFICE USE ONLY**

Date	Time	Medicine Administered

## Summer@Saklan 2022 T-shirt Order Form

Each Mini Camper or Explorer is entitled to a Summer@Saklan camp T-shirt. Please indicate below with a checkmark your camper's T-shirt size.

Camper Name(s):

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Shirt Size (Youth XS-XL)	Quantity

