

What Makes a Great IslandWood Chaperone?

Your attitude and positive influence on the students is a key element to the success of this program. We cannot run the IslandWood School Overnight Program without your help! Here are some of the qualities we value in IslandWood chaperones:

Be a Great Role Model

- Demonstrate responsibility, flexibility, initiative, and integrity
- Show excitement for learning
- Take delight in the natural environment
- Be physically and mentally prepared for being outside and on the trails in all weather
- Be a team player
- Have fun!

Be Well Informed

- Attend the Monday orientation for chaperones at IslandWood held shortly after your arrival
- Ask questions of the IslandWood instructor if unclear on your role at any time.
- Follow the rules and guidelines of the school and of IslandWood
- Communicate with the teacher and IslandWood instructor regularly

Have a Strong Commitment to the Group

- Arrive and depart with the school and remain throughout the program
- Stay with the field group throughout the day
- Keep the group together on the trails by bringing up the rear
- Participate with your group in evening activities (campfires, night hikes, etc.)
- Take the lead at your dining table to initiate conversation amongst the kids
- Turn your cell phone off during the field or whenever interacting with the kids
- Try to give equal attention to all the kids in your group



Selecting Chaperones

Our Chaperone Policy: We require one adult chaperone from your school for every field group. (Field groups are approximately 10-12 students each. Contact the registrar before recruiting chaperones to see how many field groups you will have during your visit.) Any interested, committed adult may be a chaperone, although most schools bring parents or school staff. Classroom teachers may also be chaperones. However, we require chaperones to remain with the same field group the entire stay, and teachers usually prefer to “float” among different field groups throughout the week in order to spend some time with all of their students. Ideally, then, your school would bring enough chaperones to cover each field group and then have your teachers operate as “floaters.”

Parents are not allowed to be in the same field group as their children. This is an IslandWood policy. If there is a medical reason that requires an exception, please call the Registrar ahead of time to make arrangements.

Chaperone Role: During the field day, the chaperone role is mainly one of enthusiastic support. Chaperones stay with the field group throughout the day and follow the instructor’s lead as to when to be an active participant and when to be an observer in the group. They also help to enforce the behavior standards outlined by the IslandWood instructor. Chaperones stay with the same field group throughout the week to build rapport. Chaperones will be further briefed on their field role during the adult orientation the first day.

Outside of the field day, the chaperone assumes a more active role. Working with the teachers, chaperones will supervise the kids from 4:00 p.m. until the next morning’s Friendship Circle gathering. Duties may include some or all of the following: organizing games during the free time at the lodges; bringing the kids to the dining hall for meals; being in charge of a dining table; helping kids prepare for the evening programs (led by IslandWood instructors); comforting children who are homesick throughout the night, etc.

Chaperone Selection. The number of chaperones you may bring to IslandWood is limited by the number of field groups your school will have and the number of adult beds you have been assigned. **Before promising spots on the trip to parents, please wait to see how many field groups you have been assigned or call the Registrar to get the maximum number of chaperones you are allowed.** If you have more parents interested than spots to fill, here are criteria to look at to help make your selections easier:

1. Chaperones must be willing to be in field groups during the day that **do not** contain their children. Parents can be with their children in the same lodge at night and at the same dining table for meals.
2. Chaperones must commit for the entire stay, Monday through Thursday.
3. Chaperones need to be comfortable disciplining children other than their own. This may include children from another school.
4. The chaperone must be physically fit to keep up with kids all day on a 255-acre campus.
5. Chaperones should include a mix of men and women if you are bringing boys and girls.
6. Chaperones need to be mindful that IslandWood is a school and not a camp. Their role may be more passive than they are used to if they have attended camps with kids in the past, and governed by more rules: no smoking, no alcohol, no outside guests, etc.
7. Adult attitudes and involvement have a significant impact on the experience students have at IslandWood. The best chaperones are role models for living cooperatively, learning with enthusiasm, and enjoying the outdoors.

IslandWood Release Form (Adult-18 years and older)

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN INK

Participant's Name: _____
School/Group: _____ Program Dates: _____
Participant's Age: _____ Birth Date: _____ Gender: Female Male
Address (include city and zip): _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACTS:

1) Name: _____ Day Phone: (____) _____
Evening Phone: (____) _____ Pager/Cell: (____) _____ E-mail: _____
2) Name: _____ Day Phone: (____) _____
Evening Phone: (____) _____ Pager/Cell: (____) _____ E-mail: _____

Please read the following carefully before signing:

CONSENT AND RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT:

I am familiar with the program for which I, the participant, am registering. I understand that this program involves activities of a physical nature that will take place in an outdoor environment, and may include hiking on trails and rough terrain and in the vicinity of bodies of water, overnight camping and walking on high bridges and canopy walkways. I further understand that there are risks associated with these kinds of activities.

As a condition of participation in this program and/or the use of IslandWood equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my participation, and I agree not to hold IslandWood responsible, and their respective agents and employees, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from participation in this program and/or the use by me, the participant, of any IslandWood facilities and /or equipment.

If I am taking any medication, I understand that IslandWood will not be responsible for administering such medication. I hereby give permission to personnel of ISLANDWOOD to authorize any x-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, me, the participant, as may be required in the event of an emergency. If the emergency contacts designated previously cannot be contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to me, the participant, as may be necessary under the circumstances, including hospitalization.

I certify that I have completed the Health History and Health Questionnaire on the reverse side of this form fully and accurately and accept full responsibility for any errors or omissions.

PHOTOGRAPH AUTHORIZATION: I agree that any photographs or video taken by any IslandWood personnel of myself as a program participant shall be the property of IslandWood, and may be used by IslandWood, at its discretion, for any publicity, education, marketing and/or advertising purposes and I hereby consent to and authorize such use without restriction.

I HAVE READ THE AGREEMENT, AND FULLY UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS.

Signature: _____ Date: _____

Print Name: _____

**BEFORE RETURNING THIS FORM TO YOUR SCHOOL,
BE SURE TO COMPLETE THE MEDICAL/DIETARY QUESTIONS ON REVERSE!!!**

<p>Physical Condition:</p> <p>Please list any physical/medical conditions that would be helpful for us to know in an emergency:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you capable of participating in an easy to moderate 3-mile hike, with frequent rest stops? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medications:</p> <p>Are you taking any medications? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, please list and describe:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name of Medication</th> <th style="text-align: left;">Dosage & Instructions</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> <tr> <td>4) _____</td> <td>_____</td> </tr> </tbody> </table> <p>Are you current on your tetanus injections? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	Name of Medication	Dosage & Instructions	1) _____	_____	2) _____	_____	3) _____	_____	4) _____	_____
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1) _____	_____										
2) _____	_____										
3) _____	_____										
4) _____	_____										
<p>Allergies (This box is for allergies only. Food likes and dislikes may be noted in Dietary Preferences)</p> <p>Please name any non-food allergies that you have. (If allergies are severe, medication must be carried):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List any foods that you are allergic to and cannot eat. What symptoms do you experience if you eat this food?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What precautions, if any, does IslandWood need to take besides not serving you this food? Feel free to attach a Food Allergy Action Plan if you have one.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dietary Preferences/Restrictions</p> <p>Please circle any that apply:</p> <p>Vegetarian</p> <p>Vegan</p> <p>No pork</p> <p>No red meat</p> <p>No nuts</p> <p>No dairy or limited dairy (lactose intolerance)</p> <p>No wheat</p> <p>Other: _____</p> <p>_____</p> <p>_____</p>										
<p>Miscellaneous</p> <p>Is there anything else that you believe is important for us to know in regard to your participation in this program? If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Care</p> <p>Name of physician: _____</p> <p>Physician's Telephone: _____</p> <p>Is participant covered by any medical insurance? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so:</p> <p>Carrier: _____</p> <p>Group # _____</p> <p>I.D. # _____</p> <p>Subscriber Name (if different than participant): _____</p> <p>_____</p>										

*****Please read and sign the front of this page.*****