Outdoor Education
Returning Counselor Handbook

Student Name, High School and Session

Harford County Public Schools
102 South Hickory Avenue
Bel Air, Maryland 21014

2014-2015
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*Returning Counselor Handbook*

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Dear Returning Counselor,

Congratulations! You have been selected again to be a counselor for the residential outdoor education program. The dates of your assigned session are printed on the front of this handbook. Since you are an experienced counselor, you will not attend a new counselor training session. Please share the information in this handbook with your parents.

Remember, when you arrive at Harford Glen, the main gate on Wheel Road will be closed. Please use the call box at the gate to notify the staff that you have arrived. The automated gate will be opened and will immediately close behind you. Follow the signs and make the first left to park in the lot next to the Dining Hall.

It is necessary for you and your family to arrange for your transportation both to and from Harford Glen. You will be expected to arrive at Harford Glen on the morning of the first day of your session between 7:30 and 7:45 A.M. and you will remain at Harford Glen until 2:00 P.M. on the last day, at which time you are dismissed to return home.

At the back of the handbook you will find Homework Sheets to present to your teachers informing them of your participation in the program and requesting a list of assignments you should complete during your time at Harford Glen. Time will be provided during the session for you to work on your assignments. In addition, on page fifteen there is a notification form that you will fill in for your homeroom teacher to insure that your attendance is marked correctly while you are volunteering in this Harford County Public School program.

Each counselor participating in the program will need a completed Consent for Administration of Approved Discretionary Medications & Health Contact Information form, found on page twelve, signed by the parent/legal guardian. This form also serves as the permission slip for the program.

If you have medications and medication permission forms on file at school, you do not need additional forms completed by your physician. As with any field trip, the school nurse will make copies of the school medication permission form for you to bring with the medication to Harford Glen.

If you need to take additional prescription or non-prescription (over-the-counter) medication or doses while at Harford Glen, other than those included on the Discretionary Medications form or those on file at school, a Medication Policy and Permission Form for each medication must be completed by a physician/prescriber and signed by a physician/prescriber and parent/legal guardian. Please read the Medication Policy and Permission Form, found on page nine, for further instructions.

Only the needed doses of medication for the time spent at Harford Glen should be sent. Please send only the medications that are absolutely necessary and make sure that the medication has not expired.
Our commitment to your parents is that you will be supervised by the Harford Glen staff during the entire program. If it is necessary for you to leave Harford Glen during the session, you must bring a signed Permission to Leave Harford Glen form, found on page thirteen, and sign out and in at the nurse’s office. As always, a 9:30 P.M. bedtime curfew will be enforced.

There will be a phone available for your use. Your family can call Harford Glen at 410-638-3903. This is the number we will use for messages. It rings in the nurse’s office as well as our main office. If there are any questions from you or your parents, please contact me prior to your assigned session. You are welcome to call or e-mail me at ruth.eisenhour@hcps.org.

Please report to the Dining Hall when you arrive on the first day of your residential session. You must have with you at that time:

1. Completed Consent for Administration of Approved Discretionary Medications & Health Contact Information form, signed by a parent
2. *Medication and a completed Medication Policy and Permission Form(s) if you need to take medication while at Harford Glen, signed by a parent and an authorized prescriber
3. *Permission to Leave Harford Glen form, signed by a parent
4. Homework Sheets, signed by your teachers
5. *Your tree cookie nametag (we like to reuse!)
6. *Your license plate number if you plan on parking your car in our lot while you are here.

*If applicable

You may view schedules, menus and copies of the forms on the Harford Glen website, www.harfordglen.org. A final schedule for your session will be given to you on the first morning of the program.

Please do not ask to switch sessions. I have assigned you to a session that you and your parents chose on your application. In the event of any last minute emergency, please call Harford Glen to notify us. We are counting on you to be here and are looking forward to working with you.

Sincerely,

Ruth W. Eisenhour
Teacher-In-Charge of Outdoor Education
Directions: From Route 24, turn west onto Wheel Road (the light for Wheel Road is next to the Festival Shopping Center), go straight through the traffic circle at Tollgate Road and continue until Wheel Road reaches a dead end at the Harford Glen gate. The distance from Route 24 to the gate is about one mile.

If the main gate on Wheel Road is closed when you arrive, please use the call box at the gate to notify the staff that you have arrived. The automated gate will be opened and will immediately close behind you. Follow the signs and make the first left, right before the yellow gate, to park in the lot next to the Dining Hall.
HARFORD GLEN OUTDOOR EDUCATION COUNSELOR RULES

Counselors for the residential outdoor education program must follow all Harford County Public School rules detailed in the current Parent-Student Handbook as well as those which apply to special circumstances at Harford Glen. Failure to comply with the rules may result in serious consequences.

*Each counselor participating in the residential outdoor education program must submit all applicable forms located in the back of the counselor handbook. He or she is also responsible for notifying all high school teachers and collecting class work before the session.

*Students may not transport or have in their possession any medication. Talk with your school nurse if you feel an exception needs to be made for an Epi-Pen or inhaler.

*Counselors will respect and follow the set curfew, 9:30 P.M. All counselors will be in the lodge and remain there throughout the night. If there is an emergency, illness, or injury, the teacher in the lodge needs to be contacted and he or she will use the walkie-talkie to notify the nurse or camp leader on duty. Counselors are expected to go to bed and go to sleep after curfew. Gathering in the restrooms or in the hallway is not permitted. If counselors are found to be missing from their lodges or other designated places after curfew, the parents of missing counselors will be contacted.

*Counselors will spend their study time and free time in the Chickadee counselor area. During free time, counselors will not be outside, on the trails or anywhere else not designated by the Harford Glen leadership. The Harford County Public School dress code will be followed at Harford Glen. Please dress appropriately for the outdoors.

*Counselors may not leave Harford Glen for any purpose without written permission of a parent/legal guardian. Please complete the Permission to Leave Harford Glen form located in the counselor handbook and bring it with you on the first morning of the program. Counselors must sign out when leaving and sign back in when returning to Harford Glen. This is to be done in the nurse’s office.

*Counselors may not handle camper medicines. The classroom teacher is responsible to pick up, sign out, carry, supervise the use, and return all student medicines.

*Counselors who drive themselves to Harford Glen will turn in their car keys to the nurse. Keys will be locked in the nurse’s office and checked out when a counselor has permission to leave Harford Glen. Counselors found in the parking lot without permission from the Harford Glen staff will be sent home immediately.
*Public displays of affection are inappropriate and are not permitted.

*The possession and/or use of cell phones and other portable communication devices is not permitted. Harford Glen has a phone counselors may use. Counselors that bring cell phones must lock them in the nurse’s office.

*Photographs and videos taken at Harford Glen must not be posted on the internet. To do so would be a violation of Harford County Public Schools privacy policies, as well as the trust of the participating students, parents, teachers, administrators, and Harford Glen staff.

* The Harford Glen staff will build and tend all campfires.

*If a high school student violates any rule, severe consequences, which may include suspension from school, will result and the counselor will be banned from participating in future Harford Glen sessions. Parents of such counselors may be called to take their daughter or son home. The counselor's high school will be notified about the incident and further action may be taken by the school administration. Harford Glen is required to call law enforcement if it is clear that the law has been broken.

The signatures of the volunteer counselors and their parents on the counselor application serve as confirmation that they have been advised of these expectations and that the counselor agrees to abide by these policies.
Residential Program
Inclement Weather Policy

Delay on the first day of the program

If HCPS delays the opening of school on the first day of the program, the Harford Glen Program will also be delayed the same amount of time.
- For example, if HCPS delays opening of schools for two hours, the bus will pick up the fifth grade students at school at 11:00 am (or 11:30 for fourth tier schools).
- Also, instead of the counselors arriving at Harford Glen at 7:30 am, they should arrive at 9:30 am.
- All counselors and teachers should call Harford Glen at 410-638-3903 prior to leaving to be sure that the entrance road and parking lots have been cleared.

Cancellation on the first day of the program

If HCPS cancels school on the first day of the program, the Harford Glen program will also be cancelled for that day. Whenever schools open the following day, whether it is on time or a delayed opening, busses will arrive to pick up the fifth grade students. If it is a delayed opening, see above.

Counselors should report to Harford Glen whenever school opens, but please call before leaving home.

Threat of inclement weather during the program

If severe weather is forecast during your session, the Harford Glen staff will consult with the elementary school administrators and the transportation division of Harford County Public Schools to determine whether your students will remain at Harford Glen, if the session will be modified, or if the session will be cancelled and rescheduled.

**The HCPS automated telephone messaging system will be used to notify parents and guardians if inclement weather changes the Harford Glen schedule. Please ensure that all emergency contact phone numbers are up to date and that the number provided is one where a parent or guardian can be reached at any time of day or night during your child’s visit to Harford Glen.**

Revised August 2014
PERSONAL EQUIPMENT LIST
Please label everything you want to keep!

Essential:
☐ Sleeping needs
  ☐ Pillow and case
  ☐ Sheets and blankets OR sleeping bag
☐ 3-5 pairs of pants (and 3-5 pairs of shorts if warm weather is forecast)
☐ 4-6 lightweight shirts - at least 1 must have long sleeves (remember the dress code)
☐ 1 warm jacket or heavy sweatshirt
☐ Winter coat (not a sweatshirt), mittens or gloves, and warm hat (for cold months)
☐ 2-3 pairs of comfortable walking shoes (no sandals or flip-flops)
☐ 4-6 pairs of long socks
☐ 4-6 sets of underwear
☐ 1 pair of pajamas
☐ Toiletries in a bag
  ☐ Bath towel
  ☐ Deodorant
  ☐ Hairbrush/comb
  ☐ Lip balm
  ☐ Shampoo, conditioner
  ☐ Soap
☐ Toothbrush, paste, & floss
☐ Wash cloth
☐ Poncho or waterproof raincoat
☐ Hat or bandana
☐ Reusable water bottle
☐ Watch (cell phones may not be used as timepieces)
☐ Alarm clock (cell phones may not be used as alarm clocks)
☐ Completed and parent signed Consent for Administration of Approved Discretionary Medications & Health Contact Information form
☐ Completed and parent/physician signed Medication Policy and Permission Form (if needed)
☐ Permission to Leave Harford Glen form signed by a parent (if needed)
☐ School books and Homework Sheets for all classes
☐ Flashlight
☐ Tree Cookie Nametag (if you are a returning counselor)

Optional:
☐ Laundry Bag
☐ Camera and film
☐ Flip-flops (for showers only)
☐ Comfortable waterproof shoes for rainy days and dewy mornings (Boots will be provided for Stream Doctor participants)
☐ Warm shoes/boots (for cold months)
☐ Hair dryer
☐ Sunscreen lotion
☐ Insect repellent lotion
☐ Food and drinks (not allowed in lodges)

Do Not Bring:
☒ Firearms or Knives
☒ Portable radios, CD players, MP3 players, etc.
☒ Matches or lighters
☒ Electronic game systems or games
☒ Cell phones
☒ Jewelry
☒ Valuables
NOTES
This form must be completed and signed by the student’s health care provider and parent/guardian for all prescription and over the counter medications.

- All medication must be accompanied by this form and a separate form must be completed for each medication.
- Students are not permitted to carry medication on the Harford Glen grounds.
- Medication must be brought to Harford Glen by a parent/guardian or responsible adult.
- Prescription medications must be in a labeled prescription container with specific instructions.
- Over the counter medications must be in the original container.

HEALTH CARE PROVIDER INSTRUCTIONS FOR GIVING MEDICATION AT HARFORD GLEN

Student Name: __________________________ Date of Birth: ___________ Grade: __________

School: ___________________ Allergies: ________________________________

Medication Name: __________________________ Route: ___________________________

Reason for Administration: ______________________________________________________

Exact dose to be given (Must specify in mg and/or # of puffs): __________________________

Time/Frequency of Administration (see standard times below):

(2) hour 30 AM, after breakfast 8:30 AM, before lunch 11:30 AM, after lunch 12:30 PM, before dinner 5:00 PM, after dinner 6:30 PM, bedtime 8:30 PM)

If PRN, frequency: _______________ for what symptoms: __________________________

Health Care Provider Signature: __________________________ Date: ________________

Health Care Provider Name (Printed): __________________________ Phone/Fax: ______________

PARENT/LEGAL GUARDIAN AUTHORIZATION

Parent/Legal Guardian Signature: __________________________ Date: __________ Phone: __________

FOR HARFORD GLEN PERSONNEL USE ONLY

Harford Glen Nurse: Medication received upon arrival - # of pills/capsules/bottle/inhalar: ______ Signature: __________________________
CONSENT FOR ADMINISTRATION OF APPROVED DISCRETIONARY MEDICATIONS at HARFORD GLEN

Dear Parent/Guardian:

On the reverse side of this letter is a consent form for the administration of certain nonprescription/over-the-counter medications which will be available, at no charge, for all students at Harford Glen. This service is available to alleviate your student’s minor discomforts and to avoid early dismissal. These medications are approved by the Harford County Health Department and the Nurse Coordinator for Harford County Public Schools. This service helps our students improve attendance and enhance academic performance.

Your consent must be obtained before any medication is given to your student. Only the Registered Nurse/Licensed Practical Nurse at Harford Glen may administer these medications in accordance with established protocols. The consent form lists the medications which may be available. Please complete the consent form and bring it to Harford Glen on the first day of your child’s session. The consent is in effect for the Harford Glen field experience only. All information may be shared with staff on a need-to-know basis unless otherwise notified.

Approved discretionary medications are intended for occasional use only. Discretionary medication will be administered at the discretion of the Harford Glen nurse. If your student requires any prescription or nonprescription medication on a regular basis, you must obtain a written order from your health care provider and supply the medications.

If you have any questions or would like further information, please contact your school nurse.

Sincerely,

Dr. Russell Moy, MD, MPH
Deputy Health Officer
Harford County Health Department

Mary Nasuta, RN, MS, NCSN
Nurse Coordinator
Harford County Public Schools
Harford Glen Counselor Consent for Administration of Approved Discretionary Medications & Health Contact Information

Student Name: ___________________________ DOB: ___________ M / F: _______

Student Weight: _______ School: ___________________________________________ Grade: ___________

Address: ________________________________________________________________ Home Phone: ___________

Medication Allergies/Sensitivities: ___________________________________________

List ALL Medications your student takes on a regular basis: ___________________________________________

Reason for Medication(s): __________________________________________________

Physician: ___________________________________ Phone: ___________ Dentist: ___________ Phone: ___________

MEDICAL/HEALTH PROBLEMS: Check all that apply:

Severe Allergy* Cancer Hearing Impairment Neurological Impairment

Food ___________ Cardiac Conditions IEP __504 plan Orthopedic Impairment

Insect ___________ Diabetes** Kidney/Urinary Seizure Disorder**

Medication ___________ Fears Limited Physical Activity Sleepwalking**

Asthma ___________ Genetic Disorder Loss of Vision __Blind Shunt/Hydrocephalus

Rescue Inhaler ___________ ADHD __GI Conditions Mental Health

Other ___________ Bleeding Disorder Glasses __Contacts Migraines

Migraines ___________ Other

If yes, explain: _____________________________________________________________

* IF Severe Allergy Noted Above – Student Uses: EpiPen® _______ Benadryl* _______ No Medication _______ Other Medication (severe allergy only) _______

**Student will sleep on a bottom bunk

Is there anything else you want the Harford Glen staff to know?

MEDICATION ADMINISTRATION:

I give permission for my student to receive any medication listed below on this form as deemed by the Registered Nurse/Licensed Practical Nurse. I understand that a generic equivalent may be used.

I would like the following medication(s) made available to my student. (Please check)

For Upset Stomach For Mild Allergic Reactions For Coughs / Sore Throat

_] Chewable Antacid Tablets _[ Diphenhydramine _[ Cough Drops

(like Tums) (like Benadryl) (for students with no increased risk of choking)

For Headache/Fever/Burns/Earache/Sore Throat

_] Acetaminophen (like Tylenol) _[ Ibuprofen (like Advil) (for students ages 12 & older)

For headaches, HCPS protocol permits administration of Acetaminophen only.

_] I do NOT want any medication given to my student at Harford Glen.

I understand that the above medications I have checked will be administered by the Registered Nurse/Licensed Practical Nurse at Harford Glen in accordance with established protocols developed by the Deputy Health Officer, Harford County Health Department and the Nurse Coordinator for Harford County Public Schools.

PARENT/GUARDIAN INFORMATION:

Mother: ___________________________________ (H) Ph: ___________ (C) Ph: ___________ (W) Ph: ___________

Father: ___________________________________ (H) Ph: ___________ (C) Ph: ___________ (W) Ph: ___________

IF PARENT/GUARDIAN CANNOT BE REACHED ONLY LISTED PERSONS WILL BE CONTACTED AND PERMITTED TO PICK UP STUDENT

Name: ___________________________________ Relationship: ___________ Ph: ___________ Ph: ___________

Name: ___________________________________ Relationship: ___________ Ph: ___________ Ph: ___________

PARENT/GUARDIAN SIGNATURE: ___________________________________ DATE: ___________
COUNSELOR NAME: ____________________________________________________________

Please excuse from Harford Glen on the following dates and times:

DATE________ TIME LEAVING ______ TIME RETURNING_______

Reason for leaving____________________________________________________________

DATE________ TIME LEAVING ______ TIME RETURNING_______

Reason for leaving____________________________________________________________

Counselors must sign out and in at the nurse’s office.

Check One:

☐ Counselor will drive himself or herself
☐ I will be providing the transportation
☐ My child is allowed to drive/ride with _____________________________

PARENT PRINTED NAME_____________________________________________________

PARENT SIGNATURE__________________________________________________________

HOME NUMBER____________________
CELL NUMBER____________________
WORK NUMBER___________________

*You are most effective if you are present! Please limit your time away from Harford Glen to two times each session.
Counselors – Please complete this form and give it to your homeroom teacher before participating in your Harford Glen session.

HOMEROOM TEACHER ________________________________

STUDENT NAME ________________________________

SESSION DATES ________________________________

Your homeroom student has been chosen to participate in the Harford Glen Residential Outdoor Education Program as a counselor. Since Harford Glen is a division of Harford County Public Schools, high school students should not be marked absent during their session. Please note the dates of the session and mark this student “present” when taking attendance each day.

If a student does not participate in the program for some reason, Harford Glen will notify your school’s attendance secretary.
Your student has been chosen to participate in the Harford Glen Residential Outdoor Education Program as a counselor. We are aware that participation in this program takes the high school student away from his/her regular activities and classes at school. We realize this is an inconvenience and disruption to your instruction; however, the high school students are a vital part of this program. We believe participation in the program is a learning experience for the high school student as well as the fifth graders.

We do not want the high school students to get behind in their studies while they are at Harford Glen; therefore we are requesting that you list the assignments your classes will be working on during the session this student will be with us. We encourage the high school students to begin working on these assignments before they come to Harford Glen. Class time is set aside during the instructional day for them to work on assignments.

The student will be responsible for finishing all assignments and related work before returning to your class. It would be appropriate to allow students to make up tests or quizzes missed during the week.

Assignments expected to be completed during the session at Harford Glen:

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Harford Glen staff members will consult with the student as to which assignments have been completed. The student will bring this form and the completed assignments to you when he/she returns to class. **Thank you for your cooperation support of this program.**

☐ All assignments on this homework sheet are complete.

☐ Assignments on this homework sheet will be completed over the weekend.
HARFORD GLEN ENVIRONMENTAL EDUCATION CENTER

COUNSELOR HOMEWORK SHEET

Teacher Name

High School

Counselor Name

Dates of Session

Your student has been chosen to participate in the Harford Glen Residential Outdoor Education Program as a counselor. We are aware that participation in this program takes the high school student away from his/her regular activities and classes at school. We realize this is an inconvenience and disruption to your instruction; however, the high school students are a vital part of this program. We believe participation in the program is a learning experience for the high school student as well as the fifth graders.

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___________________________  ______________________
High School Instructor      Harford Glen Verification

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HARFORD GLEN ENVIRONMENTAL EDUCATION CENTER

COUNSELOR HOMEWORK SHEET

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<th>High School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Counselor Name</th>
<th>Dates of Session</th>
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☐ Assignments on this homework sheet will be completed over the weekend.
HARFORD GLEN ENVIRONMENTAL EDUCATION CENTER
COUNSELOR HOMEWORK SHEET

<table>
<thead>
<tr>
<th>Teacher Name</th>
<th>High School</th>
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<table>
<thead>
<tr>
<th>Counselor Name</th>
<th>Dates of Session</th>
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Your student has been chosen to participate in the Harford Glen Residential Outdoor Education Program as a counselor. We are aware that participation in this program takes the high school student away from his/her regular activities and classes at school. We realize this is an inconvenience and disruption to your instruction; however, the high school students are a vital part of this program. We believe participation in the program is a learning experience for the high school student as well as the fifth graders.

We do not want the high school students to get behind in their studies while they are at Harford Glen; therefore we are requesting that you list the assignments your classes will be working on during the session this student will be with us. We encourage the high school students to begin working on these assignments before they come to Harford Glen. Class time is set aside during the instructional day for them to work on assignments.

The student will be responsible for finishing all assignments and related work before returning to your class. It would be appropriate to allow students to make up tests or quizzes missed during the week.

Assignments expected to be completed during the session at Harford Glen:

1. ______________________________________________________

2. ______________________________________________________

3. ______________________________________________________

4. ______________________________________________________

5. ______________________________________________________

Harford Glen staff members will consult with the student as to which assignments have been completed. The student will bring this form and the completed assignments to you when he/she returns to class. **Thank you for your cooperation support of this program.**

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<tr>
<th>High School Instructor</th>
<th>Harford Glen Verification</th>
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☐ All assignments on this homework sheet are complete.

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