

# Schedule for the First Days of School 2011/12

## Tuesday 8/30

- 3:00 p.m. .... Dorms open for seniors – no meals served
- 10:00 p.m. .... Seniors in dorms – Senior and Loy House Heads cover dorms

## Wednesday 8/31

- All seniors check-in by 11:00 a.m. – Boarding and Day students
- 2:00 p.m. .... Seniors prepare for overnight trip - will return on Thursday, 9/1 by noon
- 3:00 p.m. .... Dorms open for sophomores and juniors
- 10:00 p.m. .... Juniors and sophomores in dorms – Boone and Knoles House Heads cover dorms

## Thursday 9/1

New international students and all returning students arrive – boarding and day – returning students due back on campus by 2:00 p.m.

- Noon ..... Lunch served
- 1:00 p.m. .... Seniors with college counselor
- 5:30 p.m. .... Dinner – sign-in required for underclassman. House teams on dinner duty – Boone and Senior. Loy and Knoles O. D.'s on at 8:00 p.m.
- 5:30 p.m. .... Leadership picnic – meetings to follow – will end at approximately 9:00 p.m.
- 10:00 p.m. .... Students return to dorms. Dorm Meeting/dorm jobs
- 10:45 p.m. .... All students in their own rooms
- 11:00 p.m. .... Lights out for all underclassman – seniors in their rooms

## Friday 9/2

- 8:00 –8:45 am ..... Breakfast check-in for all boarding students who are on campus
- 8:45 a.m. .... Student Government meets with Mr. Westcott in the Conference Room
- 9:00 a.m. .... International students meet with Mr. Vachon
- 9:30 – 11:30 a.m. .... Storage open. GET YOUR STUFF! Work on unpacking
- 10:00 a.m. .... RA's, House Council/Day Council members meet with Mr. Graham in the Library
- 10:00 a.m. .... Prefects meet Ms. Childs in Conference Room #2
- 12:00 p.m. .... Lunch
- 1:00 p.m. .... House Council/Day Council meet with Mr. Graham, House Heads, and Mrs. Haig in the assembly area
- 1:00 p.m. .... Orientation leaders meet with Ms. Childs, Ms. Davidge, and Mr. Tessier in the library
- 5:30 p.m. .... Dinner - Sign-in required for all underclassman. O.D. team #6 on duty. Students may not sign out – prepare for the opening of school.
- 7:00 p.m. .... Finish unpacking
- 7:30 p.m. .... Student Government event
- 10:15 p.m. .... All students back to dorms – dorm jobs
- 10:45 p.m. .... All students in their own rooms
- 11:00 p.m. .... Lights out for all students except seniors. Seniors in own rooms.

### **Saturday 9/3**

**All new boarding and day student arrive. Students may not check off campus.**

- 7:30 – 8:00 a.m. .... Breakfast check-in for all boarding students
- 8:30 a.m. .... All returning students meet at the Grey Table to prepare for student orientation
- 9:00 – 11:00 a.m. .... New students arrive (including day students) Day students: bring a swimsuit and towel
- 11:30 – 12:30 p.m. ... Lunch
- 12:45 p.m. .... Dorm meetings/day student meeting for parents and students
- 1:30 p.m. .... New Student Orientation – art building. Parent Meeting in the library
- 2:30 pm. – 3:00 p.m. Advisor /Advisee Meetings (all advisees meet and greet – review handbook, questions, changes, concerns)
- 3:00 p.m. .... Snack
- 3:30 p.m. .... Scavenger Hunt – meet as Orientation groups in the assembly area
- 5:00 p.m. .... Pool open – Free Time
- 5:45 p.m. .... Dinner – meet as Orientation Groups
- 6:30 – 7:15 p.m. .... Leader Skits – Meet at the Art Studio
- 8:00 – 9:00 p.m. .... Dorm Time – all in own dorm areas. Day Students may depart Campus
- 9:00 p.m. .... Free time
- 10:30 p.m. .... All students back to dorms – dorm jobs
- 10:45 p.m. .... All students in their own rooms
- 11:00 p.m. .... Lights out for all students except seniors. Seniors in own rooms

### **Sunday 9/4**

- 8:30 – 9:30 a.m. .... Breakfast, sign-in required – Weekend O.D. Team # 5
- 9:30 – 11:00 a.m. .... Shopping trip to CVS and Albertson's in Buellton – Tour of the Valley – required of all new boarding students
- 11:00 a.m. .... Free Time
- 12:00 – 12:30 p.m. ... Lunch – meet as Orientation groups
- 1:00 – 2:00 p.m. .... Academic Orientation
- 2:00 – 2:45 p.m. .... Club Booths in the Math Quad – travel as Orientation groups
- 2:45 p.m. .... Snack
- 3:00 – 4:00 p.m. .... Presentation of Orientation Group Skits
- 4:00 p.m. .... Free time – pool open. Day students may depart campus
- 5:30 – 6:00 p.m. .... Dinner – sign-in required. House Teams on duty
- 6:00 – 9:00 p.m. .... Free time
- 9:00 p.m. .... Dorm time all students in their dorm areas
- 10:10 p.m. .... Dorm Jobs – regular Sunday lights out schedule

### **Monday 9/5 - Special 25 - minute class schedule, all classes meet**

- 7:00 – 7:40 a.m. .... Breakfast, sign-in required
- 7:50 a.m. .... Jobs
- 8:05 a.m. .... Classes begin
- 11:45 – 12:15 ..... Assembly
- 12:15 – 1:00 p.m. .... Lunch
- 1:05 p.m. .... Meeting in the Assembly Area, introduction of Student Government, Prefects, Resident Assistants/House Council/Day Council, and new faculty
- 1:25 – 1:40 p.m. .... Advisor/advisee meetings
- 1:45 – 2:05 p.m. .... Class meetings with the Class Advisors
- 2:10 – 2:25 p.m. .... Dorm meeting for all boarding students and all House Team members
- 2:30 – 2:45 p.m. .... Day student meeting
- 3:15 – 4:45 p.m. .... Athletic practices
- 5:45 – 6:30 p.m. .... Dinner
- 7:30 p.m. .... Room Inspection – All students in rooms for inspection/dorm jobs
- 8:00 – 9:30 p.m. .... Study hours -- no roaming
- 9:30 ..... Dorm meetings – students remain in their dorm area – Regular weekday lights out

**Tuesday 9/6 – Friday 9/9** - Regular academic schedule.

**Saturday 9/10** – Closed weekend – Special OD schedule

9:00 – 11:00 a.m. ....Breakfast, sign-in required

1:00 – 4:00 p.m. ....Athletic practices, two-hour maximum time limit

5:30 – 6:15 p.m. ....Dinner – sign-in required

Senior Class Event

Regular weekend lights

**Sunday 9/11**

9:00 – 11:00 a.m. ....Breakfast, sign-in required – Special OD schedule

No athletic practices

3:00 – 6:00 p.m. .... *Peerwig* pool Extravangaza

5:30 – 6:00 p.m. ....Dinner

7:00 p.m. .... House Teams on duty

7:30 p.m. .... Room Inspection/dorm jobs

8:00 – 10:00 p.m. ....Study hours – regular Sunday night lights out.

**Saturday 9/17 & Sunday 9/18**

Dunn School Day of Caring – Closed Weekend for all students.



**FLU SHOT**

Dear Parents:

Flu immunizations will be administered on campus this fall. This injection is strongly recommended, but not mandatory, for students (age fourteen years and older) in a boarding school situation. The fee for the service is \$22.00 per student. This fee will be charged to the student's account.

Please indicate whether you want your child to receive this immunization and return this sheet with the other medical forms.

Thank you for your cooperation,  
Dunn School Health Services

**This vaccine is NOT recommended for students with KNOWN ALLERGIES TO: CHICKENS, FEATHERS, or EGGS.**

**Uncommon, but possible adverse reaction to the Flu Immunization:**

Fever, vague body aches, muscular pains and other systemic symptoms may occur during the first 6-12 hours after vaccination and may persist for one or two days.

Immediate, presumably allergic reaction such as flare and weal or respiratory problems may develop and are indicative of sensitivity to the components of the serum derived from residual egg protein. This type of response is extremely rare.

Neurological disorders, including encephalopathy and ascending paralysis, have been known to have a temporary association with the administration of the flu vaccine. These occur rarely and are usually self-limiting and reversible.

I, the parent/guardian of \_\_\_\_\_  
(student's name)

Give  Do not give  permission to have my child immunized against the flu.

Signed: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(circle one)

## **MEDICATION AUTHORIZATION FOR PRESCRIPTION and OVER-THE-COUNTER MEDICATIONS**

**AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS.** Educational Code 49423 and 49423.5. Any pupil who is required to take prescribed medication by a physician may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician’s statement. **CAC Title 5, 18170.**

**HAVE PHARMACY OR PHYSICIAN PROPERLY LABEL MEDICATION  
IN A SEALED CONTAINER FOR SCHOOL ADMINISTRATION.**

**Required - to be completed by parent or guardian:**

I request that designated personnel assist my child in taking the medication prescribed by a physician. I understand that my child **may not** have or take medication at school unless **all** requirements are met. I also request that my child be assisted in taking over-the-counter medications. The type of medication will be determined by the symptoms presented by the student. I hereby give consent for the school nurse to communicate with my physician as needed with regard to these medications. The prescribing physician **must** provide the Health Office with written documentation whenever your student begins taking a new medication, discontinues a medication, or changes the dosage of a current medication.

**All medications must be distributed through the Health Office. No medication (prescription or over-the-counter) may be kept by the student in their room. Exceptions are asthma medication, some dermatological creams, vitamins, supplements, and herbal supplements. However, these must be presented to the Nurse and will be labeled and returned to the student. Any unauthorized items found in the student’s room could lead to disciplinary action. If mailing, please address all medications, vitamins, supplements, etc, to the attention of the Health Office, *not your student.***

Student’s Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Physician’s Name \_\_\_\_\_

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

## DUNN SCHOOL PHYSICAL

### MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

***Students are required to have an annual physical, dental, and eye exam.*** Doctor, please review this student's health history and complete this form. The information is used in the Health Office and will be released in case of an emergency or if the student requires medical treatment.

**PLEASE BE CERTAIN THE STUDENT'S IMMUNIZATIONS ARE UP TO DATE.**

*This school requires a PPD every 12 months if a student has traveled out of the country, and every two years if student has stayed in the country.*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Normal	Abnormal
Head, ears, nose, throat		
Hearing		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genito-urinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
GYN Exam if sexually active		
Comments:		

Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Date of last PPD/CXR: \_\_\_\_\_

Results of last PPD/CXR: \_\_\_\_\_

Blood Pressure: \_\_\_/\_\_\_ Heart Rate: \_\_\_\_\_

Dipstick Urinalysis: Sugar \_\_\_\_\_

Albumin: \_\_\_\_\_

Hemoglobin or Hematocrit: \_\_\_\_\_

Date of last Dental exam: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_

Wears glasses/contacts/both/neither

Vision	Uncorrected	Corrected
OS		
OD		
OU		

Is student capable of physical activity and participation in a competitive sports program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Any physical restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Dietary Restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

Has student received any counseling or psychological care? Yes: \_\_\_\_\_ No: \_\_\_\_\_ When: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_ Is further treatment needed? \_\_\_\_\_

Examining Physician (Please use official stamp and include name, address, and phone):

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Dunn School Health Office at (805) 686-0626.

Student Name: \_\_\_\_\_

## MEDICATIONS

### To be filled out by a Physician

If your student does not take prescription medication, a parent may write "No Medication" and sign the form.

**Standard Medication Distribution Times:**

**Breakfast:** 7:00 AM

**Dinner:** 5:45 PM

**Bedtime:** 10:00 PM

**Weekend Medication Distribution:**

**Brunch:** 9:00 – 11:00 AM

**Dinner:** 5:30 PM

**Bedtime:** 11:00 PM

*Students requiring medication distributions at time other than above will be required to pick up those medications at the Health Office. Please note: Health Office is open from 7:00 a.m. - 4:00 p.m., Monday - Friday only.*

**Current Medications:** *Include vitamins, supplements, and over-the-counter medications.*

Medication	Strength	Dose	Diagnosis	Times to be given
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM

**Medications to be taken as needed:**

Medication	Strength	Dose	Diagnosis	Frequency

Due to problems encountered in the past, we request prescriptions to be refilled at Star Drugs in Santa Ynez, CA.  
Phone: 805-688-6898 - FAX: 805-688-6047

The child named above is under my care. It is necessary for him/her to receive the medications listed on this page on a regular/emergency basis.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**CHANGES IN HEALTH HISTORY AND VACCINATION RECORD  
TO BE COMPLETED BY PARENT**

**PPD TEST:**

A PPD test is required every two years for students that have not been out of the United States and every year if the student has traveled abroad. Please give the date and result of your student's last PPD.

Date of PPD test: \_\_\_\_\_ Result: \_\_\_\_\_

If the PPD test was positive, please give the date of last chest x-ray (must be within the past 3 years) and the result.

Date of CXR: \_\_\_\_\_ Result: \_\_\_\_\_

**VACCINATIONS:**

In the past year, has your child received any new vaccinations or boosters?

Yes

No

If so, please list the immunizations and the dates:

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY:**

In the past year, have there been any significant changes to your student's medical history? This includes: surgeries, broken/fractured bones, serious illnesses, psychological or psychiatric care and counseling, adoptions/divorce/death in the family.

Yes

No

If so, please list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student name:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Date of CXR: \_\_\_\_\_ Result: \_\_\_\_\_

**VACCINATIONS:**

In the past year, has your child received any new vaccinations or boosters?

Yes  No

If so, please list the immunizations and the dates:

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY:**

In the past year, have there been any significant changes to your student's medical history? This includes: surgeries, broken/fractured bones, serious illnesses, psychological or psychiatric care and counseling, adoptions/divorce/death in the family.

Yes  No

If so, please list and explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Student name:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PROOF OF INSURANCE

\*\*\*\*\*

## COPY BOTH SIDES OF INSURANCE CARD

**Be sure all information is legible and all ID numbers are clear.**

If you change insurance during the year, a legible copy of both sides of the insurance card must be sent to the Health Office as soon as possible. If you have separate insurance plans for dental care and/or prescriptions, please include copies of those cards.

*Please make certain your student's medical and dental insurance is accepted in the State of California, preferably in the location of the school.*

**Note to International Students:**

**(If you are an international student who receives insurance through Dunn School, there is no need to send a copy of your card.)**

# DUNN SCHOOL 2011-2012 Contracts

## Cellular Phone

Student's Cell Phone Number: \_\_\_\_\_

*My signature below acknowledges that I have read, understand, and support Dunn School's Cellular Phone Policy detailed on page 19 of the Parent/Student Handbook.*

### Parent / Student Handbook - ACKNOWLEDGEMENT

I realize that Dunn School may change, delete, or add to any of the policies or practices described in the handbook from time to time in their sole and absolute discretion, and with, or without, prior notice. The school will make every attempt to give timely notice of substantive changes in policy.

*My name and signature below acknowledges that I have received and read a copy of the Parent/Student Handbook.*

### 2011-2012 Safe House Agreement

*"I share Dunn School's goal of providing a drug and alcohol free environment whenever Dunn students are guests in my home. During any organized social event in my home involving Dunn Students, I will be present and supervise the event."*

*My name and signature below acknowledges that I have read, understand, and support the Safe House Agreement detailed on page 26 of the Parent/Student Handbook.*

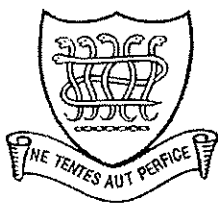
Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Dunn School



## Dunn School Technology Department

# Digital Citizenship Agreement

### SCOPE

The Dunn School Digital Citizenship Agreement defines the rights and obligations of Dunn School technology users (students, faculty, staff and visitors) and the policies of the Dunn School Technology Department. This agreement replaces the previously published Acceptable Use Policy.

### DUNN SCHOOL NETWORK OVERVIEW

Dunn School provides a Local Area Network (LAN) connected to the Internet. This allows Dunn School technology users to access a wide variety of computer and information resources. The goal in providing these resources is to promote educational excellence, communication of ideas, and freedom of inquiry.

The guiding principles of the Dunn School LAN are the Dunn School Core Values. This Agreement is further informed by the American Library Association Library Bill of Rights. The Dunn School LAN passes electronic traffic freely, with a minimum of constraints as specified in the Children's Internet Protection Act. The Dunn School LAN is available to students daily from 6 AM to Midnight.

Dunn School is the sole owner of the Dunn School LAN. This includes user names and passwords, all servers, cables, routers, switches, wireless access points, hubs, school owned computers, software, student and faculty e-mail, and all data stored on the servers. Access to the Dunn School LAN is provided at the discretion of Dunn School.

### UNACCEPTABLE USE

Use of the Dunn School LAN must be consistent with the Dunn School Core Values. The following activities constitute violations of the Digital Citizenship Agreement:

- Making, broadcasting or retransmitting a photograph, video or audio recording of any school activity including but not limited to class discussions without the explicit permission of the person being photographed or recorded.
- Utilizing another user's credentials (i.e.: user name, password), giving your credentials to another user or in any way attempting to disguise your identity.

- Any unauthorized access to the Dunn School LAN, either physical or virtual.
- Any malicious attempt to modify, harm, or destroy data on the Dunn School LAN, or any other system or network unless the user has authorization to perform these tasks.
- Participating in any type of criminal activity, including downloading, copying or distributing copyrighted materials.
- Committing an act of plagiarism.
- Committing an act of cyber-bullying which is defined as: “when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones.”

## **SECURITY**

Security on the Dunn School LAN is a high priority. Notify the Dunn School Technology Department immediately if you identify a security problem on any component of the Dunn School LAN. Never demonstrate the vulnerability to another user.

There is no anonymity on the Dunn School LAN. The Technology Department monitors use of the network for diagnostic and security purposes. All activity on the Dunn School LAN including e-mail messages, web searches, print jobs, and network storage is not anonymous.

## **PENALTIES**

Violating the Digital Citizenship Agreement is a violation of school rules. Penalties for violations may include disciplinary actions including Friday night detention, work crews, suspension, expulsion, and/or criminal prosecution. The Dunn School Technology Department will cooperate fully with investigations by law enforcement agencies. Users of the Dunn School LAN will be responsible for any and all legal fees caused by their misuse of the Dunn School LAN.

## **PRIVATELY OWNED COMPUTERS**

You may connect your privately owned computer to the Dunn School LAN; however, the following rules apply: all privately owned computers must be registered with the Dunn School Technology Department and must be running up to date antivirus software. The registration process may include the School documenting the privately owned computer’s Media Access Control (MAC) address for identification on the Dunn School LAN. Users may not connect any hubs, switches, routers, wireless access points or servers to the Dunn School LAN without explicit written permission from the Dunn School Technology Department.

**DISCLAIMER**

The ultimate responsibility for appropriate use of the Dunn School LAN resides with the user. All users of the Dunn School LAN are required to report violations of the Digital Citizenship Agreement to the Dunn School Technology Department.

Dunn School takes reasonable precautions to protect the Dunn School LAN from harmful content. Technology makes absolute control of all on-line activities impossible. Dunn School is not liable for any damage to user systems incurred while connecting to the Dunn School LAN or the Internet.

Any changes to this document will be announced and distributed to the Dunn School community before taking effect.

I have read and understand the Dunn School Digital Citizenship Agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# DUNN SCHOOL 2011-2012 PERMISSION FORM DAY STUDENTS

## Automobiles: Riding Permission

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each section carefully and make the appropriate selections that best fit you and your child's needs. *Please complete this form along with your son or daughter so that they will understand the selections you have made.* You may amend this form at anytime during the academic year.

### MY SON/DAUGHTER'S PERMISSION AS A PASSENGER:

Check all that apply.

Dunn School's policy is that students may ride with parents of Dunn students, relatives, faculty members, faculty spouses, and other designated school drivers. In addition to those just named, while my son/daughter is under the supervision of Dunn School, I give him/her permission to use public transportation and to ride in private vehicles with the following:

\_\_\_\_\_ 1. Only with the following drivers, who are 25 years of age or older.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 2. Any other day student driving to and from school.

\_\_\_\_\_ 3. Only with the following day student drivers:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 4. *For Seniors Only:* Any other Dunn School senior.

\_\_\_\_\_ 5. *For Seniors Only:* Only with the following Dunn School seniors:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 6. My son/daughter may not ride in any vehicle, outside of Dunn School's standard policy, without my specific permission.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If other than parent, relationship to student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUNN OUTDOOR EDUCATION  
PARTICIPANT’S PERMISSION, ACKNOWLEDGMENT OF  
RISK AND RELEASE**

Name of Student (Please print) \_\_\_\_\_ Grade level: \_\_\_\_\_

This document grants permission for the student named above (“the Student”) to participate in the Dunn Outdoor Education program (“the Program”), discloses the risks inherent with the Program, and includes a release of liability to Dunn School and those who supervise the Program. The Student and his/her parent(s) or guardian(s) (collectively the “Undersigned”) have read the description of the Program, in the Parents’ Handbook. Dunn School believes it is important for the Undersigned to know in advance what to expect and to be informed of the inherent risks of the Program.

**PERMISSION**

As parent(s) or guardian, I/we hereby give my child full and unequivocal permission to participate in the Program and the activities described below for as long as my child is a student at Dunn School. On behalf of the Student, I/we recognize and accept the risks and hazards detailed below, and permission to participate is given with full knowledge and acceptance of these risks.

**ACKNOWLEDGEMENT OF RISK**

The Undersigned acknowledge that Dunn School has informed them certain hazards and risks are inherent in each Outdoor Education activity (“the Activities”) and cannot be eliminated without destroying their unique character. These inherent risks are some of the same elements that contribute to the unique character of the Program but can be the cause of destruction, loss or damage to equipment or other personal property, or personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

The Activities will take place in a wilderness environment and may include: rock climbing, rappelling, bouldering, hiking, backpacking, swimming in rivers and lakes, whitewater rafting and kayaking, sea kayaking, and camping in remote areas and in developed and undeveloped campgrounds in rural and wilderness areas, and other activities similar in character to those described. The Activities also includes transportation, sometimes at night, to and from Dunn School. The Student may spend several nights outdoors. In addition to the hazards and risks previously described, the hazards and risks of the Activities may also include, but are not limited to, the following: latent or apparent defects or problems in equipment provided by Dunn School or outside service providers, acts of other participants in this Activities (including from the failure of other participants to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services rendered. Further, Dunn School will not have medical personnel (other than Wilderness First Responder certified instructors) at the location of the Activities or at Dunn School.

The Undersigned acknowledges that engaging in these Activities may require a degree of skill and knowledge different than other activities of Dunn School, and further acknowledges that the Student has responsibilities as a participant. The signature of the Student below acknowledges the risks, and that the Student fully understands the rules of the Program and the Activities.

The Undersigned certify that the Student is fully capable of participating in the Activities. The Undersigned represent that the Student is in good health and physically fit and has not been advised by a physician not to participate in arduous physical activities. The Undersigned knows of no reason, health-related or otherwise, why the Student is not capable of participating in the Activities. The Undersigned accept full responsibility for any injuries or illnesses that the applicant may suffer during the trips, including, but not limited to, those resulting from any pre-existing medical condition.

The Undersigned acknowledge that they have read the clothing and equipment list provided by Dunn School, and accept full responsibility for the consequences to the Student of inadequate clothing or equipment, and for clothing and equipment which they fail to provide.

The Undersigned fully understand and appreciate the risk of injury, illness, property loss or theft, and even death, inherent in the Activities. It is further understood that unforeseen circumstances may arise for which Dunn School shall not be held responsible.

The Undersigned acknowledge that the staff of Dunn School have been available to more fully explain the nature and physical demands of this Activities and the inherent risks, hazards and dangers associated with them.

**RELEASE**

Therefore, in consideration of being permitted to participate in these activities, the Undersigned assumes all risks and accepts full responsibility surrounding the Student's participation in the activities, the transportation related to the trip and any activities undertaken, and approves and accepts the following release:

EACH OF US VOLUNTARILY RELEASES, DISCHARGES, WAIVES, AND RELINQUISHES ALL CLAIMS OR ACTIONS THAT EACH OF US MAY HAVE AGAINST DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR BODILY INJURY, EMOTIONAL DISTRESS, PROPERTY DAMAGE AND/OR WRONGFUL DEATH OCCURRING TO THE STUDENT, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PROGRAM AND THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF DUNN, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS. IT IS THE INTENTION OF THIS AGREEMENT TO EXEMPT AND RELIEVE DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.”

The Undersigned have carefully read, clearly understand and accept the terms and conditions stated herein and acknowledge that this Participant's Permission, Acknowledgment of Risk and Release shall be effective and binding upon each of the Undersigned, our respective heirs, assigns, personal representatives, estates and all members of the Student's family.

The terms of this document are effective immediately, and shall continue in effect from year to year, while the Student remains enrolled at Dunn School, unless revoked in writing and delivered to the Dunn School.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## DAY STUDENT CAR CONTRACT 2011-2012

Driving a car on campus is a privilege. As a student in the Dunn Community it is imperative that any student, day or boarding, who operates a vehicle, obeys the Federal, State, and Local driving laws.

A day student is expected to drive his/her car to campus at the beginning of the academic day, park the car in the middle aisle of the pool parking lot, and then drive the car home after his/her last obligation. Cars may not be driven during the day unless special permission is given by Ms. Childs, Dean of Students.

Each driver must have a *Dunn School Permission Form* on file. This form indicates whom the student may ride with and/or whom the student may drive. It is necessary that both the driver and the passenger have the proper permission on file.

If a senior day student wishes to drive a senior boarding student, both students must have the proper permission indicated on his/her permission form. Both students must check out with either Ms. Childs or the faculty OD to receive permission to drive for the day. Overnight permission must be obtained by Thursday morning.

If a student driver is found driving another student who does not have permission to ride with the driver, the passenger will lose future permission to ride with students, and the driver will lose the opportunity to use his/her car on campus.

I, \_\_\_\_\_, have read this contract and understand the terms by which I am now bound.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Ms. Childs's Signature

\_\_\_\_\_  
Date

Make of Car: \_\_\_\_\_

Copy of Driver's license: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Copy of Proof of Insurance: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Parking Permit #: \_\_\_\_\_  
(office use)

## DRIVING REGULATIONS

Driving a car on campus is a privilege. I understand that I am fortunate to have this privilege and I agree to the following:

- 1) I must not speed on campus. I understand the speed limit on campus is ten (10) miles an hour. I understand that I must be mindful of this speed at all times from the minute I drive on campus. If I receive two (2) speeding tickets, I understand that I will lose my privilege to drive my car on campus for two (2) weeks. I understand that if I am persistent about speeding that I could lose the privilege of driving my car on campus.
- 2) I understand that I must always park my car in the parking lot by the pool. If I am a boarding senior, my car must be parked in the designated boarding parking area as outlined by Dunn School. If I am a day student, my car must be parked in the middle aisle of the pool parking lot. I understand that if I need to move my car at any time, I need to ask permission. I will not drive to athletic practice or park illegally.
- 3) I understand that I cannot have a passenger in my car without permission. I understand that boarding seniors may only drive with fellow seniors. My passenger also must have a permission slip on file.
- 4) I understand that upon arrival at school, I may not use my car again for any reason. I may retrieve items from my car throughout the day; however, I may not sit in the car or use it as a meeting place at any time.

I understand the above stated rules and will follow them to the best of my ability.

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# DUNN SCHOOL 2011-2012 PERMISSION FORM DAY STUDENTS

## Automobiles: Driving Permission

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each section carefully and make the appropriate selections that best fit you and your child's needs. *Please complete this form along with your son or daughter so that they will understand the selections you have made.* You may amend this form at anytime during the academic year.

### MY SON/DAUGHTER'S PERMISSION AS A DRIVER:

Check all that apply.

- \_\_\_\_\_ 1. I give my son/daughter permission to drive a vehicle to and from Dunn School. I understand that my son/daughter must register his/her car, sign a car contract with Dunn School, and abide by the Dunn School driving rules at all times or this privilege will be rescinded.
- \_\_\_\_\_ 2. My son/daughter may transport any other Dunn School day student, according with Dunn School and California State regulations, provided that the passenger has riding permission.
- \_\_\_\_\_ 3. My son/daughter may transport only the following Dunn School day students, according with Dunn School and California State regulations, provided that the passenger has riding permission:  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ 4. *For Seniors Only:* My son/daughter has permission to drive any other boarding seniors in his/her car, according with Dunn School and California State regulations, provided that the passenger has riding permission.
- \_\_\_\_\_ 5. *For Seniors Only:* My son/daughter has permission to drive only the following Dunn School seniors, according with Dunn School and California State regulations, provided that the passenger has riding permission:  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ 6. My son/daughter may not drive another student in his/her car without my specific permission.

Please include any additional information that may be pertinent to your son/daughter's transportation privileges:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If other than parent, relationship to student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Southern Section**  
Academics / Integrity / Athletics

10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

### Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the \_\_\_\_\_

Dunn School (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete

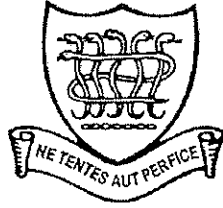
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/07



Dear Parents and Students,

In order for students to use the Cardio Room, Weight Room, or Climbing Facilities during the 2011-2012 school year, the following must occur:

1. Parents and students must sign a Hold Harmless agreement and Acknowledgement of Risks form
2. Students must sign an Acceptable Use policy
3. Students must be trained in the proper use of the equipment.

Attached you will find the Hold Harmless agreement, Acknowledgement of Risks form, and Acceptable Use policy necessary for students to use these facilities. Please read, sign, and return at your earliest convenience.

Students will then only need to complete their training in order to be cleared to use the equipment. This can be arranged upon returning to school.

If you have any questions, please contact me at [pmartin@dunnschool.org](mailto:pmartin@dunnschool.org) or (805) 245-0064.

Sincerely,

Phil Martin

Athletic Director  
Dunn School

**Acceptable Use Policy for Cardio Room, Weight Room,  
and Climbing Facilities**  
**2011-2012**

**The following must occur prior to a student using the cardio, weight rooms/climbing facilities:**

4. Parents must sign a hold harmless agreement
5. Students must sign an acceptable use policy (this form)
6. Students must be trained in the proper use of the equipment (Kevin Fox Climbing Facilities - Eric Stanchfield Cardio and Weight Rooms)

**Students using theses facilities must:**

Utilize the sign-in/sign-out sheet when they enter/exit the facility

At minimum, two students must be present at all times – the buddy system – Climbing Facilities limited to 8 students.

Use the equipment in a proper and safe manner and only for the purpose for which a specific piece of equipment is designed.

Every person using the fitness equipment agrees to clean the equipment after use

Students will be permitted to use the Cardio and Weights rooms from 6:30 a.m. until the beginning of school & from 3:15 until 9:00 p.m. on weekdays (Sunday – Thursday) and open on the weekend until 10:30 p.m.

The Climbing Cave will be open from 3:15 p.m. until 9:00 p.m. on weekdays (Sunday - Thursday, and open on the weekend until 10:30 p.m.

**The Cardio Room**

Students and faculty may reserve one of the fitness machines by signing the clipboard associated with a specific piece of equipment. A time limit of 30 minutes is applicable to all equipment in the cardio room.

**Weight room** – free weights, with the exception of the small/lighter dumbbells – less than 50 lbs, may only be used with adult supervision

**Climbing Cave** – there is a time limit of one hour if other students/faculty are waiting to use the facility.

Food is not permitted in any of the facilities. It is expected that all people using the facilities will maintain the cleanliness of the rooms and remove any/all materials – trash, clothing, etc. that is brought into the room

*Faculty may use the room without another adult/student present.*

**Acceptable use Agreement:** I, \_\_\_\_\_ (student) agree to follow all of the policies noted above. Failure to comply with this agreement will result in my inability to use the cardio & weight rooms and/or the climbing cave.



