



Dear parents and guardians,

Thank you for your interest in The Discovery Program at Camp Allen. We hope that the resources on our website and that your child's teacher has will help you prepare for their educational trip to the piney woods. The Discovery Program is an environmental and adventure education program of Camp Allen located in Navasota, TX.

The Discovery Program uses an experiential education model to teach environmental awareness and to promote self-confidence in elementary, middle, and high school students. Located in the Piney woods, the Discovery Program uses the natural beauty of our area and Camp Allen's 1,100 acres as an outdoor classroom.

Our curriculum combines natural science, team building, and adventure activities. Your child's teachers have customized the curriculum to fit the school's needs and goals for their trip. A leader in the field, the Discovery Program has been successfully encouraging students to grow and learn in an outdoor environment for over 25 years. Staff and teachers witness firsthand the positive impact that our program has on children. Our instructors encourage parent and guardian chaperones to participate as well, and often have as much fun as their children on the trip. If you are chaperoning your child's trip, please be sure to look over the Chaperone Guidelines, available either on the website or from your child's teacher.

Our instructors are outdoor education professionals. Most staff members are college graduates with extensive experience in environmental and adventure education and are positive role models who share a sincere commitment to educating youth about the environment. All instructors are at least First Aid and CPR-trained. We invite you to explore the website and to contact us with any questions. We look forward to hearing from you and to welcoming you and your child to Camp Allen. All the best,

LAUREN GERVAIS

Director of Outdoor Education

The Discovery Program at Camp Allen



WHAT TO PACK

The weather at Camp Allen can vary, even over the course of a day, so bring seasonally appropriate clothes for cold and warm conditions. Bring clothes that can get dirty!!!

Please limit your luggage to what you can carry. You will have to carry it to your cabin. Backpacks are better suited for our paths than rolling suitcases are.

Necessary Items

- A set of clothes for each day, plus a few extra clothes; *at least one set of long pants should be included.*
 - Socks and underwear
 - Pajamas
 - Two pairs of closed-toed shoes; *one pair that can get wet and one pair of sturdy walking or hiking shoes (Crocs do not count as closed toed shoes!)*
 - Sweater or jacket
 - Sleeping Bag/sheets & blankets
 - Pillow
 - Towel/washcloth
 - Raincoat or poncho
 - Water bottle
 - Toiletries
 - Backpack
 - Sun screen
 - Bug spray
- Expecting cold weather?**
- Heavy jacket
 - Hat
 - Gloves

Optional Items

- Writing or reading materials
- Camera
- Flashlight
- Hat
- Sunglasses
- Laundry bag
- Shower shoes
- Bathing suit *Please ask your lead teacher if you will be using the pool*

Do Not Bring

- Electronic devices—Camp Allen is not responsible for any lost or damaged property
- Knives or weapons
- Candy, food or gum
- Hair dryers
- Curling irons
- Jewelry

CAMP ALLEN



DISCOVERY PROGRAM HEALTH & RELEASE FORM

General Information

Student's Full Name:	Preferred Name:
School:	Teacher's name:
Gender:	Date of Birth: ___/___/___
Name of Parent/Legal Guardian:	Address:

Emergency Contact Information

Name:	Relationship:
Cell Phone:	Work Phone:

Secondary Emergency Contact

Name:	Relationship:
Cell Phone:	Work Phone:

Health History

Insurance Company:	Policy Number:
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The visiting teacher or nurse provided by the visiting school is responsible for all medication and its distribution. All medication must be given to the teacher and contained in the original packaging with the student's name and directions for administration attached.

Current medications:

Pertinent Health History: *Please list any conditions that may affect your child while attending Camp Allen*

Allergies: *Please list any treatments next to the allergy*

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by Camp Allen to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above.

Signature of parent/guardian: _____ Date: _____
(The signature above acknowledges the permission to provide necessary treatment and acknowledgment of risk)

CAMP ALLEN

DISCOVERY PROGRAM HEALTH & RELEASE FORM



Your safety is important to us. Please read this document carefully. It affects the legal rights of you and any child of yours who might be a visitor to Camp Allen. This document must be signed by all adults (eighteen years and older) and the parents of all minor visitors before participating in any activities at Camp Allen which include horseback riding, nature walks, aquatic activities and challenge course elements among others.

I understand that the event or activity may itself present certain hazards and risks which may involve the user of Camp facilities and equipment and the services of the Camp staff, all of which may include the possibility of harm or loss to me, or the child. I am the parent or guardian of a child who is visiting the Camp. I have discussed these activities and risks with the child, who understands them. I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each activity, and my responsibility to know my limits and comply with the safety standards.

Agreement of Release and Indemnity

I affirm that my health or that of the child is good and that I know of no reason why participation in the activities might cause harm to the child, others, or me. I have chosen to participate in an activity and accept full responsibility for my choices. I agree for myself and, if I am a parent or guardian of a visiting child, on behalf of that child, to release and agree not to sue the Camp Allen Camp and Conference Center, The Episcopal Diocese of Texas, and the affiliate, Governing Boards, staff and contractors of each (released parties) from any claim which I may have for injury, death or other loss incurred in any way related to my visit to the Camp.

Parents sign this agreement for him or her and, to the maximum extent allowed by law, on behalf of each minor child who is a visitor. The acknowledgement and assumption of risks and the agreements of release and indemnity include losses and claims arising in whole or part from the negligence, but not the gross negligence or intentionally wrong conduct, of a released party.

I, _____, hereby hold harmless all employees of the Discovery Program, Camp Allen, and volunteers thereof, and do give permission for my child to participate in all Discovery activities, which may include water activities such as canoeing; equestrian activities such as horseback riding; and/or adventure activities such as ropes courses or archery; except as noted below.

_____	_____	_____
CHILD'S NAME	SIGNATURE OF PARENT OR GUARDIAN	DATE

I give permission for photographs or video tapes to be made of my child and for the resulting images to be used in the marketing of Camp Allen programs.

Signed: _____

Date: _____

I do **NOT** give permission for the following activity: _____