

9223 4th St. NW

Albuquerque

New Mexico

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505-248-0563

Discover...

Wilderness

Science and Nature

Southwest Culture

cottonwoodgulch.org

Dear Parents and Students,

Hello from Cottonwood Gulch, we are excited for you to join us!

Cottonwood Gulch Expeditions has been leading wilderness courses in the Southwest since 1926. As an educational nonprofit, our mission is to create outdoor learning adventures for youth from all backgrounds that foster personal growth, strengthen community, and inspire stewardship of the natural world. For the last ninety-five years, our programs focusing on natural history, cultural history, art and science have served countless elementary through high school students.

SAFETY: Safety is a big priority for us. While nothing is inherently risk free, we take the management of risk very seriously in our programs. All trips are led by certified Wilderness First Responders, and all employees are certified in a minimum of Wilderness First Aid and CPR in order to assess medical issues should they arise on our trip.

COVID-19: We adhere to the guidelines put forth by the Centers for Disease Control and the State of New Mexico Department of Health. These measures are constantly shifting, and we adjust our policies accordingly.

CHALLENGE: One of our main goals is to instill a sense of curiosity and belonging for students in nature. With the support of our education staff, students will be challenged to explore living in community, pushing their personal limits and expanding their individual comfort zones.

AT HOME BEFORE: It's essential to make sure students come prepared for the weather that occurs on our trips. Please make sure to work with your student to pack EVERYTHING on the packing list. Make sure to take the time to talk about what challenges may arise for your student (sunscreen, warm clothing, closed-toed shoes, etc.).

AT HOME AFTER: We encourage you to ask your student about their experience. Continuing conversations are key to solidifying learning and instilling a sense of confidence in the outdoors.

We look forward to spending time with your student and getting to know their individual strengths.

Warm Regards,

The Staff at Cottonwood Gulch (505) 248-0563

Senior El Packing List



We are thrilled for you to join us on trek at The Cottonwood Gulch. We have developed this packing list and refined it over the years. Please make sure all items are included as our goal is your child's safety and comfort. We do consider everything on this list to be essential. To ensure preparedness, check the weather the day before your trip!

Cottonwood Gulch will provide all the necessary group gear, including tents and sleeping pads. *If your child does not have a sleeping bag, the Gulch has some to loan. Let us know ASAP if you would like to borrow one.

Luggage:

- □ 1 small duffel for storing your clothing and gear
- ☐ 1 backpack/daypack for day use

Clothing (in duffle bag):

- □ Sneakers/hiking shoes 1-2 pair of comfortable CLOSED TOED, yet tough for everyday use
- □ Long Pants 1-2 pairs can be worn on all days
- □ Short Sleeve Shirts 3-4 shirts
- □ Long Sleeve Shirts 2 warm layer shirt
- □ Winter Coat and warm hat It gets cold in the evenings!
- □ Underwear 4 pairs
- □ Long Underwear/Comfy warm sweatpants 1 pair (used as PJs)
- □ Gloves for warrning hands in the evening, night, and morning
- □ Socks 5 pairs (including an extra warm pair just for sleeping)

Sleeping Gear:

- Sleeping bag (rating of 20 degrees or lower required) *Gulch can provide if notice is given.
- Optional blanket; optional blanket

Toiletries:

- □ Toothbrush and paste
- Small brush or comb (optional)
- Personal medications to be administered by a staff member or teacher

Basic Gear (in daypack):

- ☐ Hat wide brim is good, both for comfort and protection from the sun
- □ Raincoat or poncho
- □ Warm layer (fleece jacket)
- □ 1 headlamp or flashlight (and extra batteries)
- □ 2 one-liter water bottles
- □ Sunscreen and chapstick/lip balm
- ☐ SIWI Material (journal, pen, pencil, colored pencils)
- ☐ Camera (optional) NOT a phone

Do not bring any weapons, food or gum, fireworks, personal electronics, or illegal substances.



Cottonwood Gulch Expeditions

Overnight Program Recognition of Risk and Release

Please complete the following form with the participant's information.

If the participant is under the age of 18, this form must be completed and signed by a legal guardian.

School / Group: ______ Program Dates: ______

	PARTICIPANT INFORMATION
First Name:	Last Name: Gender:
Date Of Birth:	
	PARENT/GUARDIAN 1 (IF UNDER 18)
First Name:	Last Name:
Phone Number:	
Alt. Phone Number	
Ait. Phone Isumber	
Tr. At	ALTERNATIVE EMERGENCY CONTACT INFORMATION
First Name: :	
Phone Number:	Alt. Phone Number:
Please list and expla	ain any allergies; include at least allergen, reaction, and severity (use back for more space):
1	y same general and same and severely (and back for more space).
·	
	Please Complete Medical History Form On Back of This Form
 I understand that the ing, service work, so CGE/school staff of and may involve his footwear appropria I assume full responsible of I agree to release Call liability, causes injury, death, proposed CGE's equipment is incurred by or cagreements of release. 	the program may include activities such as hiking, mountain biking, rock climbing, canyoneering, visiting cultural events, farm-twimming, tree climbing, meditation, and various other outdoor activities. If I have questions about these activities, I agree to ask or clarification. I recognize that this program may take place in an outdoor urban, semi-wilderness, or wilderness environment, igh risk activities, and where access to a medical facility may be delayed. Each participant is responsible for bringing clothing/ atte for the weather/activity for comfort and warmth, as well as an appropriate sleeping bag and pad for all camping programs. It is members, officers, directors, staff, funders, and contractors (referred to herein as "Released Parties") from any and of action, claims and demands of every kind and nature whatsoever (including legal costs and fees), whether for bodily perty damage or other loss, which may arise in connection with my enrollment or participation in CGE activities or the use ent, vehicles, or premises. I further agree to defend and indemnify Released Parties from any and all claims whether the loss caused by me, including a claim of a member of my family arising from an injury, death or other loss suffered by me. These has an and indemnity include an injury, death or other loss arising in whole or in part from the negligence, or a claim of negligence, and from any other claim arising from my conduct.
 I agree any dispute agree that this doc 	e concerning this agreement will be resolved exclusively by binding arbitration in Albuquerque, Bernalillo County, NM. I cument will be admissible in court, and if some part of this agreement is found invalid, the remainder will be in full effect.
• I recognize that th	ne participant meets the Essential Eligibility Criteria listed on CGE's website and provided with the registration packet.
 I understand that 	articipant will not bring nor be under the influence of any chemical substance including alcohol. any and all medications including prescriptions, over the counter medications, vitamins, or any supplements for students staff or a school staff member and will made available to students at the times required in the presence two adults. CGE
requires that a doc tions with permiss	ctor's prescription or pharmacy label is provided with all medication. Students may carry and self-administer rescue medica- sion of a legal guardian or doctor. Spare medication and valid doctor's prescription must be provided/carried by an adult. CGE staff will contact the school and/or an emergency contact as soon as possible in the case that first aid is needed or in
the case of any oth sion to participate	her emergency. The health history (on back or second page) is correct so far as I know, and the person described has permis- in all activities except if noted above. I hereby give permission for CGE staff to provide first aid and/or seek any and all al treatment they deem necessary. I recognize that CGE provides regular over-the-counter medications for minor illness (or
equivalent generic	medications,) and approve the administration of such medications to me, as deemed appropriate by CGE staff.
 I attest that the pa 	articipant has not had known exposure to communicable diseases and is in compliance with school immunization policies.
 I understand that 	the program may include participant transportation in a vehicle driven by a licensed CGE employee.
I agree to give per	mission for Cottonwood Gulch Expeditions to use the above named participant's photographic image, audio and/or video
	and/or written/drawn materials in any promotional materials it wishes unless I mark the box at right. Photo Opt-Out
Participant Signature	e: Date: Date: Date: Date:



Cottonwood Gulch Expeditions

Health History Form for Overnight Programs

Please complete the following form with the participant's information.

	± .	U							
If the participant is unde	r the age of 18, t	his form must b	oe completed	and s	signed by	a legal gi	uardian.	School	1
Group	:	Pai	rticipant Nan	ne:			•		

Please review the following lists and check those items that are a past or present concern/issue. For ANY boxes you check, please provide additional information in the boxes below. Information provided below will be kept confidential among CGE staff; CGE will share with medical professionals only when additional care or consultation is needed.

Physical Health and	Nutritional Needs	Mental Health
Allergies	☐Head Injury, Concussion	ADD/ADHD
□Insect	Heart Defect/ Disease	Anxiety/ Panic Attacks
■Environmental	Hearing Impairment	Cognitive Difference
■ Medication	☐Hormone or Thyroid Issue	Depression
□Other -	☐Hospitalization or Surgery	Eating Disorder (anorexia,
■Asthma	☐ Hypertension, High Blood Pressure	bulimia, etc)
■ Bedwetting	■Menstrual Cramps	☐Learning Difference
■Bleeding/ Clotting Disorder	☐Irregular Menstruation	☐Individual Education Plan
□Cancer	■ Neurological Problems	Self Harm
■Circulatory Problems	Orthopedic Issues	Substance Abuse/ Addiction
□ Diabetes	□Past Serious Injury	Suicidal Ideation or Attempt
Dizziness/ Fainting	□Physical Limitations	Other Mental Health Concern
Ear, Eye, Nose, Throat problems,	□Skin Problems	=Other Mental Fleath Concern
issues, or infections	□Sleep Problems	Nutritional Needs
Epilepsy or other seizure disorder	□ Sleepwalking	□Dairy Free/ Lactose
☐Gastrointestinal Tract Issues, Ulcers	□Vision (Contacts/Glasses)	Intolerance
☐ Headaches	Other Physical Health Concern	□Gluten Free
	Domer Thysical Treatm Concern	—Vegan
Common Over The Cou	nter (OTC) Medications	□ Vegetarian
		□Food Allergy
Please put a line through medications you do no	ot want given; those that remain will be offered	Other Nutritional Needs
when indicated for treating symptoms under th	e discretion and supervision of CGE Staff.	
A . 1 /T 1 1/ · 1 >		Please List Medications/Dose Taken & Why
Acetaminophen/Tylenol (pain reliever) Antibiotic ointment (prevent skin	Ginger Chew (nausea/upset stomach) Hydrocortisone 1% (itchiness)	
infection)	Ibuprofen (pain reliever)	
Benadryl (allergic reaction)	Imodium (anti-diarrheal)	
Claritin/Zyrtec (seasonal allergies)	Electrolytes (dehydration)	
Cough Drops	Tums (indigestion)	
II		
Has your child been stung by a bee? If yo	es, what was the reaction:	
Please list and explain any medical condit	ions our staff need to be aware of for the d	uration of this program:
	· · · · · · · · · · · · · · · · · · ·	·

ESCUELA DEL SOL Senior El Fall Trek 2022 Permission Form

Dear Parents. The Senior Elementary community will be taking a field trip to Cottonwood Gulch Base Camp from August 31-September 2, 2022. We will leave Escuela at 8:30am on Wednesday, August 31st and plan to return by 3:30pm on Friday, September 2nd. Check here if you will need Extended Day care after the Trek on Friday, Sept. 2nd. Please complete all forms and return them to school no later than Tuesday, August 23rd. Children cannot participate in this excursion unless all their forms have been returned. Staff of Cottonwood Gulch will be driving vans and mini-busses. Parents must provide a booster seat for your child if required by law (see additional info on back of this form). Child's Name Date of Birth Parent Name _____ Day Phone ____ Parent Name _____ Day Phone _____ Emergency Contact _____ Day Phone ____ Relationship to student _____ I hereby give consent to Escuela del Sol Montessori to take my child on the above field trip, with the understanding that such trips are under the supervision of authorized personnel of the school, and that all possible precautions will be taken to ensure the safety and health of my child. I agree to release Escuela del Sol Montessori from responsibility for accident and injury to my child while they are on this field trip, except as shall be covered by the insurance carried by the school. If we cannot reach you in the event of an emergency, we will take your child to an emergency room at a local hospital where s/he may be cared for. The school or staff will be absolved of any charges or liability. Name of Family Doctor or Medical Facility to call in case of emergency: Phone I give my permission for Emergency Medical Transportation and Treatment.

Signature of Parent/Guardian Date

Dear	Da	on	te
veai	۳a	-	ILS.

Your children's safety is of the utmost importance. We need your help in providing accurate information to help us ensure that seatbelts fit properly.

New Mexico law requires that any child under 60 pounds must ride in a child safety seat or booster seat regardless of age. Most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 7 and 12 years of age.

Please check the appropriate box below to help us ensure that your children are properly secured when traveling to Basecamp. If needed, a booster seat must be left at school Wednesday morning (August 31) for use on the Fall Trek.

П	I will provide an appropriate pooster seat for school outing	S.	
	My child weighs more than 60 pounds, is at least 4'9", and is She/he is not required to use a booster seat.	older than 6	years
Sianat	ure of Parent/Guardian	Date	

Escuela del Sol Outdoor Treks Medical Information

Child's Name:				DOB:	
	/ Medications hild allergic to or	have any ad	verse reactio	on to the following?	
Yes No	Allergies or Reactions			Explain	
	Medication				
	Food				
	Plants				,
	Insect bites/stings*	_			
	Other:				
□ Check	here if no medic	ations are ro	outinely taker	ver-the-counter medications. n. separate sheet and attach.	
	edication	Dose	Frequency	Reason	
		į			
Administ	tration of the abo	ve medicatic	on on the Tre	k is approved for student by:	
Parent/g	guardian signature	.	Pr	inted name of parent/guardian	<u></u>

(Please see page two.)

	•		Student Nam	ie:	
		gy medication and not non-prescription			Education
YES	NO				
Exceptions o	or notes?				
anything we hiking or cam	should know be	ormation regarding efore taking your cl e? For overnight T	hild on a Trek?	Do they have	previous
		-		VTNS# <u>* </u>	
·		e e			
	·				
DO NOT WP	ITE IN THIS BO	X (For teacher rev	viow only)		
			new only)		
	7:				
Date:					
Further appr	oval required:	YES NO			
Reason:					