

NWPHS Leadership Camp

Dates: July 28, 2009 – August 4, 2009

Description: This leadership camp is designed for students entering their freshman year of high school. The camp consists of four days of hands-on leadership training and a four day camping adventure at Glendalough State Park. Each day students will be working together on team building activities, initiatives, service projects and environmental education activities. We will be focusing on helping students develop skills in the areas of leadership, communication, trust, responsibility and environmental stewardship. At the completion of this program students will earn high school credit.

Mission Statement

NWPHS Description: Northwest Passage High School is a charter high school that teaches through experiential learning based on an Expeditionary model of learning. At NWPHS students take control of their own education through academic projects, service learning and expeditions. At NWPHS learning is an active process in which both the student and the teacher are a part of. Credit can be earned a number of ways through individual projects, group projects and class participation.

Important Dates and Information:

Applications are due to NWPHS by July 24th (students must turn in an application form, expedition medical form, expedition physical form and behavior expectations contract form.)

First day of Program: July 28th 9:00 - 2:00 PM

Camping at Glendalough State Park is planned for August 1st-August 4th.

What to bring camping:

- Water Bottle
- Bandana
- Tee shirts
- Shorts
- Close-toed shoes that can get wet/muddy
- Sandals
- Underwear
- Sunglasses
- Sun Hat
- Sunscreen
- Camera
- Sweatshirt
- Coat/raincoat
- Swimwear
- Socks
- Journal/Pen

NORTHWEST PASSAGE HIGH SCHOOL

District 4049 Medical Form

All Sections are to be completed by students and parents/guardians

Name:	Telephone
Address:	Height: Weight: Age:

Emergency Contacts:

Name of Father:	Name of Mother:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Name of nearest relative:	Phone Number:

Allergies/Medications:

List all allergies and reactions:

Are you currently taking any medications? If yes, please indicate type and dose:

Note: the NWPHS Instructors will dispense All medications. Please bring enough medication for your trip in original bottle.

Hospitalization/Surgery:

Please list any surgeries/hospitalizations within the past two years.

Lifestyle:

Please check all that apply to you.

- Do you use alcohol?
- Do you smoke?
- Do you currently have a substance abuse problem?
- Do you have a history of chemical dependency?

Past and Present Medical Conditions

Please place a check in the box if you have or had any of the following conditions or symptoms.

- | | | |
|-----------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Kidney or Bladder Infections | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Joint/Back Injuries | <input type="checkbox"/> Headaches | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anger Issues | |

If you have checked any of the above boxes, please explain below. Include dates, restrictions, treating physician. (Use additional sheets if necessary)

Insurance:

Please list your insurance provider:

Policy Number:

Group Number:

Doctor's Name:

Phone:

Signature Required

I (we) have carefully and thoroughly completed the medical history. I understand that as a student of Northwest Passage High School I will, at times, be exposed to above normal risks. I understand that NWPHS has taken precautions to provide proper equipment and well qualified instructors. I also understand that I will be required to move on my own with little assistance, carry 20-50 pounds over varying terrain, enter and exit a boat with little assistance and be able to upright myself in case of a boat tipping.

I (we) acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident, as detailed above, and consent to the participation of the above named student in the NWPHS expeditions. I hereby grant permission to NWPHS instructors to provide medical assistance in case of emergency.

Parent/Guardian

date

Student

date

Northwest Passage Leadership Camp

Application/ information form

Student Name: _____

Gender: M of F

Date of Birth: ____/____/____

Student Email: _____

Cell Phone: _____

Parent or Guardian: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City/ State/ Zip Code: _____

Email Address: _____

2nd Parent: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address (if different from above):

City/ State/ Zip Code: _____

Email Address: _____

Emergency Contact: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City/ State/ Zip Code: _____

Email Address: _____

NORTHWEST PASSAGE HIGH SCHOOL EXPEDITION PHYSICAL

NAME OF STUDENT (Last, First, Middle)

BIRTH DATE

SEX

MALE/FEMALE

PHYSICIAN'S PHYSICAL EXAM Please Complete ALL Spaces

Health Screening Code: **N**=Normal, **R**=Referred, **T**=Treatment, **C**= See Comments

Blood Pressure: ____/____	General Appearance:	Skin:
Height: _____ Weight: _____		Ears:
Vision: Left ____/____ Right ____/____		Lymph Glands:
Hearing Left: ____ Right: ____		Thyroid:
		Nose:
		Throat:
		Teeth/Mouth:
		Heart:
		Lungs:
		Abdomen:
		Hernia:
		Genito-Urinary:
Physician Comments:		Ortho- Structure: _____
Doctor's Name/Phone:		Pedic Posture: _____
Doctor's Signature:		Feet: _____

NOTE TO PHYSICIAN:

Northwest Passage High School (NWPHS) is an alternative high school. Students attending this school are given the opportunity to participate on extended expeditions outside the normal school day. Students of NWPHS will be, required to move on their own with little assistance, carry 20-65 pounds over varying terrain, enter and exit a boat with little assistance and be able to upright themselves in case of a boat tipping. Our most rigorous expedition is a 40-mile back packing trip in the Rocky Mountains. Students will be on and off trail at elevations of 7,000-14,000 feet. When evaluating this student, please keep in mind their over all physical condition. If you have any questions please contact Peter Wiczorek, Expedition Coordinator, at 763-274-8535.

After examination, _____ is (approved / not approved)
(Student's Name)

for full participation on NWPHS expeditions.

X

 Doctor's Name-Please Print

 Doctor's Signature

 Date

Please explain any limitations or reason for disqualification: