Welcome to the OES Backyard Exchange Program!

Each year the OES Dorms sponsor a program that provides OES day students the opportunity to spend up to two weeks living in the dorms at no charge. The Backyard Exchange (BYE) Program is designed to improve and promote interactions between day and boarding students. To accomplish this goal, students involved in this program participate fully in dorm life; following the same rules and guidelines as the dorm students. Activities may include study hall, family dinner, dorm meetings, and weekend social activities.

Making arrangements is easy:

Please email the BYE Coordinator, Brad Hoffman (hoffmanb@oes.edu), prior to your child's stay in the dorms so that we know when to expect your son/daughter and to assure that there is space available for them.

This packet contains four forms to be filled-out and turned-in prior to the visit: The OES Trip Permission and Behavior Agreement Form, the Driving and Overnight Permission forms, and the Permission to Administer Medications form.

Bedding is provided by the dorms, but along with the necessary paperwork we suggest bringing toiletries, towel, and maybe a pillow. Medications and car keys are surrendered to the DPOD when your student checks in. Medications are administered per your instructions and keys are checked-out to the student if needed for off-campus commitments that are arranged and agreed-upon before the visit.

Contact:

The DPOD cell phone is 503-515-5797. This is answered between 3 PM and 8 AM school days and 24-hr from Friday 3 PM to Monday 8 AM.

Here are highlighted rules Dorm Hosts think are important parts of the program:

- Breakfast check-in is 7:30 AM
- Anytime you leave the campus you must sign-out and sign-in with the DPOD in person
- Study Hall is in the Upper School Library Sunday - Thursday from 7:30 PM – 9:30 PM
- Lights out for everyone is 11:00 PM

It's also a good idea to review the boarding section of your handbook for more specific information.

Welcome to our home!
Boarding Student Overnight Permission

Students may stay overnight with families listed in the current OES directory. They may also stay with families and individuals listed by a parent or guardian on this permission form. Your signature at the bottom of this form is required.

1. Name: __________________________________________
   Address: ________________________________________
   Home Phone: ___________________ Cell Phone ____________

2. Name: __________________________________________
   Address: ________________________________________
   Home Phone: ___________________ Cell Phone ____________

3. Name: __________________________________________
   Address: ________________________________________
   Home Phone: ___________________ Cell Phone ____________

Local Guardian
All students at Oregon Episcopal School whose parents live outside of the United States are encouraged to have a designated person or family that represents them who resides in the United States. We prefer to have the adult representative live in Oregon or the western part of the United States.

The adult representative must assume responsibility for the student whenever the student cannot stay in the dorms and cannot get home. This may be during vacations when the dorms are closed, medical emergency, or if the student is in disciplinary trouble and needs to be away from the dorms for a period of time. The adult representative will not be expected to assume financial responsibility for the student.

<table>
<thead>
<tr>
<th>Local Guardian Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone #</th>
<th>Cell Phone #</th>
<th>Work Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Parent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Boarding Student
Driving Permission Form

In order to keep your child safe, we need to know your preference for driving. There are two choices, open driving or closed driving. Please choose only one option for your student.

OPEN DRIVING PERMISSION:
Anyone with a driver's license is eligible to be an approved driver. You may choose to grant your child open driving permission, which means that you leave the choice up to the discretion of the dorm staff. If you grant open driving permission, sign here:

__________________________    ________________
Signature of Parent                     Date
OR

CLOSED DRIVING PERMISSION:
OES staff and faculty are permitted to drive your child. Please list specifically the names, addresses and phone numbers of additional individuals who have your permission to drive your son or daughter. If you would like closed driving sign here:

__________________________    ________________
Signature of Parent                     Date

Besides OES faculty/staff my child may ride in an automobile with the following drivers:

1. Name: ____________________________
   Address: ____________________________
   Home Phone: _______________________ Cell Phone _______________________

2. Name: ____________________________
   Address: ____________________________
   Home Phone: _______________________ Cell Phone _______________________

3. Name: ____________________________
   Address: ____________________________
   Home Phone: _______________________ Cell Phone _______________________
PERMISSION FOR ADMINISTERING MEDICATION AT SCHOOL

Children sometimes need to receive medications while at school. PRESCRIPTION medications require written instructions from a physician and written permission from the parent or guardian. NON-PRESCRIPTION medications require only written permission from the parent or guardian. Please do not allow children to bring prescriptions or over-the-counter medicines to school to take without supervision. Medications cannot be self-administered and must be kept in the Division Office.

Physicians Instructions: This requirement is met by bringing the medicine to school in the original pharmacy container labeled with the child’s name, dosage and frequency to be given.

Written Parental Permission: This requirement is met by providing the following information:

- **Child's Name:**
- **Name of medicine:**
- **Dosage to be given:**
- **Birthdate:**
- **Grade:**
- **Pharmacy:**
- **Frequency:**
- **Prescription number:**
- **Physician's Name:**
- **Phone:**
- **Medical condition for which this treatment is given:**
- **Dates to be administered:**
- **Time to be administered:**

Please indicate the number of tablets or amount of medication being provided for use at school.

Oregon Episcopal School has my permission to administer the above medication to my child according to the above instructions.

Parent/Guardian Signature ________________________________ Date __________

| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |

Staff Signature ________________________________ Initial _______ Staff Signature ________________________________ Initial _______

Staff Signature ________________________________ Initial _______
Oregon Episcopal School Trip Permission and Agreement Form
(Please note this is a 2-sided form)

Trip to: OES Dorms Dates: for (student name)

Field Trip and Emergency Medical Care Permission

In a medical emergency concerning my son / daughter / ward named above, I understand that every effort will be made to reach me for instruction. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize the child’s well-being, I hereby authorize the trip leader or other OES representative to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery. Except as noted below, this child is in good health and may participate without restrictions in the above noted trip. His/her immunizations are current.

Food, Drug, Insect or Other Serious Allergies or History of Anaphylaxis:

Other Health Conditions: (Diabetes, Asthma, Bed Wetting, Mental Health Issues, Sleep Walking, Seizures, Etc.)

Date of last tetanus inoculation (mo/yr):

Significant illness, Injuries or Operations Experienced in the past year:

List any food preferences or dietary restrictions:

Please check whichever of the following apply:

□ My child will not be bringing medication on this trip.

□ My LS/MS student will be bringing medication on this trip and I have completed the required permission for administering medication form.

□ My US student will be bringing one or more of the following medications: prescription pain medication, learning disorder medication, or medication prescribed for psychological conditions. I understand that s/he may not self-administer these medications and I have filled out and attached the permission for administering medication form.

□ My US student will be bringing other medications for self-administration that are not in the above categories (no medication form required).

Phone numbers where I can be reached during this trip:

If I cannot be reached, please contact my designated alternate: Name: Phone numbers

My child has permission to participate in the trip described above. The medical information I have provided above is true and complete to the best of my knowledge.

Parent / Guardian Signature Date

(Please complete other side)
Oregon Episcopal School Trip Permission and Agreement Form

(PLEASE NOTE THIS IS A 2-SIDED FORM!)

Trip to: OES Dorms

Dates: ______________________ for (student name) ______________________

Agreement of Behavior and Health Expectations

Standards of student behavior at OES are based on respect and responsibility and are thoroughly outlined in the student handbook. On all trips, students are expected to observe all OES rules as well as any rules that the trip leaders deem necessary for ensuring trip participants’ safety. If students violate school or trip rules, there will be consequences which could include immediate expulsion from the trip, ineligibility for future OES trips, and/or notification sent to future schools. Also, in order to maintain appropriate supervision for the entire group, students must be able to fully participate in the trip. If a student is unable to participate in the trip for more than 48 hours due to illness or injury, OES may require the student to leave the trip.

I agree that ______________________, (my son/daughter/ward) is responsible for following all the rules and expectations for the trip described above. I understand that if the trip leader determines that my son/daughter/ward has broken the rules of behavior and safety so that s/he merits being sent home from the trip, or if the trip leader communicates that my son/daughter/ward is too ill or injured to participate in the activities of the trip, I (or a responsible person designated by me) will retrieve my child and I will assume responsibility for all costs incurred. I understand that once I (or my designated representative) take responsibility for my child that s/he will no longer be considered a participant in the OES trip and that OES will no longer be responsible for his/her safekeeping.

Parent or legal guardian’s signature ______________________ Date __________

I agree to adhere to the OES rules and the expectations for the trip described above and understand the terms of dismissal.

Student signature ______________________ Date __________

(PLEASE COMPLETE OTHER SIDE)

(rev. 1-11-11)
Quick-Guide to Dorm Rules

Monday - Thursday

7:30 am    Breakfast check-in
3- 5:00 pm No in-room co-ed visits; no TV, no video games in lounges
            Common Language rule applies
4-6:00 pm  Piano Practice Allowed
5-7:20 pm  In-room co-ed visitation, TV & video games in lounges
6- 6:30 pm Dinner; Wed night, mandatory family dinners
7:00 pm    Evening jobs; Prefects monitor
7:30 pm - 7 am Quiet hours
7:30- 9:30 pm Proctored study hall

After Study Hall

No co-ed Visitation, No Pool or ping pong or loud games, No television

9:30 pm    Check-in; quiet time; Late light requests
10:30 pm   In-Room (except seniors)
11 pm      In-room & lights-out for everybody

Weekends:

Friday 3:00pm – Sunday 6:00 pm

9am- 12 am Co-ed visitation hours
2-6:00pm Piano Practice Allowed
12 - 7am Quiet hours
Emergency Care Authorization

If the School is unable to reach you or an authorized person named on your child’s emergency form, do you give the School permission to authorize emergency care?

PERMISSION GIVEN: ________ (Yes/No)
(If permission is not given, this may affect a student’s participation in off-campus activities.)

As a parent or legal guardian of ______________________________________, a minor born on ______________________, I hereby authorize OES at my expense to authorize emergency care, take my child to a physician of their choice, and to consent to any x-ray examination, anesthetic diagnosis, medical or surgical treatment deemed necessary, if I or a person listed on the emergency form cannot be reached by phone. I acknowledge that OES would not intentionally act negligently and hereby release OES from any claims that I might have as a result of any emergency treatment for the above named child. This permission is in effect for the duration of my child’s enrollment at Oregon Episcopal School.

Signature: ____________________________________________________________

Date: ____________________________