

# Chaperone & Responsibilities

## Duties for SCIVIS 2009



Attending SCIVIS 2009 can be a great experience for both the student and the chaperone. Chaperones are normally teachers of the visually impaired, orientation and mobility instructors, Braillists, aides, and classroom teachers. Parents of SCIVIS attendees are not allowed to be chaperones. SPACE CAMP will provide all chaperones room and board and, in return, the U.S. Space and Rocket Center will expect your services as vision professionals. Your expectations are as follows:

- All chaperones are expected to stay on the grounds at the U.S. Space and Rocket Center. Sleeping quarters for both chaperones and trainees (called the Habitat) are crowded with as many as six people per room. Bunks are structured in a 2-down (floor level) and 5-up (upper bunks) arrangement. Agility, perseverance and flexibility, both physical and emotional, are qualities needed to survive in the Habitat. Small lockers, sometimes only one, are provided for stowing your gear. All children and adults should bring a lock to store your valuables. Shower shoes and bathrobes have proven to be essential items. Your presence with your team may be required both day and night. Please do not come expecting to take a week off, believe me, this is not the case.
- The primary reason for your participation at the Space and Rocket Center is first, to chaperone your team, and second, to act as an advisor to the staff at SPACE CAMP. Your expertise is needed in situations that deal directly with safety issues and adapting the environment for our students. When not directly needed by the staff the chaperone will fade into the background and be available, as needed. The staff at SPACE CAMP is directly responsible for the children. Discipline matters will be handled by Space Camp Staff. You are there as a technical advisor and to deal with situations regarding their disability and unusual behaviors. You are responsible for your students the entire time at Space Camp. You may be asked to help chaperone other children during the week.
- SPACE CAMP also offers the opportunity to mingle with other vision professionals and exchange ideas. About 60 vision professionals are expected this year.
- As you know, medications are a major issue for our students. Our philosophy will be somewhat different than the normal procedure at SPACE CAMP. It will be the responsibility of each group chaperone to provide the guide duties to and from SICKBAY. If an individual chaperone is responsible for specialized medication, i.e. injections, then that chaperone must report to SICKBAY also. All medications MUST be stored at SICKBAY.
- Please remember that during your stay at SPACE CAMP you are considered to be on duty 24 hours a day. Students and chaperones have had to make trips to the hospital at all hours. Please make sure someone from your state is available at all times.
- Different states and countries will be teaming up with each other to make teams. Those chaperones will be needed, mostly during mission practices and the actual mission, but also during other student activities. While duties to your individual state team will take priority, we still will need your expertise as a vision educator to aid in technical assistance. Some duties may be:

Braille interpretation and labeling for missions, graduation certificates, etc.  
Pool and lake duty for all programs and students (bring your bathing suits)  
Sighted guide for medications, etc.  
Low vision assessment and equipment setup

- The worst time for accidents to occur is during periods of inactivity. These are few and far between, usually occurring during early arrival and late departure, but when they occur please keep your students under ***direct supervision***.
- If you are an early arrival please use the time to orient your students to the Habitat facility. Restrooms and showers are located on each floor of the Habitat. The grounds at the U.S. Space and Rocket Center do not lend themselves to quick orientation. Students should not be allowed

to roam about unsupervised--***NEVER*** in the Mission Control Center. The rule of thumb for students is: ***If you are alone, you are in the wrong place.***

- All chaperones should bring a work kit of scissors, slate & stylus, and a Braille cheat sheet (if needed).
- Chaperones please inform your students that smoking and public displays of affection (PDAs) are not tolerated at Space Camp. Students are there to learn about math and science and couple interaction will not be tolerated.
- With the exception of specially designed chaperone programs, all activities scheduled are for the students. We realize that Space Camp can be an exciting time for chaperones too, but please do not make a pest of yourself. Ask the team leader and, if time allows, they will consider your request for further participation. Remember your main role is to fade into the background and appear when needed as a technical advisor.
- Sighted children who are friends, siblings, or other family members can also attend at the same cost and take advantage of the group rate. All registration will be handled through Dan Oates at the West Virginia School for the Blind.

**One simulator, the Centrifuge, has G-forces in excess of 4 G's. The eye consultant for the U. S. Space and Rocket Center strongly advises you not to let children experience this simulator when they arrive at Space Camp or after graduation. It is during these times that children and their chaperones have the opportunity to roam freely about the facility. It is also during this time that chaperones have allowed their children to "go off" by themselves and explore independently. In the past it has been these times that children have simply walked onto these simulators without supervision. During the week this simulator will be closed to children in our program. If you, in the role of a chaperone, accept the responsibility for children "riding" this simulator or give them permission to roam independently about the facility, then you will also be accepting the responsibility for any adverse effects that anyone may suffer as a result of the Centrifuge. As hard as we try to get the word to the workers at these simulators, it is both impossible and impractical for them to question all children before entering this simulator.**

If I can be of any service to your SPACE CAMP team prior to your arrival, please let me know. Dan Oates can be reached at his office (304) 822-4883 or at his home number (304) 822-4410 during the evenings or (e-mail: [scivis@atlanticbb.net](mailto:scivis@atlanticbb.net)). My cell phone number is (540) 539-8768.

**NOTE: During the summer months I teach at Space Camp in Huntsville, AL. Please contact me by cell phone and/or e-mail, as needed.**

Thank you for your interest in this very special program.

Dan Oates

# Chaperone Registration for SCIVIS 2009



(Return this form to Jim Allan, 1100 W. 45<sup>th</sup> St., Austin, TX 78756)

NAME (as you would want it to appear on your name tag): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Number of Students in Group:**

Space Camp (Grades 4-6)	_____
Space Academy, (Grades 7-12)	_____
Advanced Academy (Grades 10-12)	_____
Aviation Challenge, MACH 1 (Grades 4-6)	_____
Aviation Challenge, MACH 2 (Grades 7-12)	_____
Aviation Challenge, MACH 3 (Grades 10-12)	_____
Total	_____

This year a registration fee will be charged to all chaperones in the amount of \$75. The number of students listed below should match your individual or group transportation form.

Chaperone Fee \$75.00

\*Number of Students you are personally responsible for: \_\_\_\_\_

<b>Check #</b>	<b>for teacher (name)</b>	<b>check name, (person, organization, school)</b>	<b>Amount</b>
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Is the chaperone fee included in another check: no \_\_\_\_\_, yes \_\_\_\_\_ if yes, fill in below:

<b>Check #</b>	<b>for teacher (name)</b>	<b>check name, (person, organization, school)</b>	<b>Amount</b>
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\*Transportation and special needs issues will be addressed individually.

Lodging accommodations at Habitat One are bunk beds arranged in a 5 up, 2 down design. If you are unable, due to **physical** limitations, to sleep in a top bunk, please indicate below.

Request for bunk bed: TOP \_\_\_\_\_ BOTTOM: \_\_\_\_\_ NO PREFERENCE: \_\_\_\_\_

I have read the attached documents and understand the "**Chaperones Responsibilities and Duties**", the concerns about simulators and campers being given free time during early arrival and late departure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form and all others to:

Jim Allan, SCI-VIS-TX

1100 W. 45<sup>th</sup> St.

Austin, TX 78756

512 206-9315 office, FAX: 512 206-9264, cell 512 233-9003

e-mail: jimallan@tsbvi.edu

**All Chaperones are requested to fill out a health form and return to Jim before Space Camp. A doctor's signature is not necessary for chaperones, unless you have a health concern that is unusual or needs monitoring.**

# Chaperone Health Form for SCIVIS 2009



Chaperones are not required to have physical for attending Space Camp but we are requesting that you fill out the form below so that information will be available in case of emergency. A physician's is not required for chaperones. Please return all forms to Jim Allan, 1100 W. 45<sup>th</sup> St., Austin, TX 78756  
This form is due Aug. 1, 2009

**PLEASE PRINT:**

Chaperone: \_\_\_\_\_  
Last Name First Name M.I.

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Cell Phone, if available for use while at Space Camp:  
( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Trainee: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Is Trainee covered by health insurance: Yes \_\_\_ No \_\_\_  
Please attach copy of insurance card or claim form.

List all medical conditions and physical or learning disabilities, other than blindness: \_\_\_\_\_

\_\_\_\_\_

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

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

Diet Restrictions: \_\_\_\_\_

Are immunizations up-to-date? Yes \_\_\_ No \_\_\_ If no, please attach an exemption form or explanation.

Date of last tetanus booster: \_\_\_\_\_

Prescription medications trainee will require while at camp:

\_\_\_\_\_

\_\_\_\_\_

**All prescription, over-the-counter medications, vitamins, and herbal products are collected and administered by nursing staff and MUST in original containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by physician.**

Trainees maintain a vigorous pace from 7AM until 9PM. During simulator training, individuals may experience up to 3 G's at gravitational force, strobe or flashing lights or fluid shifts. Persons with cardiac conditions, severe pulmonary dysfunction, sensory handicaps or chronic illness may not be able to participate fully in the program.

We recommend that trainee has received a physician's examination within one year prior to attending scheduled program.

**AUTHORIZATION FOR MEDICAL TREATMENT  
Must be signed by all attendees!**

(Trainee name) \_\_\_\_\_ has my permission to take any over-the-counter medications (listed below) as needed with the exception of \_\_\_\_\_

\_\_\_\_\_ while attending this program, I verify that you have my permission to take (Trainee) \_\_\_\_\_ to the nearest medical facility for emergency treatment and I assume responsibility for payment.

\_\_\_\_\_  
Parent/Guardian of the Trainee Signature

\_\_\_\_\_  
Date

The following generic medications routinely stocked in the clinic and dispensed free of charge as needed: ibuprofen, acetaminophen, decongestant, antihistamine, cough suppressant, throat lozenges, motion sickness medication, anti-nausea, anti-diarrhea, milk of magnesia, antibiotic ointment, anti-itch cream, ipecac, topical oral pain reliever.

LIST BELOW ANY OTHER HEALTH CONCERNS THAT THE MEDICAL STAFF AT SPACE CAMP SHOULD BE AWARE OF

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Many chaperones are in need of this form to so there school districts, principals, administrators, know that they have attended the program and some can credit service hours for their participation. Please copy and bring it with you and Dan will sign it at SCIVIS.



To: Administrators, Certification teams, etc.  
From: Dan Oates, Coordinator  
Space Camp for Interested Visually Impaired Students (SCIVIS)  
Subject: SCIVIS Attendance  
Date: Sept. 28, 2009

Please allow this letter to serve as documentation that \_\_\_\_\_ was present and involved with Space Camp for Interested Visually Impaired Students (SCIVIS) in Huntsville, Alabama from September 26 to Oct. 1, 2009. The above named person was a chaperone for 24-hour duty, six days (equaling 168 hrs.). Their duties included sighted guide, facilities orientation, and technical assistance to the staff at the U. S. Space & Rocket Center. Approximately 70 teachers of the visually impaired, orientation and mobility instructors, teacher assistants, administrators, and childcare workers attend this week and many hours of information exchange take place. Teachers are expected to attend lectures, simulations, and hands-on activities and as a result will gain valuable information in the field of science, space science, math and related subjects.

This person's expertise in the field of vision and/or orientation and mobility were much appreciated by the staff at the U. S. Space and Rocket Center, the children and the SCIVIS staff.

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Signature

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Date

Dan Oates, SCIVIS Coordinator  
P. O. Box 1034  
Romney, WV 26757  
OFFICE - (304) 822-4883  
CELL – (304) 851-5680  
FAX – (304) 822-4898  
EMAIL – [scivis@atlanticbb.net](mailto:scivis@atlanticbb.net)  
URL: <http://www.tsbvi.edu/space/>