



DAY TRIP FAMILY PACKET

Please review this document in its entirety. Pages 3-4 must be completed and returned to your student’s teacher by the designated deadline (set by the school teachers).

We’re thrilled that your child is joining us at Outdoor Classroom. This Day Trip Family Packet has been developed to help students and families get ready for the Outdoor Classroom experience. In this packet you will find answers to frequently asked questions and a wealth of other important information.

Your child’s physical, mental, and emotional safety are our number one priority during the time they spend with us. Your child will be supervised at all times by enthusiastic, experienced staff who have undergone background checks and extensive training to prepare them to give your child an inspiring and safe experience. Staff are also certified in CPR and First Aid.

If you have any questions, please start by contacting your school. If they are unable to answer your questions, please reach out to us at info@outdoorclassroom.com or (603) 539 8053. We can’t wait to work with your student!

Overview of the Program

Outdoor Classroom is an outdoor education program that focuses on social and emotional learning, science skills, and adventure education. Each program is customized to support student learning in the classroom. Our hands-on lessons focus on building critical thinking skills and exploring the connections between the natural and human-made world.

Students at Outdoor Classroom are always supervised by adults.

Below is an example of a day program:

<p>Arrival/Welcome</p> <p>Team Building</p> <p>Snack/Bathroom Break</p> <p>Activity 1</p>
<p>Lunch</p>
<p>Activity 2</p> <p>Departure</p>

Food Allergies / Dietary Needs

We cater to a number of dietary needs. We can accommodate many allergies including nut, gluten, wheat, dairy, soy, shellfish, egg and lactose allergies, intolerances and restrictions. Vegetarians and vegans can also be accommodated. Make sure your school is aware of any dietary restrictions or preferences.

Visitors and Communication

We ask you not to visit Outdoor Classroom during your child's field trip. Students are not permitted to have cell phones at Outdoor Classroom. This is to encourage them to enjoy life "unplugged" - live in the moment and appreciate their surroundings. If there is an emergency and you need to reach your child, please contact us at (603) 539 8053.

Behavior Expectations

Below is a copy of the Outdoor Classroom Behavior Expectations. We require every student and their family to read the expectations and sign an acknowledgement statement.

We are committed to providing a safe, positive experience for all students. As part of the Outdoor Classroom community, students are expected to be familiar with and follow these behavior expectations. Students who are unable to follow them may be disciplined and sent home at the discretion of the school. Please discuss these expectations with your child prior to the field trip.

- Students must remain with their group and instructor or teacher/chaperone at all times. Students should never be alone on camp or leave the property alone.
- All medications should be given to the school teacher or medical staff.
- Students are asked to take care of the property and report any damages.
- Students should use equipment for its intended purpose and in a safe manner.
- Physical fighting or altercations are not tolerated and may result in immediate separation or dismissal without refund of tuition.
- Bullying is not tolerated and all suspected bullying instances will be dealt with firmly and may result in immediate separation or dismissal without refund of tuition.
- All school rules will be enforced at Outdoor Classroom.

Additional Important Information!

Students should be ready to participate in activities when they get off the bus.

They should be wearing closed toed shoes.

Students should bring:

- **Backpack**
- **Sunscreen**
- **Bugspray**
- **Water bottle**
- **Extra warm layer**

Please check the weather and plan according to expected precipitation and temperatures. Students will be outside (unless there is thunder and lightning).



PLEASE FILL OUT AND TURN IN THE FOLLOWING PAGES

Student's Name: _____	School: _____
Date of Birth : _____	Gender: _____ Grade: _____

Parent/Guardian and Student Contract and Waiver

My child and I understand what is expected of us before and during Outdoor Classroom and that we are familiar with these rules and agree to abide by the rules, procedures, and behavior expectations detailed within. I realize that no environment is risk-free and I am aware of these risks, and so I have instructed my child on the importance of abiding by the center's rules. I grant permission for my child to participate in all activities and Outdoor Classroom programs, including but not limited to challenge-course, out-of-camp trips by foot (hiking), and out-of-camp emergency transportation by van, bus or other designated vehicle. I understand that part of the outdoor education experience involves activities and group interactions that may be new to my child and that they come with uncertainties beyond what my child may be used to dealing with at home. I also understand that during my child's participation they may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, uneven terrain, standing and moving water, forested, and other areas that may result in wildlife encounters including mammals, reptiles, and insects that could result in infections and various insect-transmitted diseases. Additionally, certain risks may be associated with activities such as field and court sports, high and low ropes elements courses, waterfront, hiking, walking, running, playing outside, as well as other activities. Other risks might include sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. Outdoor Classroom is not responsible for lost, stolen or damaged articles. I, the undersigned, have read and understand my responsibility to complete and submit all necessary forms and fees on time (and that my child will not be allowed to attend the program if any forms in the Family Packet are incomplete). I also acknowledge that participation is entirely voluntary, and I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's outdoor education experience, or the outdoor education experience itself shall be resolved exclusively by binding arbitration in in the state and county where this camp is physically located, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Information

Primary Contact Name: _____ **Relationship:** _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Secondary Contact Name: _____ **Relationship:** _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____



Student's Name: _____ School: _____ Date of Birth : _____ Gender: _____ Grade: _____

Authorization for Emergency Treatment

I hereby give permission to Outdoor Classroom to seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Outdoor Classroom to arrange necessary transportation for my child to a nearby hospital or other medical facilities as required. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Outdoor Classroom to secure and administer treatment, including hospitalization, for the person named above. Information in this paperwork may be given to the physician. I agree to incur all costs related to any medical emergency for the person named above.

Parent/Guardian name: _____

Parent/Guardian Signature: _____ **Date:** _____

Health History

PLEASE NOTE THAT Outdoor Classroom WILL NOT BE ADMINISTERING ANY MEDICATIONS

Are there any concerns (medical, behavioral, emotional) that Outdoor Classroom should be aware of? Yes No

Please specify: _____

Notification of Allergies and Food Restrictions

Does your child have any allergies (food or otherwise), intolerances, or dietary needs? Yes No

If yes, please specify type and severity: _____

If yes, will your child be carrying any emergency medication ie, Epi-Pen or Inhaler? Yes No