

FAMILY PACKET

Please review this document in its entirety. Pages 5-9 must be completed and returned to your student's teacher by the designated deadline (set by the school teachers).

Dear Families,

We're thrilled that your child is joining us at Outdoor Classroom. This Family Packet will help students and families get ready for the Outdoor Classroom experience. In this packet you will find answers to frequently asked questions and other important information.

Your child's physical, mental, and emotional safety are our number one priority during their time with us. During instructional activities and mealtimes, your child will be supervised by enthusiastic and experienced Outdoor Classroom staff who have undergone background checks and training to provide your child with an inspiring and safe experience. Our staff are also certified in CPR and First Aid. During free-time and nighttime, students are in the care of their teachers and parent chaperones.

If you have any questions about the trip, please contact your school directly. If you have any questions that your school is unable to answer, please feel free to reach out to us at info@outdoorclassroom.com or (603) 539 8053.

We can't wait to share the field-trip of a lifetime with your student!

Sincerely,
The Outdoor Classroom Team

Outdoor Classroom Locations

Location	Host Site	Address
Freedom, NH	Camp Cody	9 Cody Rd, Freedom, NH 03836
Ocean Park, ME	Ocean Wood Camp	17 Royal St, Ocean Park, ME 04063
Groton, MA	Grotonwood Camp	167 Prescott St, Groton, MA 01450
Yarmouthport, MA	Camp Wingate Kirkland	79 White Rock Rd, Yarmouth Port, MA 02675
Great Barrington, MA	URJ Eisner Camp	53 Brookside Rd, Great Barrington, MA 01230
Lakeside, CT	Camp Washington	190 Kenyon Rd, Lakeside CT 06758
Ivoryton, CT	Incarnation Camp	253 Bushy Hill Rd, Deep River, CT 06417

Overview of the Program

Outdoor Classroom is a residential outdoor education program that focuses on science and engineering, social and emotional learning, and teambuilding. 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.

We work with each school group to help design a program that best fits the needs and outcomes of the group. Each program is rooted in the following components: Field Group, Class Choice, Large Group Activities, Evening Programs, Meals, and Free Time.

Students at Outdoor Classroom are always supervised by adults and a medical staff member is available on site 24/7.

Below is an example of a typical day:

7:00 Wake up 7:30 Morning Meds
7:40 Set/ 8:00 Breakfast
9:15 Field Group
11:30 Free Time
11:40 Set & Lunch Meds 12:00 Lunch
1:15 Class Choice
2:45 Break/Snack
3:00 Class Choice
4:30 Free Time
5:10 Set & Dinner Meds 5:30 Dinner
6:45 Evening Activity
8:00 Quiet Sing Nighttime Meds 8:30 Back to Cabins

Medications

In an effort to minimize interruptions, we typically dispense medications before or after meal times. If your child receives daily medications outside of these times we will of course administer as ordered by your child's doctor. All "Scheduled" medications will be overseen and distributed to your child by a medical staff member. Children are not permitted to keep medications on their person, and this includes prescription and over-the-counter medications (Tylenol, vitamins, cough drops, etc.). Emergency medications (e.g. Epi-pens and rescue inhalers) will be available to your child at all times. When possible, children are encouraged to self administer under the care and guidance of trained medics or staff members.

All medications need to be sent **in the original bottle / packaging with the PHARMACY LABEL, Doctor's name, student's name, medication, strength, dosage, and usage instructions on the bottle / packaging**, if applicable. Please place the bottle / package in a clear ziplock bag with your child's name, school, date of birth and **fill out the medication document on page 9 of this packet**. School teachers will collect medications prior to departure so **please do not pack medications in your child's bag**. We have basic medicines (Tylenol, cough drops, tums, etc) and first-aid supplies for students who may need them throughout the trip on an AS NEEDED basis.

Food Allergies / Dietary Needs

Our facilities can accommodate a variety of dietary needs. There is a section in this packet for you to indicate any dietary allergies, restrictions or preferences. If you have concerns about your students' dietary needs while at Outdoor Classroom, please contact us as soon as possible.

Visitors and Communication

We ask you not to visit your student during their field trip. Visiting parents/guardians can distract students and may make some students homesick. 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 your student's school teacher, or you can contact us at (603) 539-8053.

Behavior Expectations

Below is a copy of our 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. Parents/Guardians are then expected to pick up their student(s).

Please discuss these expectations with your student prior to the field trip.

- Students must remain with their group and instructor or teacher/chaperone at all times. Students should never be alone in camp or leave the property alone.
- Students must remain in the cabins with chaperones after lights-out.
- Students may not have in their possession any prohibited items (please review the Packing List).
- 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/dismissal without refund.
- 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.

Packing List

Mark all items with your child's name.

Please send old / play clothes (students will get dirty).

Laundry facilities are not available for general student use.

Arrival day: Students should be ready to participate in activities when they get off the bus. They should be wearing closed-toed shoes and have a day pack ready with sunscreen, a water bottle, and an extra layer.

Weather: Please check the weather for your Outdoor Classroom location, and pack according to expected precipitation and temperatures. Students will be outside all day (unless there is a safety concern).

Important! Prohibited items include:

- Cell phones
- Other electronics - iPods, iPads, portable video games or movie devices
- Candy, gum, or food of any kind
- Swiss army knives/leathermen or any other weapons
- Illegal substances, drugs, or alcohol
- Lighters / matches

Quantities: Adjust the number of clothing items based on the length of the field trip.

<p>Clothing</p> <ul style="list-style-type: none"> ● Long pants/jeans ● 1 or 2 pairs of pajamas ● T-shirts & Long-sleeved shirts ● Sweatshirt or fleece ● Warm jacket ● Socks (pack a few extra) ● Underwear ● 1 pair of sneakers or hiking boots* ● 1 raincoat or poncho ● 1 pair of crocs or water shoes if going to Ocean Park or Yarmouth <p>Cold Weather (November, March-April)</p> <ul style="list-style-type: none"> ● Warm insulated snow Jacket ● Snow pants ● Snow boots ● Gloves/ Mittens ● Wool socks ● Warm hat ● Thermal Baselayer <p>Bedding / Linens</p> <ul style="list-style-type: none"> ● Sleeping bag or bedroll (sheets/blankets) ● Pillow ● 1 towel ● Laundry bag for dirty clothes 	<p>Toiletries</p> <ul style="list-style-type: none"> ● Toothbrush and toothpaste ● Soap, shampoo, conditioner ● Deodorant ● Comb or brush ● Lip balm/chapstick <p>Miscellaneous</p> <ul style="list-style-type: none"> ● 1-day pack/backpack ● 1-2 reusable water bottles (1 Liter) ● Flashlight or Headlamp ● Sunscreen/Bug Spray <p>Optional Items</p> <ul style="list-style-type: none"> ● Flip flops for the shower ● Book ● Bandana ● Ballcap ● Disposable Camera (No cell phones!) ● Fitted sheet for the mattress (Twin) ● Bug Head Net (May-June) <p>*All footwear must be closed-toed **Outdoor Classroom is not responsible for items left behind.</p>
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PLEASE FILL OUT AND TURN IN THE FOLLOWING PAGES



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

Photo Release

_____ I **DO** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Outdoor Classroom's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

_____ I **DO NOT** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Outdoor Classroom's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

I acknowledge that since participation in publications is voluntary, I will receive no financial compensation. I further agree that participation in any publication format by Outdoor Classroom confers upon me no rights of ownership whatsoever. I release Outdoor Classroom and its employees from liability for any claims by me or any third party in connection with participation.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ Date of Birth : _____ School: _____
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Emergency Information

*Please Note: Outdoor Classroom will not distribute the personal information contained in these forms to a third party.

Guardian (Primary Contact) Name: _____

Street Address: _____ City _____ State _____ Zip _____

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

Email: _____

Secondary Contact Name: _____

Street Address: _____ City _____ State _____ Zip _____

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

Email: _____

Is there a custody agreement we need to be aware of? Yes (please attach additional information) No

NOTE: We are authorized to release the child only to the contacts listed above unless a note from the Guardian/Primary Contact states otherwise.

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:** _____

Insurance Information

The following insurance information is required if a doctor visit or admission/treatment at a hospital is necessary.

Doctor's Name: _____ Doctor's Phone Number: _____

Do you have Health Insurance Coverage? Yes No

Name of Insurance Company: _____

Address: _____

Name Listed on Insurance: _____ Policy Number: _____

Student's Name: _____ **Date of Birth :** _____ **School:** _____

Restrictions

- Participant is cleared for unrestricted activity and full participation with Outdoor Classroom. .
- Participant is cleared for participation at Outdoor Classroom, but the following restrictions apply:

- Participant is not cleared for participation at Outdoor Classroom.

Notification of Allergies and Food Restrictions

Does your child have any food allergies, intolerances, or dietary needs?

- Yes. Please specify type, reaction, severity, and applicable treatment.

- No

Does your child have any other allergies (ie. environment, bees) etc?

- Yes. Please specify allergen, severity, reaction and treatment:

- No.

Health History

Are there any concerns (medical, behavioral, emotional)?

- Yes No

Please specify:

Student's Name: _____ Date of Birth : _____ School: _____
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Permission to Dispense Over-the-Counter Medications ON an AS NEED Basis



We carry all of the following medications, you do not need to send these medications with your student (unless they take it daily). Not all medications are approved for under 12 years of age. Medical staff will give according to label instructions and our Standing Orders on file. If your child takes any of the following medications on a regular schedule please DO send those medications with your child along with a physician's order or a physician's signature on page 9 to include those Over the counter medications.

I give permission for Outdoor Classroom to administer **ALL** over the counter medications listed in the box below.

I give permission for Outdoor Classroom to administer **ONLY** the over the counter medications I have **CHECKED**.

<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Antidiarrheal (over 12 only) <input type="checkbox"/> Antacid (TUMS) <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products-over 12 only) <input type="checkbox"/> Dramamine or generic equivalent	<input type="checkbox"/> Cetirizine (Zyrtec products) <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> Loratadine (Claritin products) <input type="checkbox"/> Cough Drops (Generic) <input type="checkbox"/> Guaifenesin (Mucinex, Robitussin, products, etc) <input type="checkbox"/> Cough suppressants (Delsym, Robitussin and/or dextromethorphan products, etc.)	<input type="checkbox"/> Antibiotic ointments for first aid (ie, triple antibiotic, bacitracin, etc.) <input type="checkbox"/> Antifungal cream/powder (Tolnaftate, Athlete's foot powder, Lotrimin, etc) <input type="checkbox"/> Hydrocortisone (anti-itch cream) <input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry)
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I **DO NOT** give permission for Outdoor Classroom to administer **ANY** of the over the counter medications listed.

Parent/Guardian name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medications (e.g. Epi-pens and rescue inhalers) will be sent around with your child, managed by the medic on site, and administered as needed by trained staff.

Will your child be bringing an EpiPen / Epinephrine injector to Outdoor Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify allergy: _____ _____ _____ _____	Will your child be bringing a rescue inhaler to Outdoor Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to self-administer their emergency medications under trained supervision? ie inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's Name: _____ Date of Birth : _____ School: _____



Medications - Instructions

Send ALL medications in the original Pharmacy bottle / packaging with your child's name, Doctor's name, medication, strength, dosage, and usage instructions on the bottle / packaging. Place the bottle/package in a clear ziplock bag with your child's name, date of birth and school. **DO NOT Send pre-packaged pill planners, envelopes, etc.**

Medication List

Please include emergency & "As Needed" medications, such as Epi pens or rescue inhalers.

Medication/Form	Strength	Dose	Time(s)	Reason	Special Instructions	As Needed
<i>Example Amoxicillin liquid</i>	<i>125mg/5ml</i>	<i>250mg/10ml</i>	<i>8am 8pm</i>	<i>Infected tooth</i>	<i>Give after eating</i>	<i>No</i>

Comments: _____

I give permission for my child to receive the above scheduled medications as dictated above and ordered by his/her/their Doctor while at Outdoor Classroom.

Print Name: _____ Relationship to Student: _____

Signature: _____ Date: _____

For melatonin, vitamins, nasal sprays, and other meds not listed in the over-the-counter chart on page 8 or if taken daily, **MUST be sent with a doctor's order, or the doctor can sign this form below to agree to the medications listed.** **MEDICAL PERSONNEL CAN NOT ADMINISTER ANYTHING THAT DOESN'T COME WITH A DR'S NOTE/SIGNATURE.

Doctor/medical provider signature: _____ Date: _____