

---

## **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](mailto: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:

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

## 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



<b>Student's Name:</b> _____	<b>School:</b> _____
<b>Date of Birth :</b> _____	<b>Gender:</b> _____ <b>Grade:</b> _____

### Parent/Guardian Student Participation 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 school chaperone or ambulance. 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 AND REVIEWED IT IN FULL WITH MY CHILD. I FULLY UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY IT.**

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 Treatment

I hereby give permission to Outdoor Classroom to provide first aid and/or seek emergency medical treatment to my child if needed . I agree to the release of any records necessary for treatment or referral if sent off site. 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 medical provider. 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 you be sending any emergency medication ie, Epi-Pen or Inhaler?  Yes  No