

CODY OUTDOOR CLASSROOM

2019-2020 HOLTEN RICHMOND MIDDLE SCHOOL STUDENT/PARENT PACKET



Grade 6 - October 28-30, 2019

All students should report to school by 7:30 AM.

***Please note: students must be dropped off and picked up
– they CANNOT board their school bus with their luggage.***

The buses will leave for Cody Outdoor Ed. at **7:45 AM** on the first day
and return at **3:00 PM** on the last day.

The cost is **\$300.00**. Payment may be made online through eFunds.
PAYMENT IN FULL IS REQUIRED BEFORE your student goes on the trip.

**If financial considerations are the only reason for your child not attending,
please contact Mr. Federico in writing ASAP.**

Your child's permission slip and medical forms
are due **Wednesday, October 4, 2019.**

Medications must be dropped off no later than **Wednesday, October 4, 2019.**

OVER →

**HOLTEN RICHMOND MIDDLE SCHOOL
55 Conant Street, Danvers, MA 01923**

September 2019

Dear Grade 6 Families:

HRMS is pleased to announce our annual environmental school experience for grade 6 students. This three-day/two-night team trip allows students to have a hands-on and authentic learning experience in the woods of New Hampshire. Located in Freedom, New Hampshire, students will be fully immersed in science and team building activities. Lessons include nocturnal animals, wetlands ecology, earth science, sensory awareness and environmental conservation. Students are chaperoned by HRMS teachers and the Cody Outdoor Education Environmental School Staff, which includes an onsite nurse. There will be a formal presentation regarding the Cody Outdoor Education Environmental School trip on the night of Open House. Students were given a presentation in their science class. If you have questions regarding the educational components of the trip please contact your child's science teacher.

Please note permission slips and medical forms are due **no later than Wednesday, October 4, 2019.**

Medication Procedure for Camp Cody

Please note that Camp Cody requires a doctor's note or medication order from your child's physician for any medication other than the "over-the-counter medications" listed in the box on the medical form on page 7. Camp Cody provides these "over-the-counter medications", and may administer to your child as needed if you have indicated so on the medical forms.

Please return the completed medical forms (pages 7 & 8) to HRMS by **Wednesday, October 4, 2019**. Camp Cody requires these forms in advance to prepare for the arrival of our students. If your child is bringing any other medication, we request the doctor's note or medication order be turned in by **Wednesday, October 4, 2019**. The HRMS Nurses' fax number is 978-762-8332.

MEDICATIONS are due to the nurse **no later than Wednesday, October 4, 2019**. The nurse is available between 7:20 am and 2:15 pm each day, and medications are to be dropped off by an adult during those times. For safety, we request that you do not send in medication with your child.

All medication must come in the original containers, labeled with the student's first and last name.

If your child keeps medication at HRMS (i.e. EpiPens, inhalers) and you would like that medication sent on the trip to Camp Cody, please call the HRMS nurses to discuss arrangements.

Please see your child's teacher at the end of the trip during pickup time to retrieve your child's medication. Thank you for your cooperation!

Sincerely,
Adam Federico, Principal

CONTACT INFORMATION:

Cody Outdoor Education
9 Cody Road, Freedom NH 03836
603-539-4997
info@codyoutdoorclassroom.com

**HOLTEN RICHMOND MIDDLE SCHOOL
CODY OUTDOOR EDUCATION ENVIRONMENTAL SCHOOL
9 Cody Road
Freedom, NH 03836**

PERMISSION SLIP

Please return this permission slip to your child's homeroom teacher **by Wednesday, October 4, 2019.**

Student Name: _____

Parent/Guardian Names: _____

Team: _____

_____ Yes, I give permission for my child to attend the Cody Outdoor Education Environmental Program.

_____ No, I do not want my child to attend the Cody Outdoor Education Environmental School. (Students not attending the trip are required to attend school. They will be placed on another team for the days their team is at Cody Outdoor Education.)

PAYMENT

FULL payment of \$300.00 **MUST** be received prior to your student taking part in this trip.

We are happy to tell parents/guardians that Cody Outdoor Education Environmental School payment may now be made online through eFunds, the system used for athletic, drama, and transportation fees; Chromebook insurance payments; and school lunch payments.

If paying by check or money order, please be sure it is made out to DANVERS PUBLIC SCHOOLS and include your child's name on the memo.

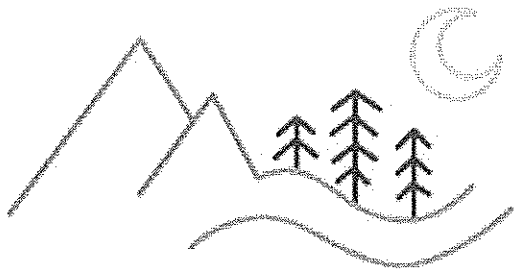
If financial considerations are the only concern, please follow up with a confidential note to Mr. Federico, either in writing or by email at federico@danvers.org as soon as possible, but no later than Wednesday, October 4, 2019.

Please contact your child's Science leader with any questions or special considerations.

Holten Science Teacher: Mr. Belyea (michaelbelyea@danvers.org)

Read Science Teacher: Ms. Franchi (lauriefranchi@danvers.org)

Richmond Science Teacher: Mr. Hodsdon (johnhodsdon@danvers.org)



OUTDOOR CLASSROOM

FREEDOM, NH * YARMOUTHPORT, MA

Dear Family,

We're thrilled that your child is joining us at Outdoor Classroom. This 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. All staff are also certified in CPR and First Aid. To provide a safe experience, we also need some information from you. Please **complete the information on pages 5 – 8** and return it to your student's teacher by the designated deadline (set by the school teachers).

If you have any questions, please feel free to contact us at trish@campcody.com or (603) 539 4997. We can't wait to work with your student.

Thanks,

Outdoor Classroom Staff

OVER →



Overview of the Program

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

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 or Large Group Activity
<u>11:30 Free Time</u>
11:40 Set & Lunch Meds 12:00 Lunch
1:15 Class Choice
2:45 Class Assignment/ Snack
3:00 Class Choice
<u>4:30 Free Time</u>
5:10 Set & Dinner Meds 5:30 Dinner
6:45 Evening Activity
8:30 Quiet Sing Nighttime Meds
8:45 Back to Cabins



Medications

All medications will be distributed by a medical staff member. Children are not permitted to keep medications on their person. This includes prescription and over-the-counter medications (Tylenol or cough drops). Emergency medications (e.g. Epi-pens and rescue inhalers) will be sent around with your child and managed by the nurse on site. All medications need to be sent **in the original bottle / packaging with the Doctor's name, 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 and **fill out the medication document on page 8 of this packet**.

School teachers will collect medications prior to departure so **please do not pack medications in your child's bag**. We do have basic medicines (Tylenol, cough drops, tums, etc) and first aid supplies for students who may need them throughout the trip.

Food Allergies / Dietary Needs

We cater to a number of dietary needs. Our facility is nut free and also accommodates gluten, wheat, dairy, soy, shellfish, egg and lactose allergies, intolerances and restrictions. Vegetarians and vegans can also be accommodated. There is a section in this packet for you to indicate any dietary needs.

Visitors and Communication

We ask you not to visit Outdoor Classroom during your child's field trip. Visiting parents 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 us at (603) 539 4997.

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. Parents are then expected to pick up their child. 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.
- 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 to view the complete 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 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.

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 Freedom, NH and pack according to expected precipitation and temperatures. Students will be outside (unless there is thunder and lightning).

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 / leathermans or any other weapons
- Illegal substances, drugs, or alcohol
- Lighters / matches

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

<p>Clothing</p> <ul style="list-style-type: none"> ● Long pants / jeans ● Shorts ● 1 pair of pajamas ● T-shirts ● Long sleeved shirt ● Sweatshirt or fleece ● Warm jacket ● Socks (pack a few extra) ● Underwear ● Hat and gloves ● 2 pairs of sneakers (All footwear must be closed toed) ● 1 raincoat or poncho <p>Bedding / Linens / Toiletries</p> <ul style="list-style-type: none"> ● Sleeping bag or bed roll (sheets and a blanket) ● 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 bottle (1 Liter) ● Flashlight ● Sunscreen <p>Optional Items</p> <ul style="list-style-type: none"> ● Flip flops for the shower ● Book ● Bandana ● Ball cap ● Bug spray ● Disposable Camera (cannot be cell phone) ● Fitted sheet for the mattress (Twin)
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Outdoor Classroom is not responsible for items left behind.



PLEASE FILL OUT AND TURN IN THE FOLLOWING PAGES

Student's Name: _____ **School Name:** _____

Parent/Guardian and Student Contract and Waiver

I have read and completed the Family Packet in its entirety. My child and I understand what is expected of us before and during Outdoor Classroom and we agree to abide by the rules, procedures, and behavior expectations detailed within. 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 also understand that during my child's participation at Outdoor Classroom, she/he 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, hiking/walking/running/playing outside; ticks, snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I am aware of these risks, and I assume them on my child's behalf. 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).

As a condition of my participation in the Cody Outdoor Classroom program, I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail. I voluntarily agree to release and hold harmless Cody Outdoor Classroom to the fullest extent permitted by law. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court in the state of New Hampshire and shall be construed in accordance with the laws of New Hampshire.

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

Student name: _____ 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 Cody'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 Cody'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 Camp Cody confers upon me no rights of ownership whatsoever. I release Camp Cody 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: _____ **School Name:** _____

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: _____

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

Is there a custody agreement we need to be aware of?

- Yes (please attach additional information) No

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 related transportation for my child to one of two nearby hospitals: Memorial Hospital in North Conway, NH or Huggins Hospital in Wolfeboro, NH, 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 entry into 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: _____ **School Name:** _____

Restrictions

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

- Participant is not cleared for participation at Outdoor Classroom.

Notification of Food Allergy/Intolerance/Needs/Diseases

Our facility is nut free and also accommodates gluten, wheat, dairy, soy, shellfish, egg, lactose, vegetarian, and vegan allergies, intolerances and restrictions.

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

Please specify: _____

Does your child have any food related diseases (such as Chron's, celiac, diabetes)? Yes No

Please specify: _____

Permission to Dispense Over the Counter Medications

- I give permission for Outdoor Classroom to administer **ALL** over the counter medications listed below.
- I give permission for Outdoor Classroom to administer **ONLY** the over the counter medications I have **CHECKED** below.
- I **DO NOT** give permission for Outdoor Classroom to administer **ANY** of the over the counter medications listed below.

<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Antidiarrheal (Maalox) <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products) <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup)	<input type="checkbox"/> Cough Drops (Generic) <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> Meclizine (Dramamine) <input type="checkbox"/> Guaifenesin (Mucinex" products; Robitussin Cough & Cold CF Liquid) <input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Loratadine (Claritin products) <input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry) <input type="checkbox"/> Pseudoephedrine Hydrochloride (Advil" Cold & Sinus products) <input type="checkbox"/> Tolnaftate (Tinactin) <input type="checkbox"/> Calcium Carbonate Antacid (TUMS)
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Parent/Guardian name: _____

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

Student's Name: _____ **School Name:** _____

Medications

All medication (including prescription, non-prescription, and vitamins) **must come in original containers, labeled with students first and last name.**

Please complete all parts of the following chart for all medications being sent (prescription, over the counter, vitamins/supplements, etc.)

Put an **X** under the time of day the medication is administered. If it needs to be administered at a specific time, please write that time under "Other". If more than 5 medications are needed, please copy this page.

Medication	Dose (mg, tsp)	Breakfast	Lunch	Dinner	Bed	Other	As Needed

Comments: _____

Signed: _____ **Dated:** _____

Relationship to Student: _____