



## **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 Nature's Classroom. This Family Packet will help students and families get ready for the Nature's 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 Nature's 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@naresclassrooms.com](mailto:info@naresclassrooms.com) or (603) 539 8053.

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

Sincerely,  
*The Nature's Classroom Team*

### Nature's 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
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

Nature's 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 Nature's 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 <b>7:30 Morning Meds</b>
<b>7:40 Set/ 8:00 Breakfast</b>
9:15 <b>Field Group or Large Group Activity</b>
<u>11:30 Free Time</u>
<b>11:40 Set &amp; Lunch Meds 12:00 Lunch</b>
1:15 <b>Class Choice</b>
2:45 Class Assignment/ Snack
3:00 <b>Class Choice</b>
<u>4:30 Free Time</u>
<b>5:10 Set &amp; Dinner Meds 5:30 Dinner</b>
6:45 <b>Evening Activity</b>
8:00 Quiet Sing Nighttime Meds <b>8:30 Back to Cabins</b>

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

**Parent/Guardian and Student Contract and Waiver**

My child and I understand what is expected of us before and during Nature's Classroom New England 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 Nature's Classroom New England 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. Nature's Classroom New England 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 Nature's Classroom New England'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 Nature's Classroom New England'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 Nature's Classroom New England confers upon me no rights of ownership whatsoever. I release Nature's Classroom New England 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: \_\_\_\_\_

### Emergency Information

\*Please Note: Nature's 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 Nature's Classroom New England 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 Nature's Classroom New England 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 Nature's Classroom New England 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 with Nature's Classroom. They are cleared for full participation.
- Participant is cleared for participation at Nature's Classroom, but the following restrictions apply:

\_\_\_\_\_  
\_\_\_\_\_

- Participant is not cleared for participation at Nature's 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: \_\_\_\_\_

**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. 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 Nature's Classroom to administer **ALL** over the counter medications listed in the box below.
- I give permission for Nature's Classroom to administer **ONLY** the over the counter medications I have **CHECKED**.

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Cough Drops (Generic)	<input type="checkbox"/> Loratadine (Claritin products)
<input type="checkbox"/> Antidiarrheal (Imodium, kaopectate-over 12)	<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Cetirizine (Zyrtec products)
<input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products-not for use under 12 years old)	<input type="checkbox"/> Dramamine or generic equivalent	<input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry)
<input type="checkbox"/> Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup)	<input type="checkbox"/> Guaifenesin (Mucinex <sup>™</sup> products; Robitussin Cough & Cold CF Liquid)	<input type="checkbox"/> Pseudoephedrine Hydrochloride (Advil <sup>™</sup> Cold & Sinus products)
	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Tolnaftate (Tinactin) (Athlete's foot powder)
	<input type="checkbox"/> Triple antibiotic (ie, Neosporin)	<input type="checkbox"/> Antacid (TUMS, Maalox, Mylanta)
	<input type="checkbox"/> Hydrocortisone	
	<input type="checkbox"/> Bacitracin ointment	

- I **DO NOT** give permission for Nature's 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.

<p>Will your child be bringing an <b>EpiPen / Epinephrine injector</b> to Nature's Classroom?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, specify allergy: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Will your child be bringing a <b>rescue inhaler</b> to Nature's Classroom?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Is your child able to self-administer their emergency medications under trained supervision? ie inhaler</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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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 Nature's 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: \_\_\_\_\_