

# OUTDOOR EDUCATION



DRAUDEN POINT  
MIDDLE SCHOOL

APRIL 15<sup>TH</sup>, 2010 – TEAM 7A

APRIL 16<sup>TH</sup>, 2010 – TEAM 7B

Dear Parents/Guardians,

The purpose of this booklet is to provide you with some very specific and valuable information related to our Seventh Grade Outdoor Education Program, scheduled for April 15<sup>th</sup> (7A) or April 16<sup>th</sup> (7B) at Camp Duncan YMCA Camp in Ingleside, Illinois.

Included in this booklet is information, a “sample” schedule, a list of items we *recommend* each student bring, a list of those items students *should not* bring with them and an overview of some of the rules and expectations for student behavior.

Also included are a *Chaperone Form*, *Medical Information Form*, *Trip Consent Form*, *YMCA Camp Duncan Rock Climbing Wall Agreement Form*, and the *T-Shirt Order Form*. These five forms should be completed, detached from this packet and returned by Friday, March 26<sup>th</sup>.

The cost of the extended-day trip is \$50 per student (checks payable to Drauden Point Middle School). This money needs to be turned in along with the required forms on Friday, March 26<sup>th</sup>. ***7A students will turn their money into Mrs. Hefka in room 129; 7B students will turn their money into Mrs. Cameron in room 132.***

If you have any questions, please contact Dean Kariotakis, at Drauden Point Middle School (815-577-4900).

#### CAMP RULES

In addition to those rules/expectations set forth in the Drauden Point Student Code of Conduct and Discipline Plan, the students participating in Outdoor Education are also expected to follow any other rules given to them by teachers and parents while on the trip.

For Example:

- Students will be expected to report *on time* to each scheduled activity. Students may not leave that activity without permission from the teacher and without being escorted by an adult.
- Students will demonstrate proper etiquette at meals.
- Students will show respect for the flora and fauna of the camp. This includes remaining on the trails.
- An infraction of any rules could result in the student being removed from camp by his/her parents.

## SAMPLE DAILY SCHEDULE

Upon their arrival to school at 6:45 a.m. on Thursday, April 15<sup>th</sup> (Team 7A), & Friday, April 16<sup>th</sup> (Team 7B), students will meet teachers and parent volunteers in the gymnasium. At that time, students will receive a schedule containing academic materials, as well as group and bus assignments. After taking care of some organizational matters, students will board buses at approximately 7:00 a.m. and travel to Camp Duncan. We expect to arrive at Camp Duncan around 8:45 a.m. that morning.

The day will be filled with scheduled activities. These activities are a combination of Academic Activities and Recreational Activities. Parents need to make arrangements to pick up your child at Drauden Point no later than 9:00 pm.

Below is an example of a daily schedule for you to review.

9:00 a.m.	Approximate arrival at Camp Duncan
9:15 to 10:15	Activity #1
10:25 to 11:25	Activity #2
11:35 to 12:35	Activity #3
12:45 to 1:35	Lunch
1:45 to 2:45	Activity #4
2:55 to 3:55	Activity #5
4:05 to 5:05	Activity #6
5:15 to 6:00	Dinner
6:10 to 7:10	Activity #7
7:20 to 7:35	Wrap Up
7:45 p.m.	Departure from YMCA Camp Duncan
9:00 p.m.	Approximate return to Drauden Point Middle School

### **Activities**

#### Day

- Archery
- Canoeing
- Orienteering
- Teams Course
- Outdoor Living/Tie Dye Shirts
- Rock Climbing Wall (**Waiver Needed**)

## **RECOMMENDED ITEMS TO BRING**

While we all (students and adults alike) hope for clear skies, sunshine and temperatures in the mid-70's, we must all be prepared for whatever Mother Nature throws our way. The only time we will stay inside is if lightning or severe storm warnings are evident.

In this context, please refer to the list below when preparing for the trip.

Do not wear/bring anything you are anxious about getting dirty, torn or ruined. The students will be out and about. Keep newer, nicer clothes at home.

### **FOR RAINY WEATHER**

Light raincoat or protective  
Rain gear  
Waterproof hat  
Rubber Boots

### **FOR COLD WEATHER**

Heavy coat  
Gloves  
Warm hat

### **CLOTHING**

Warm pants or jeans  
Shoes  
Heavy socks  
Warm shirts  
Sweaters or Sweatshirts  
Knee Length Shorts (dependent on weather)

### **WHAT NOT TO BRING**

Some of our students have had extensive camping experience with either their families or the scouts. Since this trip is probably very dissimilar to other field trips our students have enjoyed, we ask you to carefully monitor the items they pack and restrict them from packing the items listed below, as well as any other items that could disrupt the trip.

- Knives
- Matches/Lighters
- Flashlights
- Candy
- Money
- Gum
- Purses/Wallets
- Snacks of any kind
- Keys
- Anything electrical or battery operated (radios, iPods, etc.)
- Cell phones should be turned off and out of sight

## CHAPERONE FORM

Parents/Guardians,

If you would like to be a chaperone for Outdoor Education, please fill out the form at the bottom of this letter and have your child return it to Mrs. Cameron (7B) or Mrs. Hefka (7A) by Friday, March 5<sup>th</sup>. There will be a mandatory chaperone meeting prior to the actual trip. You will be contacted by a team member with this date.

---

\_\_\_\_\_ Yes, I would like to be a chaperone for the Outdoor Education Activity on either April 15th or 16<sup>th</sup>, 2010, dependent on my child's team.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Chaperone's Name

Telephone Number: \_\_\_\_\_

Best Time to be reached: \_\_\_\_\_

Once final numbers have been determined, a staff member at the school will contact you.

\*Please remember that this is an all day field trip that requires a time commitment from 7:00 a.m. to 9:15p.m. You will also ride on the bus with your group that will be assigned to you.

**Please return this form**

## MEDICAL INFORMATION FORM

- Yes No** Does your child have any allergies? If so, please specify:
- Yes No** Is your child allergic to bee stings?
- Yes No** Does your child have any physical condition which would hinder his/her physical activity? Please list:
- Yes No** Does your child take medication regularly? Please list:
- Yes No** At what times should the nurse administer this medication?
- Yes No** Does your child require any special dietary considerations? Please list:
- Yes No** Does your child have any medical condition of which we should be aware? Please specify:
- Yes No** Date of most recent tetanus booster (**please specify**): \_\_\_\_\_
- Yes No** In case of a minor mishap, cut, scratch, etc., may the nurse administer first aid?
- Yes No** If an emergency exists, may the nurse transport your child to the emergency room?

**Student Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Medication:** If your child would require any kind of medication to be administered while attending the Outdoor Education Program, please have the attached Plainfield District 202 Medication Authorization Form completed by **both parent and physician**. All medication must be labeled with the correct name of the drug, the name of the child, and the times the medication should be given. If you have any questions or concerns, please call the nurse at 815-577-4915.

**This form MUST be returned**

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT #202

**TRIP CONSENT FORM**

I hereby give permission for my son/daughter, \_\_\_\_\_ to participate  
(student's name)

in the **Outdoor Education** on **4/15 (7A) or 4/16 (7B)**  
(activity) (date)  
circle one

sponsored by Plainfield Community Consolidated School District #202, and to be transported by:

Parent/Private Vehicle.

Bus

1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.

2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity.  Yes  No

Medication  Yes  No \_\_\_\_\_  
(Medication Name and Dosage/Time)

If I am away from home during the time of this activity, I can be reached at:

\_\_\_\_\_ (address) \_\_\_\_\_ (telephone number)

Other health information about my child, of importance to the activity: \_\_\_\_\_

3. **INDEMNITY/INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its' employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: \_\_\_\_\_ (Parent or Guardian Signature) \_\_\_\_\_ (Date)

**This form MUST be returned**

**YMCA Camp Duncan  
Climbing Tower & High Ropes Course  
Release of Liability & Assumption of Risk Agreement**

YMCA Camp Duncan's climbing tower program includes high ropes, climbing tower, and low elements activities. Physical activities may include running, jumping, lifting, and/or climbing. Activities on the low elements are conducted at ground level, or as high as eight feet above the ground. Activity on the High Ropes course is conducted 30-50 feet above ground. The activities on the High Ropes course are strenuous and psychologically demanding and require participants to be in good physical condition. While it is impossible to guarantee absolute safety, the YMCA Camp Duncan facilitators will take reasonable precautions to provide proper organization, supervision, instruction, and equipment to help minimize the risks involved in each activity. Although it is impossible to foresee all possible dangers, some specific risks that the participant may encounter while using the course may include, but are not limited to, injury from slipping, falling, running, or jumping. Physical injuries from participation in the programs may include, but are not limited to, cuts, abrasions, sprains, broken bones, concussions, head injuries, spinal injuries, and/or death.

- Participant is aware and understands that participating in YMCA Camp Duncan climbing tower program, which may include the High Ropes Course and/or low elements, involves a potential risk of physical injury that may not only be from his/her own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the environment, equipment, or areas where the event or activity is being conducted.
- Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in this program.
- Participant understands that he/she is responsible for behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.
- Participant understands that this is a voluntary program and that he/she should participate to the extent that they feel appropriate for their own condition and skill level.
- Participant will not be able to participate if under the influence of drugs or alcohol.

The participant specifically assumes any and all risks of injury, illness, damages, or losses arising from his/her presence on or about the premises, or his/her intended use of the equipment or facilities, or his/her participation in the activities of YMCA Camp Duncan or the YMCA of Metropolitan Chicago, an Illinois Charter corporation, on or about the premises or at another location, and does hereby himself/herself, his/her heirs, executors and administrators, forever waive, release, and agree to hold free from all claims for damages, YMCA Camp Duncan, the YMCA of Metropolitan Chicago, and its respective officers, directors, Board of Managers, Trustees, members, employees, and agents. The participant and if appropriate his/her parent or legal guardian, authorizes treatment of the participant by a licensed medical doctor in the event of an emergency.

I have read this document and acknowledge and agree to be bound by the terms of this document.

Printed name	Signature
Address	Date
Home Phone #	Emergency Phone #

**If the participant is under the age of 18, the parents or legal guardian's signature is required.**

Signature of Parent/Legal Guardian	Date
(Address)	(Telephone)

**This form MUST be returned**

# T-Shirt Order Form

Each student will receive an Outdoor Education t-shirt that will be used during the Tie-Dye Session. Please indicate what size your child wears on the form below (all sizes are adult):

\_\_\_\_\_ Small

\_\_\_\_\_ Medium

\_\_\_\_\_ Large

\_\_\_\_\_ Extra Large

Name of Student: \_\_\_\_\_

Team (circle one): 7A 7B

This form **MUST** be returned