

WE'RE GOING TO ENVIRONMENTAL SCIENCE CAMP!

Wed. April 15- Fri. April 17, 2015

Dear parents and students,

In just a few months our environmental science classes will be traveling to Nauvoo, Alabama to stay for 3 days and 2 nights at an amazing place called Camp McDowell Environmental Center.

This is by far the highlight of our year together in environmental science!

I want to give you as much advance notice as possible so that you can make smaller payments each month or fundraise between now and the time we go. Any fundraisers we have before the final payment is due will be subtracted from your balance due.

Camp McDowell's camper fee includes 12 environmental experience hours, 7 meals, 2 snacks, 2 night's lodging, and 2 evening programs. We will leave at 8 am on Wednesday, April 15 and return at approximately 3 pm on Friday, April 17.

The cost is \$150 for the entire trip, and it is worth every penny. (I actually have students from previous years *begging* to go again!) Please send a \$25 deposit by Wednesday, December 17 to reserve your spot. Send cash or make checks payable to Bessemer Academy.

I suggest the following payment schedule. You do not have to adhere to this schedule, but I must have a deposit to hold your child's spot. You can pay any amount at any time.

Suggested payment schedule

By Dec. 16- Send \$25 deposit (balance \$125)

By Jan. 16- pay \$25 (balance of \$100)

By Feb. 13- pay \$25 (balance of \$75)

By Mar. 13- pay \$25 (balance of \$50)

By Apr. 10- pay remaining balance of \$50

Please review the attached information, fill out and return the health information and risk forms. I need a few chaperones, so if you are interested, please let me know that as well.

Thanks! Go Rebels!

Trina Ludvik

tludvik@bessemeracademy.com (cell) 447-3072



PARENT LETTER

McDowell Environmental Center

105 Delong Road
Nauvoo, AL 35578

www.mcdowellcc.com

CAMP McDOWELL

Dear Parent or Guardian,

Big Leaf Magnolia, cooperation and habitat - these are vocabulary words for students at McDowell Environmental Center, near Jasper, AL. Here children see, touch, hear and smell the meaning of each new word while learning in our 1140-acre outdoor classroom, complete with diverse forests, open fields, shady streams, sandstone canyons and waterfalls.

This will be the most exciting and memorable school trip your child takes this year — perhaps ever! We would like to mention a few important items worth emphasizing about your child's upcoming visit to ensure their safety and comfort.

Appropriate Clothing: Because we offer hands-on science and team building classes, we spend most of our time outdoors, even in the rain and cold. Sometimes we may be out for several hours, so help your child be prepared with appropriate clothing, as indicated on the "To Bring List." In truly inclement weather, we have ample indoor teaching space.

Student Health Form: We have a full time resident RN here to help keep your child safe and healthy. For your child's well-being, please complete both pages of the Student Health Form and return it to your child's teacher on time. *Any student without a completed and signed medical form may not attend our Program.* It is important that you complete and sign the front and back of the Health Form.

Medications: Please follow the instructions for sending medications and do not send unlabeled medications. *For special conditions, including severe allergies requiring an allergy injection, contact our nurse at McDowell at 205-387-1806 or rn@campmcdowell.com.*

Acknowledgement of Risk Form: If your child's teacher has chosen either our Team Challenge or one of the "high ropes elements," an Acknowledgement of Risk Form should accompany this packet of information. Please ensure that the student's name and your signature are on this form so that your child can participate in all of the activities.

Your child's school teachers will sent home all information. The teachers from your school will select chaperones for the trip. If you have any questions regarding our program, personnel or facilities, please contact your **child's teacher** or feel free to call us at the Center or visit our web site at www.mcdowellcc.com.

Happy Trails,

Margaret Wade Johnston
Director
Maggie@campmcdowell.com



STUDENT LETTER

McDowell Environmental Center

105 Delong Road
Nauvoo, AL 35578

www.mcdowellec.com

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CAMP McDOWELL

Hi!

How would you like to search in a stream for crayfish, insects and minnows in science class? How would you like exploring a cliff-side shelter to learn about Native Americans in social studies class? Or, how about hiking up a canyon to see waterfalls in P.E. class?

If any of this sounds like fun to you, then you're in for a great time on your class trip to McDowell Environmental Center near Jasper, Alabama. Here, our instructors will take you on adventures all over our forests, fields, streams and trails. While you are here, we hope that you will learn about nature while having fun in an outdoor classroom!

At McDowell, you will be part of a community of people living and working together. You will be in a cabin at night with about nine other students and a chaperone (adult) from your school. In your classes, you will be working together with other students from your school. You may eat meals and enjoy recreation activities with other schools. A big responsibility for you will be to get along with the other members of the community at camp—you may meet a new best friend!

We will have certain expectations of you during your visit. First, you should follow all of the rules of your school and also those of McDowell. McDowell rules include RESPECT; for yourself, others and the environment. Second, you should help with group chores such as busing your table during mealtimes and cleaning your cabin. Third, you should have fun while you are here! If you are curious about what McDowell looks like, check out the website at www.cmec.diola.org.

Be sure to bring a journal to write and sketch your memories and a camera for taking pictures of your great adventures!
See you soon!

Your nature-loving friend,

A handwritten signature in cursive script that reads "Maggie".

Margaret Wade Johnston
Director



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School _____

McDowell Environmental Center
STUDENT HEALTH FORM
(All information is confidential-PLEASE PRINT)

STUDENT INFORMATION

STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Date of Birth: _____ Sex: M / F Age _____ Grade: _____ Height & Weight: _____

Primary Physician _____ Physician Phone _____

CONTACT INFORMATION:

Parent / Guardian Name _____

Address _____
(STREET) (CITY) (STATE) (ZIPCODE)

Phone _____
INCLUDE AREA CODE Primary Number (ex. Home) Secondary Phone Number (ex. Cell) Alternate Phone Number (ex. Work)

Parent email address _____

In case of EMERGENCY, contact the person below:

Is student on a special diet? Y / N Please explain, (what they CAN eat as well as what they CANNOT eat): _____

*****If special foods must be sent to camp with your child, please contact the camp nurse at 205-387-1806*****

ALLERGY INFORMATION
(USE ADDITIONAL SHEETS IF NECESSARY)

To the best of your knowledge does your child have any allergies? **YES / NO** (Circle correct response)
If **YES** was circled, please indicate to which of the following your child is allergic. Please be specific:

FOODS: _____

PLANTS: _____

MEDICINE ALLERGIES: _____

ANIMALS: _____

INSECTS: _____

OTHER: _____

Please indicate what treatment your child should receive if exposure occurs (Any medications to which your child is allergic will NOT be given): _____

**** If your child is bringing an EPI-PEN to the Center you MUST talk with the nurse before your child arrives ****
[CONTACT CAMP NURSE at RN@CAMPMCDOWELL.COM or 205-387-1806]

ANY ADDITIONAL HEALTH CONCERNS: _____

PLEASE READ, COMPLETE and SIGN PAGE 2 OF THIS FORM

REGARDING MEDICATIONS WHILE at MCDOWELL ENVIRONMENTAL CENTER:

- GENERAL RULES:**
- **All medications **must** be in their original container with the student's name and school written on the container.
 - **There **must** be clear directions on when &/or why to give the medication.
NOTE: Give as directed is NOT acceptable
 - **The container **must** specify the strength and dose of the medication.
 - **If it is an Over-The-Counter medication **it MUST be age-appropriate** and will be given following manufacturer recommendations. If it is not recommended for your child's age and your child's Health care provider prescribed it then a note from that provider must be sent with the OTC medication.

PRESCRIPTION MEDICATIONS:

The follow section must be filled out by the student's PARENT or LEGAL GUARDIAN.
(ALL MEDICATION IS DISPENSED BY A LICENSED NURSE OR AUTHORIZED SCHOOL PERSONNEL.)

List **ALL PRESCRIPTION MEDICATIONS** you will send with your child and circle the best time(s) to administer this medicine to the child, choosing from the following:
B*= Before Breakfast, B= After Breakfast, L= After Lunch, C=Canteen (4PM), D= After Dinner, HS= At Bedtime
(Attach Additional Sheet if Necessary)

Medication _____	Dosage _____	Reason _____	Time Given- _____	(PLEASE CIRCLE)	B*	B	L	C	D	HS
Medication _____	Dosage _____	Reason _____	Time Given- _____		B*	B	L	C	D	HS
Medication _____	Dosage _____	Reason _____	Time Given- _____		B*	B	L	C	D	HS

OVER THE COUNTER (OTC) MEDICATIONS:

**** ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL GUARDIANS OF THE STUDENT ****
Please list the OTC medicines that you will be sending with your child on the lines provided below:

<u>Name of OTC Medication</u> (EXAMPLE) CLARITIN	<u>Reason(s) for Giving</u> (EXAMPLE) SEASONAL ALLERGIES-- EVERY DAY BEFORE BREAKFAST
_____	_____
_____	_____
_____	_____

In the event of unexpected illnesses, our Nurse will have limited OTC medicines available for your child--
Which of the following medicines do you permit to be given to your child by our Nurse?

Ibuprofen: Yes__ No__ Acetaminophen: Yes__ No__ Benadryl: Yes__ No__ Pepto-bismol: Yes__ No__ Tums: Yes__ No__

PHOTO RELEASE

"I give my permission for any photos or videos taken of my child or any artwork and writing made by my child during educational programs at the Center to be used for the public relations of the program."

ACCIDENT INSURANCE COVERAGE

Accident insurance costs are covered in the program fee and protect all students throughout the program. The maximum benefits are: Sickness, \$1000; Accidents, \$2500; and Loss of Life, \$2500. Parents or guardians are responsible for expenses in excess of these amounts.

MEDICAL AUTHORIZATION AND RELEASE

"I AUTHORIZE THE MEC NURSE, OR AUTHORIZED SCHOOL PERSONNEL, THE TASK OF ASSISTING MY CHILD IN TAKING THE ABOVE MEDICATIONS.

I GIVE THE MEC NURSE PERMISSION TO SPEAK WITH MY CHILD'S HEALTH CARE PROVIDER OR PHARMACIST AND AUTHORIZE MY CHILD'S HEALTH CARE PROVIDER OR PHARMACIST TO SPEAK WITH THE MEC NURSE SHOULD A QUESTION COME UP ABOUT ONE OF MY CHILD'S MEDICATIONS.

ALL HEALTH INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL BE SHARED ONLY ON A NEED-TO-KNOW BASIS TO ENSURE THE SAFETY OF YOUR CHILD."

"This is to certify that the information provided on this form is accurate to the best of my knowledge,"

SIGNATURE OF PARENT or LEGALGUARDIAN

DATE

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STUDENT ACKNOWLEDGEMENT OF RISK FORM

WAIVER OF LIABILITY

Camp McDowell Environmental Center

105 Delong Road
Nauvoo, AL 35578

CAMP McDOWELL

Dear Parent / Legal Guardian,

Your child's teacher has chosen one or more of the following for your child to participate in at McDowell Environmental Center: Team Challenge, Power Pole, Climbing Wall and/or Trust Swing.

Team Challenge is a series of challenges and obstacles for a group to overcome. The purpose of the course is to teach teamwork and cooperation. At times, participants will be two to six feet off of the ground on ropes, cables or logs. During these activities, your child will depend on their classmates for physical and emotional support and on our instructor to guarantee strict adherence to safety guidelines.

The Power Pole, Climbing Wall and Trust Swing are all twenty to thirty feet high ropes course elements. While off the ground, all participants will be secured by a rope and harness safety system operated by a trained instructor. The purpose of these activities is to build group trust and self-confidence.

Our insurance carrier requires that all participants have a signed waiver which holds Camp McDowell and its staff harmless from any and all liability if an accident should occur. Camp McDowell has used these activities since 1974, and *this requirement is not the result of any problems, injuries or accidents at the camp*, but simply a requirement of the liability insurance carrier.

By signing this waiver, you accept responsibility for your child who is willingly participating in a program where there are certain inherent risks and dangers. **Please note that your child has the choice to not participate.** You must understand that the risk involved in participation may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. You understand that, in case of injury, initial treatment may be performed by the staff of Camp McDowell and there may be need for transportation to medical facilities in Jasper, Alabama.

After reading above, I certify that my child is completely healthy (both physically and emotionally) and capable of participating in these activities. I understand that it is solely my responsibility to determine whether there is any medical reason that he/she should not participate in any of the activities.

I assume all of the above inherent risks and any other ordinary risks incidental to the nature of these activities which are not specifically foreseeable. I will hold Camp McDowell harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss otherwise which may arise from my child's participation. By signing this waiver I release Camp McDowell and its staff from any negligence incurred. My child enters into this activity voluntarily, and I take full responsibility for the decision for him/her to participate or not to participate.

PLEASE NOTE THAT YOUR CHILD CAN NOT PARTICIPATE UNLESS YOU RETURN THIS SIGNED FORM!

Parent/Legal Guardian Name (Please Print)

Name of **Student** (Please Print)

Parent/Legal Guardian Signature

Date

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