

OUTDOOR EDUCATION

6th Grade Field Trip Information Packet



October 24-26, 2016

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MWMS OUTDOOR EDUCATION FACTS-IN-A-FLASH

WHEN: October 24-26, 2016

WHERE: NorthBay Adventure Camp
11 Horseshoe Point Lane, North East, MD 21901
Camp phone #: 443-967-0500

PARENT INFORMATION NIGHT:

- Date: Thursday, August 31, 6:30 – 7:30 p.m.
- Location: Mayfield Woods Middle School, Cafeteria

MWMS STAFF CONTACT:

- Tim Pruett, 6th Grade Team Leader
- Timothy_Pruett@hcpss.org

COST OF TRIP:

- \$160.00: This includes a Mayfield Woods Outdoor Ed t-shirt. If you do not wish for your child to receive a t-shirt, the cost is \$155.00

Financial assistance is available to qualifying families. For more information or to see if your family is eligible, please contact: Ms. Garroway, counselor, at therese_garroway@hcpss.org, Ms. Bradley, counselor, at susan_bradley@hcpss.org, or Ms. Shindel, principal, at melissa_shindel@hcpss.org. You may also reach them at 410-313-5025.

ITEMS DUE SEPTEMBER 19 - 22:

- Full payment is due between September 19 – 22. We apologize, but we cannot accept payments after September 22.
- Payment must be accompanied by the following paperwork; *all forms are included in this packet but can also be found on the MWMS website, www.hcpss.org/mwms:*
 - Permission slip
 - Medical information form (required for all students)
 - NorthBay consent form (required for all students)
 - Medication form (required only if your child will need any medication, both prescription and over-the-counter). Your doctor must complete this form.
 - Cabin request / t-shirt size form

REFUND REQUESTS:

- If you have the need for a refund, a request **in writing** must be submitted by *Monday, September 30*.
- We must make certain payments in advance, and therefore we are not able to honor any requests for refunds after September 30.

MEDICATIONS:

- All medications must be brought to the health room by an adult; children are not to bring medications to school.
- All medications are due to the Health Room by **Friday, October 13**.

CHAPERONE TRAINING:

- Every chaperone must attend one training session.
- Chaperone trainings will be held on Tuesday, October 18 and Wednesday, October 19
 - Location: Mayfield Woods MS
 - Time: 6:30 p.m.

FUNDRAISER to ASSIST WITH THE COST OF THE FIELD TRIP:

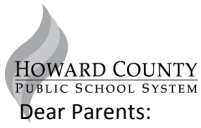
- Students will have the opportunity to participate in a Joe Corbi's fundraiser. *Monies raised by each individual student will go toward defraying the cost of his/her trip.*
- Joe Corbi packets will be sent home on the first day of school. For order and payment details, please refer to the packet.
- **ALL orders are due between September 6 – September 9.**
- We apologize, but we cannot accept orders after Friday, September 9.
- On September 13, each student will receive a letter indicating the field trip amount due by September 19 (see payment information above) based on monies raised by fundraiser.
- Due to the refrigeration required for Joe Corbi's items:
 - Students will not be permitted to take their orders with them at the end of the day.
 - Order pick-up: Wednesday, October 5, from 3:30 p.m. – 7:00 p.m.

COLLECTION CHECK LIST

Payment and forms for outdoor education will be collected from Tuesday, September 19 – Friday, September 22. Please be sure that all of the items below (except where noted) are included.

STUDENT'S NAME: _____

- 🍏 ____ Student Permission Slip
- 🍏 ____ Health Information Form
- 🍏 ____ Parent/Guardian Consent Form (from NorthBay)
- 🍏 ____ Medication Authorization Form (if medication is required)
- 🍏 ____ Cabin Request Form
- 🍏 ____ T-shirt Order Form (if interested, not required)
- 🍏 ____ Chaperone Interest Form (if interested, not required)
- 🍏 ____ Payment – *exact amount*
 - Cash _____
 - Check _____
 - Check must include name, address, and telephone number to be accepted
 - Money Order _____
 - Checks and money orders should be made out to Mayfield Woods MS
 - Online School Payment (OSP) – VISA/MASTERCARD
 - A step-by-step guide for online school payment is available on the **MWMS website** under **Services > Online School Payments**
MWMS website: <http://mwms.hcpss.org>
 - A flyer is also included in this packet for your reference



PERMISSION FORM FOR STUDENT FIELD TRIP

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

School:	Mayfield Woods Middle School		
Destination:	NorthBay Adventure Camp		
Objective of the trip:	Outdoor Education		
Class/Group:	6 th Grade		
Departure date:	October 24, 2016	Time:	9:00 a.m.
Return Date:	October 26, 2016	Time:	1:30 p.m.
Bus Company:	Bowen's Bus Service		
Public Transport:	--		
Cost per student:	\$160 (Includes the cost of outdoor ed. t-shirt (\$5))		
Checks payable to:	Mayfield Woods MS		
Due Date:	September 22, 2016		
Meal Arrangements:	Provided by camp		
Appropriate Attire:	School Attire		
Total # of Students:	200		
Anticipated Ratio of Chaperones to Students:	1:15		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight *	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: Unable to reschedule – regular classes at MWMS
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FINANCIAL ASSISTANCE/SCHOLARSHIPS ARE AVAILABLE TO QUALIFYING FAMILIES.

PLEASE CONTACT MS. GARROWAY, COUNSELOR, at therese_garroway@hcpss.org; MS. BRADLEY, COUNSELOR, at susan_bradley@hcpss.org; or MS. SHINDEL, PRINCIPAL, at melissa_shindel@hcpss.org FOR DETAILS.

You may also reach them at 410-313-5025.

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Tim Pruett

Contact number: 410-313-5022

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR _____ TO GO TO NorthBay Adventure Camp – 6th Grade Outdoor Education
(PRINT Student Name) (Destination)
 ON October 24 – 26, 2016. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)
 RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE _____ DATE: _____

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME _____ SIGNATURE _____

CHAPERONE PHONE NUMBER _____ CHAPERONE EMAIL: _____

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

Revised 7/14/2014



Online Payment for School Activities

Credit and Debit Cards Accepted



Mayfield Woods Middle School
will be accepting online payments for

- PE UNIFORMS
- FIELD TRIPS
- MEMORY BOOKS
- AFTERSCHOOL PROGRAM FEES

A step-by-step guide for purchasing school activities online with OSP is available on the **MWMS website** under **Services > Online School Payments**

MWMS website: <http://mwms.hcpss.org>

Visit the HCPSS Online School Payment (OSP) website where parents are able to pay student school fees by debit or credit card online using a secure web browser at their convenience, 24 hours a day.

OSP website: <https://osp.osmsinc.com/howardmd>

CHAPERONE INTEREST FORM

The 6th grade team would like to extend an invitation to all parents/guardians that may be interested in chaperoning our Outdoor Education field trip. Parents who would like to chaperone **MUST sign and return this form with your student's permission slip by September 22, 2016.** There are a limited number of chaperone opportunities available. There is no cost to chaperones.

Our Outdoor Education program is designed specifically for the wonderful surroundings at NorthBay. All of our activities have two major emphases: outdoor experiences and respect for the environment. One of your primary responsibilities as a parent volunteer will be to assist in the supervision of students throughout the instructional class times and in the cabins. Since we count on parents to serve such a vital role in our program, in choosing chaperones our first consideration will be for those who are able to commit for the entire three days/two nights of October 24-26, 2016.

In order to ensure that everyone involved has the safest, most enjoyable experience possible, it is very important that there be a clear understanding of the program schedule and the school's expectations. For this reason, we require that all chaperones attend a training session. Two training sessions will be offered, however, chaperones need only attend one. Both sessions will be held at Mayfield Woods Middle School in the cafeteria on Tuesday, October 18 at 6:30 p.m. and Wednesday, October 19 at 6:30 p.m.

By returning the bottom of this form, you are expressing an interest in chaperoning the Outdoor Education field trip from October 24-26, 2016. Let us take this opportunity in advance to thank you. Without the efforts of parents like you, our students would not have the opportunity to participate in such a beneficial experience.

Yes! I am interested in chaperoning the Outdoor Education field trip to NorthBay. I understand that, in order to chaperone, I will need to attend one of the chaperone training sessions to be held on October 18 and October 19.

Student's Name _____

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____

Parent's/Guardian's email _____

I am able to commit for the entire trip (October 24 – 26) _____

We are always in need of parents that have any medical training and would be willing to assist with health room issues. If you possess this background and would be willing to help, please complete the following:

I have the following medical background, _____, and am willing to assist with health room issues if needed.



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: _____ **DATES AT CAMP:** _____

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address: City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)		Relationship to Camper:	Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)	Allergies (check if applicable & explain)			
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)	<input type="checkbox"/> <u>Allergy</u> to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ <div style="text-align: center; background-color: #d9ead3; padding: 2px;">Diet / Nutrition</div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____			
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one: _____				



NorthBay

PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.

I am the parent or legal guardian of _____ (the "Camper") who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this Health Consent so my child can attend camp. I promise the information given on this Health Form is complete and accurate. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records. If I cannot be reached in an emergency while my child is at camp, I give permission to the physician selected by the camp director to hospitalize, order proper treatment for, and/or order injections, anesthesia, or emergency surgery for my child. If something were to happen to my child, a doctor selected by the camp may treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the camp nurse to discuss my child's medical information with his/her health care provider if my child is ill, injured, or takes medications. I give permission for the camp nurse to share information about my child with his camp teachers, counselors, and dining when necessary to protect his/her health and safety. I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give permission for the Camper to participate in all of these activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all of these risks. Both I and the camper hereby release NorthBay, its employees, agents and related parties from claims or injuries caused by any inappropriate behavior on the part of the Camper. However, NorthBay will be responsible for claims caused by the negligence of NorthBay. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights, for use in materials created for promoting NorthBay. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- Acetaminophen (generic for Tylenol)
- Ibuprofen (generic for Advil and Motrin)
- Calamine Lotion (for itching)
- Hydrocortisone Cream (for itching)
- Antibiotic Cream (for minor cuts/scrapes)
- Loratadine (generic for Claritin)
- Diphenhydramine (generic for Benadryl)
- I do not want over-the-counter medications given to my child

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____



NORTHBAY ADVENTURE CAMP
MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ Date: _____

Prescribers Printed Name/Title: _____ Telephone: _____ Fax: _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Camp RN: _____ Date: _____

Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS; THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
 2. Parent/guardian signature at the bottom of the Medication Authorization Form
 3. Physician signature at the bottom of the Medication Authorization Form
 4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
 5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
 - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
 - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
 - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
 - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
 - **Please call the staff at the Wellness Center if you have any questions – (443) 674-9035**

NorthBay

What parents
need to know!
and other stuff...

NorthBay Environmental
Learning Center
11 Horseshoe Point Lane
North East, MD 21901

(phone) 443-967-0500
fax) 443-967-0501

www.northbayadventure.org

Things to know...

CABINS

Lodging is provided in one of 18 different cabins. Each cabin consists of 2 rooms, with 5 bunk beds each, for a total sleeping capacity of 10/room and 20/cabin. Inside the cabin, next to each room is a bathroom. Our cabins are heated and air conditioned, and separated by gender. **Males and females are NEVER allowed to be in or around a cabin of the opposite gender! Students are NEVER allowed in the cabin without adult supervision.** Each cabin will have at least one adult chaperone who will move throughout the week with that group from one activity to another.

***Bed linens are provided by NorthBay!**

***Towels and washcloths are NOT provided**

Introducing NorthBay

THE SCHOOL PROGRAM

*At NorthBay, the outdoors is the classroom and it is spectacular! An education center devoted to hands-on environmental science in the field, the program will serve 350+ (primarily middle school) students, teachers and adult chaperones each week of the school year. The 5 day/4 night experience will combine exposure to exceptional leadership, character, and discovery in a high adventure setting. Class offerings are extensive and integrate the **Maryland Voluntary State Curriculum.***

OUTSTANDING LEARNING AND ADVENTURE OPPORTUNITIES...

✓ Enormous Waterfront	✓ Wet Lab on the Bay
✓ Kayaks and Canoes	✓ Weather Station
✓ Bird Platform	✓ Game Room
✓ Snack Bar	✓ Gymnasium
✓ Art Studio	✓ Zipline Tower
✓ 5+ miles of Hiking Trails	✓ High Ropes Course
✓ Camp Store	✓ Indoor and Outdoor Climbing Walls
✓ Sand Volleyball Courts	✓ Live feed aquariums

MEALS

NorthBay takes time with meals and serves them family style to make them fun, full of surprises, relationship oriented, nutritious, and tasty. We can also accommodate special dietary requirements for your child assuming they are communicated in advance.

ACCESSIBILITY FOR ALL

The buildings, pathways, and activities at NorthBay are accessible to disabled persons. Students with special needs can participate in all activities, including our adventure courses. We encourage all students to attend and request to be informed of students with special needs.

Parents with additional questions can call NorthBay office Mon.-Thur. 8am-5pm, Fri 8am-3pm @ 443-967-0500 or visit www.northbayadventure.org

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

THOUGHTS ON POCKET MONEY...

\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$50. NorthBay recommends students bring no more than \$50 to camp, \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

MEDICAL SERVICES

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS

- **The Health Information form is required for every child attending NorthBay.** If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.

- All individual medications must **be in their original containers, labeled for the student by the pharmacy.**
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

PARENT NOTE: SAFETY & STAFF

At NorthBay safety is paramount. All of our class locations, adventure courses, and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked & drug tested. We make the safety of your child our highest priority.

Parents are discouraged from visiting their children at camp for security reasons and because it can cause disruption and home-sickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID, and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

PHONE CALLS

A NorthBay phone is available at certain times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home everyday of their stay.

NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons. Parents will be notified and children will be sent home, along with appropriate measures.

What to Bring to NorthBay...

Students and adults are responsible for bringing personal items and clothing appropriate for the season and the setting.

We want your stay at NorthBay to be as pleasant and trouble free as possible. A suggested list follows...

Clothing

2 pairs of tennis or hiking shoes (one old)

Shoes to wear in the water

Sweaters/Sweatshirt

Several changes of outer clothing

Changes of inner clothing

5-6 pairs of socks

Swimsuit (seasonal)

Pajamas

Personal Gear

Towel(s) & Washcloth

Soap and Shampoo

Toothbrush & Toothpaste

Medications

Writing materials

Sunscreen

Insect Repellent

Optional Personal Gear

Flashlight

Camera & film

Store/ money

Water bottle

Sunglasses

Backpack

Rain Gear and boots

Add for Winter Season:

Winter Hat (ear muffs are not enough)

2 pr. mittens or gloves

Long underwear

Warm jacket

What NOT to Bring...

Cell Phones **highly discouraged**

Ipod/MP3/CD Players

PSP/Gameboys

Drugs, alcohol, cigarettes or weapons

Skateboards

CABIN REQUEST FORM

Students have the opportunity to request to be housed with friends during Outdoor Education. Each student may use this form to identify four possible roommates. MWMS guarantees that students will be housed with at least one of the requests when turned in with the student permission slip, payment, and other forms, which are ***due by September 22.***

NAME OF STUDENT MAKING THE REQUESTS: _____
(Please list below four friends you would like to share a room with for ODE.)

1. _____

2. _____

3. _____

4. _____

T-SHIRT REQUEST FORM

Interested students will receive outdoor education t-shirts. As a reminder, the \$160 includes the cost of the t-shirt. Please select a t-shirt size below if you plan to order a t-shirt.

STUDENT NAME: _____

SIZE: *(Adult size t-shirts)*

SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____

**JOE CORBI'S 6th GRADE FUNDRAISER
FACTS-IN-A-FLASH**

WHEN: August 29 – September 9, 2016
Joe Corbi's packets will be sent home on the first day of school.

PURPOSE: To offset/defray costs of student's Outdoor Education fee

MWMS STAFF CONTACT: Ken MacGregor

ORDER COLLECTION PERIOD: September 6 – 9, 2016
We apologize, but we cannot accept orders after Friday, September 9.

PAYMENT:

1. Payment in full required at time of order.
2. Cash (*exact amount of order*), money orders, or checks made payable to Mayfield Woods Middle School will be accepted.
3. *If paying by check or money order, the check/money order must be for the amount of the TOTAL order – not individual checks for each item. One check or money order for the entire order is required.*
4. Checks must include name, address, and telephone number.
5. No sales tax is required.

DELIVERY/ORDER PICK-UP DATE*: Wednesday, October 5, from 3:30 pm – 7:00 pm

**Due to the refrigeration required for Joe Corbi's items, orders cannot be sent home with students (walkers or bus riders).
Please contact Ken MacGregor if you have any questions.*

MARK YOUR CALENDARS! IMPORTANT DATES FOR THE 2016-2017 OUTDOOR EDUCATION PROGRAM

- 🍏 Monday, August 29 : Students receive Outdoor Education packets
- 🍏 Monday, August 29: Joe Corbi's fundraiser begins – students receive packet
- 🍏 Wednesday, August 31, 6:30-7:30 p.m.: Parent Information Night – *to be held at Mayfield Woods Middle School Cafeteria*
- 🍏 Tuesday – Friday, September 6 - September 9: Joe Corbi's collection dates (*order forms and payment due – cash or one check for total order*)
- 🍏 Friday, September 9: Last day to turn in Joe Corbi's orders
- 🍏 Friday, September 9: Last day to request financial assistance
- 🍏 Tuesday, September 13: Letters go home with students who participated in fundraising or requested financial assistance indicating amount due for field trip
- 🍏 Tuesday – Friday, September 19-22: Field trip collection dates – collection is done during homeroom (*all forms, i.e., permission, health and medication, cabin request forms are due with payment*)
- 🍏 Monday, September 30: Deadline to request a refund
- 🍏 Wednesday, October 5, 3:30 – 7:00 p.m.: Joe Corbi's Order Pick-up
- 🍏 Thursday, October 13: Medications due to Health Room
- 🍏 Tuesday, October 18, and Wednesday, October 19, at Mayfield Woods MS, both sessions at 6:30 p.m. Chaperone Training (*every chaperone must attend one session*)
- 🍏 Monday – Wednesday, October 24 – 26: Outdoor Education at NorthBay!

Outdoor Education 2016 - 2017
Save the Dates

EVENT	DATES	TIMES	LOCATION
Outdoor Education Packet (To be sent home with student.)	Monday, Aug. 29	N/A	Homeroom
Joe Corbi's Fundraiser Packet (To be sent home with student.)	Monday, Aug. 29	N/A	Homeroom
Outdoor Education Parent Information Night	Wednesday, Aug. 31	6:30 – 7:30 p.m.	Mayfield Woods MS Cafeteria
Joe Corbi's Collection Dates <i>Order forms with payment due Cash or one check for total</i>	Tuesday, Sept. 6 – Friday, Sept. 9	8:00 – 8:08 a.m.	During homeroom at table in front of cafeteria
Joe Corbi's – Last Day to turn in orders!	Friday, Sept. 9	8:00 – 8:08 a.m.	During homeroom at table in front of cafeteria
Request for financial assistance Deadline	Friday, Sept. 9	8:00 – 8:08 a.m.	Turn in to Mr. Pruett or Front Office
Notification of field trip amount due <i>(Only for students who participated in the Joe Corbi's fundraiser or requested financial assistance)</i>	Tuesday, Sept. 13		Mr. Pruett will provide notification letter to students.
Outdoor Education Forms & Money Collection (All paperwork, i.e., permission, health & medication, cabin request forms (except Chaperone) are due with payment this week.) <i>STUDENTS WILL ONLY BE ALLOWED TO SIGN UP FOR CABIN GROUPS IF ALL PAPERWORK AND MONEY IS TURNED IN!</i>	Monday, Sept. 19 – Thursday, Sept. 22	8:00 – 8:08 a.m.	During homeroom at table in front of cafeteria
Outdoor Education Parent Chaperone Form Due	Thursday, Sept. 22	8:00 – 8:08 a.m.	Turn in to Mr. Pruett or Homeroom

Outdoor Education 2016 - 2017
Save the Dates

<i>Last day</i> to turn in ODE forms & money	Thursday, Sept. 22	8:00 – 8:08 a.m.	During homeroom at table in front of cafeteria
<i>Deadline</i> to request a refund (<i>must be in writing</i>)	Friday, Sept. 30	8:00 – 8:08 a.m.	Turn in to Mr. Pruett or Front Office
Joe Corbi's Order Pick-up (<i>Parents must pick up orders, they may not be sent home with student.</i>)	Wednesday, Oct. 5	3:30 – 7:00 p.m.	Cafeteria
Medications <i>Deadline</i> (<i>Medications must be brought to Health Room by an adult</i>)	Thursday, Oct. 13	8:00 – 2:30 p.m.	Health Room
Chaperone Training (<i>Every chaperone must attend one session</i>)	Tuesday, Oct. 18 Wednesday, Oct. 19	6:30 – 7:30 p.m. 6:30 – 7:30 p.m.	Mayfield Woods MS Cafeteria Mayfield Woods MS Cafeteria
Outdoor Education Trip!*	Monday, Oct. 24 – Wednesday, Oct. 26	All Day	NorthBay Adventure Camp

***STUDENT DROP OFF/PICK-UP INFORMATION**

Monday, Oct. 24: Students are due to school on time, however, they may NOT carry luggage, etc. on school buses. Please make arrangements to drop off your child's gear on this morning.

Wednesday, Oct. 26: Students (and their gear) will need to be picked up upon their return at 1:30 p.m. Please make arrangements to be here by 1:30 p.m. If someone else will be picking up your child, please send in a note specifying who will be picking up your child at that time.