

Claymont Middle School

6th Grade Camp

October 7th-9th

Dear Parents/Guardians:

The sixth grade students have the opportunity to visit Nature's Classroom at Camp Muskingum on Leesville Lake in Carroll County. The program offers many hands-on learning experiences that are not attainable in the regular classroom environment. Participants in Nature's Classroom learn to better understand themselves, each other, and their natural environment.

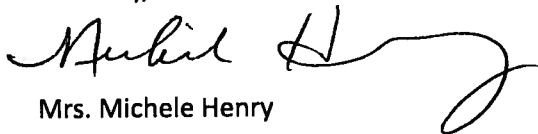
Sixth grade camp is scheduled for October 7th-9th, two nights and three days. Students will leave the school on Monday morning at approximately 9:30 a.m. and will return Wednesday afternoon at approximately 12:30 p.m. Students should be dropped off at the gymnasium at regular school time on Monday morning. When students return on Wednesday, parents will need to make arrangements to pick their child up.

Along with our own teacher chaperones, the camp is operated by a permanent staff consisting of directors, assistant director, and environmental teachers. The camp provides all the necessary facilities, including dormitories, showers, cafeteria, first aid station, and a full-time nurse.

The cost for each student is \$136. This price includes two nights lodging, three days of education instruction, recreational activities, six family style meals and nutritional snacks each evening. **The total cost of the camp must be paid in full by Friday, October 1st(no exceptions).** There is also a camp store, and if you would like to send your child with extra money to purchase items from the store, that money needs to be turned in to their homeroom teachers by October 1st.

Accompanying this letter is a camp emergency medical form that **MUST** be filled out. There is also a medication form that will only need to be filled out if your student will be taking meds while at camp. This includes non-prescription medications such as Tylenol, Benadryl, etc. **All medications including non-prescription require a doctor's signature.** No medication will be collected on the day we leave for camp without prior arrangement with the school nurse. All medication must be sent in the ORIGINAL container. If you have any questions, please feel free to call me @ 922-5241.

Sincerely,



Mrs. Michele Henry

Assistant Principal



NATURE'S CLASSROOM
Claymont Middle School

First Day

10:30 Arrive/Restrooms/Luggage Brigade
11:15 Move In & Adult Meeting
12:30 Sack Lunch
1:30 Restroom
1:45 Field Group
3:15 Restroom
3:30 Classes
5:00 Restroom/Hoppers
5:15 Dinner
6:30 Recreation Break
7:30 Classes
9:10 Snack
9:20 Showers & Bedtime

Second Day

7:15 Wake Up
7:45 Hoppers
8:00 Breakfast
9:00 Clean Up
9:30 Predator/Prey
11:45 Restroom/Hoppers
12:00 Lunch
1:00 Recreation Break
2:00 Field Group
3:30 Restroom Break
3:45 Classes
5:15 Restrooms/Hoppers
5:30 Dinner
6:30 Recreation Break
7:30 Campfire/Night Hike
9:15 Snack
9:30 Showers & Bedtime

Third Day

7:00 Wake Up/Move Out
7:55 Meet on Upper Porch
8:00 Light Breakfast
9:00 Field Group Clean-Up
9:30 Field Group
11:00 Lunch
11:20 Departure

6th Grade Camp Packing List

Bedding: Bring a pillow, sleeping bag or blanket, fitted twin sheet for the bed. **Please put bedding in a trash bag with name clearly marked with masking tape. **One bag/suitcase limit.**

Clothing Suggestions: As an outdoor education program, students will spend a considerable amount of time outdoors. Sometimes it rains and/or students get their feet wet in the streams. *Check weather forecast before packing.*

jeans/sweats/pants	rubber boots
sweatshirts/jackets	tennis shoes
underwear	
socks(several pairs in case they get their feet wet)	plastic bag for dirty clothes
shorts	hats
T-shirts	pajamas

Toiletries:

bath towel
washcloth or loofah
soap
shampoo
toothbrush and toothpaste
brush/comb
hair ties
tissues
deodorant

Other Suggestions:

cinch sack
refillable water bottle

Do Not Bring:

food/candy/gum	spray-on body products
hair spray	flashlights
fireworks	makeup
curling irons/flat irons	jewelry

6th Grade Camp Behavior Expectations

Students were informed the first week of school that their behavior must meet certain expectations in order for them to attend camp. If a student has been assigned a Friday school or a suspension due to behavior prior to leaving for camp, they will not be able to attend. If your student has been dismissed from the trip, you will receive a refund if you have made a payment. All school rules and expectations apply while at camp. If a student misbehaves at camp, there is a possibility that parents/guardians will be asked to pick their student up early.

Good school attendance is also required. If your student has four unexcused absences, they will not be able to attend.

Camp Store

Each student who wishes to make a purchase at the camp store must turn their money into their homeroom teacher between the dates of September 25th-October 1st(no exceptions). The money will be turned in to the camp store upon arrival at camp, and students will have assigned times to shop. Students are not to carry money with them while they are at camp.

The store at Nature's Classroom has items ranging from pencils, slap bracelets, key chains, small stuffed animals, t-shirts, sweatshirts, sweatpants, and various other items.

**Ohio FFA Camp Muskingum
Nature's Classroom**
Students Health and Registration Form
Please thoroughly read and complete **BOTH** sides of this form

General Information

Name _____

Age _____ Sex _____ Weight _____ Height _____ Date of Birth ____/____/____

Address _____
(Street) (City) (State) (Zip)

Mother's Name or Legal Guardian _____ Home # _____ Work # _____

Father's Name or Legal Guardian _____ Home # _____ Work # _____

Family Doctor _____ Doctor's # _____

If parents are not available in case of an emergency, notify: _____ Phone Number _____

Insurance Information

Is this person covered by family health insurance plan? Yes No

What are the Last Four Digits of the Student's Social Security Number _____

If covered, what is the insurance company? _____

Name of person who is the prime insured holder: _____

Please write the insurance I.D. number (It is on your Insurance Card) _____

I give permission for (student's name) _____ to attend Nature's Classroom for the period of (dates of program) _____ as part of the outdoor education of (school) _____ and to be subject to the authority of the program director. I give permission for the above to participate in any planned activities under the supervision of the director or assigned staff member. I also understand that the director or school leaders may dismiss my child from the encampment if, in their opinion, his/her conduct or influence is not in the best interest of the entire group. I will not hold Nature's Classroom, FFA Camp Muskingum, or the aforementioned school responsible or liable for accidents which may occur to the camper while on the camp premises, or for loss of personal articles brought to the Nature's Classroom Program. I also give permission of the use of any photo of the above named to be used for program public relations.

I understand that my child's participation in a program offered by Nature's Classroom, including the adventure activities and living history reenactments, are based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, hands-on teaching techniques, and that my child's participation is purely voluntary.

I hereby give permission for emergency treatment of my child in case of accident or illness, and for normal treatment during the program. I realize that Nature's Classroom will make every effort to contact first the legal guardians, followed by the person to notify in case of emergency. If neither can be reached, I hereby give permission to the medical personnel selected by the program director and/or assigned staff member to order routine tests, x-rays treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I also give permission to the physician selected by the program director and/or assigned staff member to secure and administer treatment, including hospitalization, for the person named above.

Non-Prescription Medication: Should my child become ill, get a headache, catch a cold, or have other minor medical or dental problems. I give permission for the administration of non-prescription medication in accordance with the camp's medical treatment procedures? (PLEASE MARK) Yes No

If needed, Tylenol will be administered, unless otherwise specified: Other (specify) _____

I understand that by signing below I have read and understand the above statements.

Signature Relationship Date

