

**I** 

**CAMP**

# General Information

## Where

- Camp Whitewood- 7983 S Wiswell Rd, Windsor, OH 44099 (440) 272-5275

## When

- This year camp will be from May 21-24th.
- Group A will go Monday, May 21st - Tuesday May 22nd.
- Group B will go Wednesday, May 23rd - Thursday, May 24th.
- Groups will be divided alphabetically after payment has been collected in April. Typically students with last names A – L go session A and students with last names M – Z go session B, but this could change.

## Who goes to camp?

- 6<sup>th</sup> grade students with good behavior and attendance.
- RHS juniors and seniors will be camp counselors and LaMuth teachers will teach the classes.

## What do kids do at camp?

- Go to classes, including fishing, canoeing, archery, BB guns, TEAM activities, hiking in a stream, cemetery study, recreation, survival skills, craft, and other fun activities.
- Stay in a cabin with their friends and counselors, sing camp songs, participate in skit night, and shop at the Camp Whitewood store.

## Cost

- Camp is \$155 per student, which includes 5 meals and a snack, all activities, and a t-shirt.

## Transportation

- Students must be dropped off and picked up from camp. **NO BUSES!**
- A REQUIRED transportation form is attached.

## Medical

- There will be a nurse at camp the entire week.
- A REQUIRED medical form is attached. **Any student requiring prescription and/or over-the-counter medication must have a DOCTOR'S SIGNATURE on their form.** We are legally not allowed to give medication to anyone without a doctor's signature.

**STUDENTS MUST TURN IN THEIR TRANSPORTATION AND MEDICAL FORMS OR THEY WILL NOT BE PERMITTED TO GO!**

# Camp Rules

1. Students are not permitted in cabins other than their own.
2. Students are not permitted to return to their cabins during class time, recreation time or evening activities without supervision.
3. Students are not to disturb nature without permission.
4. Students are not permitted to leave their cabin area during cabin time without permission.
5. Students are not allowed to use foul language.
6. Students must not litter.
7. Students are not to run on the camp grounds except while participating in recreational games.
8. Students are not to wear their hats in the dining hall.
9. Students should not be out of their seats during meal time without permission from their counselor, unless they are a hopper.
10. Students must wear their colored wristbands at all times.
11. Students should not touch the cars in the parking lot.
12. Students must show respect for camp property at all times. They are liable for any damages they cause.
13. Students should keep their money in a safe place at all times.
14. Students must respect and obey staff and counselors at all times.
15. Students are not permitted to bring pop, candy, or food of any kind into the cabins.
16. Students should not bring cell phones or walkie talkies to camp. Items of this nature will be confiscated.
17. Student handbook behavior policies and penalties are also enforced at camp.

## Suggested Clothing and Equipment List

All bedding and clothing should be secured in a bag. If you do not have a sturdy bag/suitcase large enough to fit both, we suggest putting bedding in a garbage bag and clothing in a small suitcase/duffel bag. Each bag should have the student's name on it.

<b>BEDDING</b>	<ol style="list-style-type: none"> <li>1. Sleeping bag or two blankets and sheets</li> <li>2. Pillow and pillow case.</li> </ol>
<b>CLOTHING</b>	<p>Please send old but clean clothing. New clothing will come back looking like old clothing no matter how careful the student tries to be. If possible, mark your child's name in all clothing, boots, shoes, etc.</p> <ol style="list-style-type: none"> <li>1. One pair of pajamas</li> <li>2. One pair of tennis shoes (for stream class only) <i>***Rubber boots have been known to rub sores on students' legs, so we do not recommend them.</i></li> <li>3. One pair of sturdy walking shoes. <b>NO SANDALS!</b> - <i>safety hazard</i></li> <li>4. Daily change of socks plus rainy day extras</li> <li>5. Sweatshirts &amp; t-shirts</li> <li>6. Jacket and/or raincoat</li> <li>7. Daily change of underwear</li> <li>8. Two or three pairs of pants</li> <li>9. Shorts, if weather permits (SCHOOL APPROPRIATE LENGTH)</li> <li>10. Bandana or hat</li> <li>11. Bathrobe, if desired</li> <li>12. Flip flops for shower only- not allowed to be worn as shoes during the day</li> </ol> <p><b>***Watch the weather reports and pack accordingly.</b></p>
<b>TOILETRIES</b>	<ol style="list-style-type: none"> <li>1. Toothbrush and toothpaste</li> <li>2. Soap, shampoo, deodorant</li> <li>3. Bath towels and washcloth</li> <li>4. Comb/brush</li> <li>5. Hair dryer, if needed</li> </ol>
<b>OTHER/ SUGGESTED</b>	<ol style="list-style-type: none"> <li>1. Bug spray</li> <li>2. Sunscreen</li> <li>3. 1-2 bottles of water, optional</li> <li>4. Disposable camera, optional</li> <li>5. Money for souvenirs, optional (No more than \$20)</li> </ol>
<b>DO NOT BRING</b>	<ul style="list-style-type: none"> <li>● <b>Cell phones/electronic devices</b></li> <li>● Food, gum, candy, drinks (other than water)</li> <li>● Flashlight</li> <li>● Fishing poles</li> <li>● Axes, knives, or other camping gear that could be considered a weapon</li> </ul>

Note to Parents: Do not put anything in your child's suitcase that cannot be replaced or that will cause you to be upset if it does not return.

# OUTDOOR EDUCATION DAILY SCHEDULE

## Day 1

<b>8:00 - 9:00</b>	<b>Arrive at camp/drop off medication/report to cabin</b>
9:00 - 10:00	Welcome to Camp/Orientation program in pavilion
10:00 - 11:50	Attend Classes
11:50	Hoppers
12:00 - 12:45	Lunch
1:00 - 3:50	Attend class
4:00 - 4:45	Practice skits
4:45	Hoppers
5:00 - 5:45	Dinner
6:00	Recreation- Meet in Big Pavilion
6:16 - 6:45	Activity A
6:45	Meet in Big Pavilion
7:00 - 7:30	Activity B
7:30 - 8:30	Showers/Practice skits
8:45	Evening snack
9:00 - 10:00	Skits
10:00 - 10:30	Bedtime- lights out at 10:30

## Day 2

7:15	Rise and shine
7:45	Hoppers
8:00 - 8:45	Breakfast
9:00 - 11:50	Morning classes
11:50	Hoppers
12:00 - 12:45	Lunch
1:00 - 1:50	Rest break in cabins or Rec Pad
2:00 - 4:50	Afternoon classes
4:50	Hoppers
5:00 - 5:45	Dinner
6:00 - 7:00	Pack and Clean Up
<b>7:00 - 7:30</b>	<b>Pick Up</b>

# 6th Grade Camp Checklist

- Send payment by March 23rd
  - Checks to: Riverside Outdoor Education Program
  
- Transportation form due by May 4th
  - Turn in to advisory teacher.
  
- Medical Form due by May 4th
  - Form **must have a doctor's signature** if the child is taking any prescription or over-the-counter medications.
  - Turn in to advisory teacher.
  
- Bring medications to camp clinic the day of camp.
  - All prescription medications need to be in original bottles, with child's name and dosage/time.
  - All bottles need to be placed in a labeled medication envelope.

# MEDICAL FORM

2018 Riverside Local Schools Outdoor Education Program

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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Allergy- to any food or medication: \_\_\_\_\_

To anything else (seasonal, animal, stings...) \_\_\_\_\_

Does this student self-carry inhaler \_\_\_yes \_\_\_No      Is inhaler kept in clinic \_\_\_yes \_\_\_no

Does this student self-carry Epi-pen \_\_\_yes \_\_\_No      Is Epi-pen kept in clinic \_\_\_yes \_\_\_no

**\*\*Any medication taken at camp, prescription or over-the-counter, must have a doctor's signature\*\***

Medications taken at home on a daily basis that are necessary to take at camp will be clearly written below and on the medication envelope. Bring these medications to camp in a labeled medication envelope.

**Name of Medication, dose and time to be given.**

1. \_\_\_\_\_

2. \_\_\_\_\_

Special instructions for administration of medication (storage, with food, etc) \_\_\_\_\_

Any possible reactions that, if they occur, should be reported to the physician: \_\_\_\_\_

**\*\*The following medications will ONLY BE ADMINISTERED WITH A PARENT AND DOCTOR'S SIGNATURE\*\***

**Available at camp- do not bring to camp**

Circle yes or no

Tylenol- 325mg one tablet every 4-6hrs as needed      yes      no

Ibuprofen- 200mg one tablet every 4-6hrs as needed      yes      no

Pepto-Bismol- chew tabs one every hour as needed      yes      no

Claritin- (antihistamine) one tablet daily      yes      no

Cold relief- (cough suppressant/nasal decongestant) two tablets every 6-8 hrs as needed      yes      no

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHYSICIAN PHONE NUMBER** \_\_\_\_\_

Please regard my signature below as my assurance that I release Riverside Local Schools, PSI, and any or all of the school's and PSI's officers or employees from any liability or damage resulting from the consequences or adverse of our child's taking or failing to take this medication at the times prescribed. I also agree to keep informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Current Medical History \_\_\_\_\_

Any Medication your child takes daily \_\_\_\_\_

Has this student had any recent illness or injury? \_\_\_\_\_

Any additional information about the student's health in which we may need to be aware of:

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

## **TO GRANT CONSENT**

In the event reasonable attempts to contact me at:

**Parent #1 Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent #2 Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary including permission to transport my child to the nearest hospital. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Or, in the event the designated practitioner is not available, by another licensed physician or dentist.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# TRANSPORTATION FORM

2018 Riverside Local Schools Outdoor Education Program

Student Name (first and last) \_\_\_\_\_

Advisory Teacher \_\_\_\_\_

Attending Camp (circle one):      Session A: May 21-22      Session B: May 23-24

In order to participate in the Riverside Outdoor Education Program, students must be dropped off and picked up from Camp Whitewood. In the event that a parent is unable to drop off/pick up his/her child, it is at the parents' discretion to make alternate transportation arrangements. If there is anyone that does **NOT** have permission to transport a student due to extenuating circumstances, it is the parents' responsibility to notify one of the camp directors by email or on this form.

I, \_\_\_\_\_, understand that I must arrange  
(print name)

*transportation for my child to and from Camp Whitewood, and that it is my responsibility to notify Mrs. Vernon or Mrs. Combs of anyone that does not have permission to transport my child.*

\_\_\_\_\_  
(Parent/Guardian Signature)

I do NOT give permission to the following people to transport my child to/from camp.

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

Any transportation questions or concerns, please email camp directors:

Monica Vernon at [monica.vernon@riversideschools.net](mailto:monica.vernon@riversideschools.net)

Amanda Combs at [amanda.combs@riversideschools.net](mailto:amanda.combs@riversideschools.net)