Claymont Middle School 6th Grade Camp October 4th-6th



Nature's Classroom Camp FFA

3266 Dyewood Rd. 8W Carrollton, Ohio 44615 (330) 627-2208

Claymont Middle School

6th Grade Camp



Dear Parents/Guardians:

Sixth-grade students will be visiting Nature's Classroom at Camp Muskingum on Leesville Lake October 4th-6th for our annual class trip. The program offers many hands-on learning experiences for our students to engage in. Participants in Nature's Classroom learn to better understand themselves, each other, and their natural environment.

The cost for each student is \$175. This price includes two nights of lodging, three days of instruction, recreational activities, six family-style meals, and nutritional snacks each day. To offset the cost of camp, students will have the opportunity to participate in a Texas Roadhouse gift card fundraiser and will receive 15% of their gift card sales toward their camp balance. This fundraiser will close on September 8th.

We are looking forward to another great trip!

If you have any questions, please feel free to call me @ (740) 922-5241 ext. 13005 or email me at mhenry@claymontschools.org

Sincerely,

Michele Henry

Assistant Principal



FUNDRAISING

RAISE MONEY FOR CLAYMONT 6TH GRADE

Raise money for Claymont 6th Grade and enjoy the afft of leaendary food.

Purchase a Claymont 6th Grade co-branded gift card from Texas Roadhouse and we will give Claymont 6th Grade 15% of the total gift card purchased. Texas Roadhouse gift cards can be used at any of our 500+ hometown locations!



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6th Grade Camp Expectations

If a student has been assigned a Friday school or a suspension due to behavior before leaving for camp, they will not be able to attend. Should other behaviors arise before October 4th, a student may be removed from the trip at the administration's discretion. It is important to remove students who may not listen to rules or put themselves or others in harm's way. Good school attendance is also required. If your student has four unauthorized absences before leaving for camp, they will not be able to attend.

If your student has been dismissed from the trip due to behavior or attendance issues, 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/quardians will be asked to pick their student up early.

Camp Store

Each student who wishes to make a purchase at the camp store must turn their money into their homeroom teacher before leaving for camp. Students will shop in the camp store during their recreation time. 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.

Medication Instructions from Camp Muskingum

Please Note: Due to regulations governing the administration of medication, Ohio FFA Camp Muskingum will adhere to the following policy. Please realize that this policy is enforced for the safety of your child and the protection of our staff.

Parents: The Nature's Classroom Health Form should be filled out with the name of the medication, dosage, and times usually taken. If the child is prescribed medication after the health form has been turned in, please be sure to include a signed note, with the medication, with the above information included.

*If medication is not in the original container, it will not be given.

The original container is the box or prescription bottle in which it was purchased. This also includes non-prescription or over-the-counter medicine. Medicine lying loose in sandwich bags or other containers will not be given, even if the parents has written the name of the medication on the container. The only exception is single dose sealed medication with the product name on each individual dosage.

Please, DO NOT put several different medicines in one container. Each different medication must have its own container in order to be administered.

School Nurse: If medications are to come from the school nurse, please send the original containers with the child's name, dosage, amount, and times to be taken. Plastic bags, or containers with loose medications and only the child's first and/or last name are not acceptable, and WILL NOT be given.

Thank you for your cooperation!

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 the student's name clearly marked(unless their bedding fits in their luggage). **No loose bedding- it makes loading and unloading the buses difficult.

<u>Clothing Suggestions</u>: 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 the weather forecast before packing.

jeans/sweats/pants

sweatshirts/jackets

underwear

socks(several pairs in case they get their feet wet)

shorts

T-shirts

rubber boots

tennis shoes

plastic bag for dirty clothes

hats

pajamas

Toiletries:

bath towel

washcloth or loofah

soap

shampoo(travel size)

toothbrush and toothpaste(travel size)

brush/comb

hair ties

tissues

deodorant

Other Suggestions:

cinch sack

refillable water bottle

Do Not Bring:

food/candy/gum

hair spray

Makeup

curling irons/flat irons
**NO CELL PHONES

spray-on body products

flashlights

jewelry

Health Information This health form must be filled out completely and thoroughly

Dear Parents:

If your child must take any medication, carefully read the medication instructions below. Medication WILL NOT be administered unless all of the instructions are properly followed. It is necessary that the school and camp authorities know you child's physical and mental condition. If you have any doubt that your child is in good health, have a physician examine your child and forward the report to the camp.

Medication

- a. If your child must take any medication, send medicine in the ORIGINAL CONTAINER.
- b. **PRESCRIPTION MEDICATIONS** must be accompanied by a pharmacy label containing the RX number, the name of the medication, and dosage, directions for administration, and the child's name.
- c. NON-PRESCRIPTION MEDICATIONS must be in their original containers, clearly labeled with the child's name, name of the medication, and directions for its use.
- d. Medicine lying loose in sandwich bags or other containers will not be administered.
- e. Your child will not be allowed to keep any medications in the dormitory.

Please complete the following areas that pertain to the student.

Medication	Reason (optional)	Dosage	√if prescribed by Doctor	Administering Directions	√if Taken with Food	Due to program scheduling, medica are administered d meal times. Please approximate times	
						8:00am 12:00 5:30pm 9:1	
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ase Look Over and F reby give permission ed on this form.			ove staff member, and/or so	chool personnel to help	self administer m	Other an	
Signature				Relationship		Date	
Allergies (food, insec	t bites, drugs, othe	mmunicable diseas	se within the past 10 days	s? If yes, what disease			
las your child been Are there any physic	al activities in whic	h your child should	not participate?				

^{*}Feel free to attach an additional form if there are additional medicines your child needs or if there is additional information you need us to know.

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 Se	x Weight	Height	Date of Birth		
Address	(Street)	(City)		(State)	(Zip)
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Mother's Name or L	Legal Guardian	Home #		Wor	k#
Father's Name or L	egal Guardian	Home #		Wor	k#
Family Doctor			Doctor's #	11 801	
Insurance Informals this person covered What are the Last Formal If covered, what is to Name of person when the Insurance Information Insurance In	vailable in case of an emerge ation red by family health insurance Four Digits of the Student's S the insurance company? no is the prime insured holder surance I.D. number (It is on y	e plan? Yes No			
(dates of program) to the authority of the director or assignif, in their opinion, Camp Muskingum, premises, or for lost the above named to I understate	mission for (student's name as the program director. I give p gned staff member. I also und his/her conduct or influence or the aforementioned school so of personal articles brough to be used for program public and that my child's participation actments, are based on a "conteaching techniques, and	s part of the outdoor edermission for the above derstand that the direct is not in the best interest responsible or liable to the Nature's Classifications. On in a program offere Challenge by Choice"	ducation of (school) to participate in a or or school leaders est of the entire grofor accidents which com Program. I all d by Nature's Clasphilosophy. I received	ny planned activities may dismiss my obup. I will not hold may occur to the so give permission sroom, including the ognize that the pr	and to be subject as under the supervision of child from the encampment and Nature's Classroom, FFA camper while on the camp of the use of any photo of the adventure activities and
I hereby of the program. I real in case of emerger and/or assigned sta provide or arrange assigned staff men	give permission for emergence lize that Nature's Classroom vancy. If neither can be reache aff member to order routine to necessary related transports onber to secure and administer	by treatment of my child will make every effort to ad, I hereby give permisests, x-rays treatment, that it also give permisesters. It also give permise treatment, including here	d in case of accide contact first the legal ssion to the medical to release any reconsission to the physiospitalization, for the	nt or illness, and f gal guardians, follo al personnel select rds necessary for i cian selected by to e person named at	wed by the person to notify ed by the program director insurance purposes; and to he program director and/or pove.
problems, I give p	Medication: Should my choermission for the administration of the A	lid become III, get a hition of non-prescription	eadacne, catch a n medication in ac	coid, or have othe cordance with the	er minor medical or dental camp's medical treatment
If needed,	, Tylenol will be administered,	unless otherwise spec	ified: Other (speci	fy)	
l understa	and that by signing below I have	ve read and understand	the above stateme	ents.	
	Signature		Re	elationship	Date