

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



Nature's Classroom

Camp FFA

3266 Dyewood Rd. SW

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,

A handwritten signature in cursive script that reads "Michele Henry".

Michele Henry

Assistant Principal

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/guardians 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.**

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 the 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(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	spray-on body products
hair spray	flashlights
Makeup	jewelry
curling irons/flat irons	
**NO CELL PHONES	

**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