



August, 2015

Dear Parents/Guardians,

Final plans are being made for the Nature's Classroom trip which will take place Monday, September 28 through Friday, October 2, 2015. According to our records, you have a remaining balance of _____ towards the \$350 tuition for this worthwhile experience. The remaining balance is due before **Friday, September 4, 2015**. Payment may be mailed or delivered to the Fowler school in care of Meg Sullivan, Director. The check should be made payable to the **Fowler School**.

Enclosed you will find an informative letter and four forms that should be filled out and returned along with your final payment. **The Medical Administration Form (green) must be completed regardless of whether or not you take any medication.** Also, it is important that you review the enclosed Discipline Form (pink) with your child. He/she should understand the importance of what he/she is agreeing to and signing. In addition, you will find a list of equipment needed for this trip. It would be advisable to label items with your child's name. Every year we end up with lost and found items no one claims.

Please complete and enclose the form below with your check or cash in order to ensure your child is credited for payment. An informational presentation by the Nature's Classroom staff will be held in the assembly hall on the first day of school, Thursday, September 3, at 1:00. All 7th grade students will be in attendance and parents are welcome to attend as well.

Sincerely,

Mat Brusio & Meg Sullivan
Directors

FOWLER SCHOOL--NATURE'S CLASSROOM

Student Name: _____

Enclosed is a payment of \$ _____

7th Grade homeroom Teacher: _____

Parent/ guardian signature: _____

Returned Forms:

Blue Registration

Pink Discipline

Gold Questionnaire

Green Medication Administration

DEAR PARENTS,

Your child will soon have an opportunity to participate in a residential outdoor school program. This letter attempts to answer some of the questions parents usually ask. Please feel free to ask us about any other concerns you may have about the program. Outdoor environmental education uses the out-of-doors for learning experiences that cannot easily take place in the classroom. Students and teachers learning outdoor awareness in this extended classroom can use the experience to help in their understanding of the natural environment, their school subjects, and the way people live. The program includes activities such as examining life in lakes and swamps, investigating weather, Colonial and Native American skills, and confidence building group challenges. A variety of field walks, classes in all subjects, and evening activities insure an exciting, stimulating experience.

SUPERVISION AND STAFF: Students are supervised 24 hours a day. In addition to the classroom teachers and chaperones accompanying each visiting group, Nature's Classroom has a permanent staff residing on site consisting of a director, environmental teachers on 1:12 ratio, and a nurse, EMT or health staff person on call at all times.

HEALTH AND SAFETY: There is no requirement that students undergo a medical examination before attending Nature's Classroom. The program is physically intensive, however, and you may wish to consult your physician if there are any concerns that should be brought to the attention of the staff. Such guidance will assist them in planning the program of activities with the students. Please note any special health concerns on the Nature's Classroom medical forms. The forms **must** be completed before a student can attend. Health and safety are our most important objectives! A fully staffed and equipped hospital is less than 30 minutes away from all of our facilities. Every student is covered by insurance while attending the program.

CLOTHING AND EQUIPMENT: A clothing and equipment checklist is furnished. Particular care should be taken in supplying ample footwear and pants, as students frequently participate in activities in wet areas. Clothes should be chosen for comfort and durability, rather than style. Please add or delete items appropriate for the season (gloves, hats, parkas, etc.)

FOOD AND LODGING: Meals are prepared by a permanent cooking staff and are served family style. Special dietary needs should be noted on the medical forms. Students, visiting teachers, and chaperones are lodged in winterized dormitories and cabins. Parents are welcome to visit any of our Environmental Education Centers and to view the facilities; such visits, however, should be made before or after your child's experience, preferably midweek. The physical facilities are always open, so a weekend visit might be possible. You must call the site and make an appointment with the Program Coordinator before coming.

TELEPHONE: The telephone is **not** available for the students' use, and parents are asked not to call students **except in case of an emergency**. The Nature's Classroom telephone number is 413-623-5361.

MAIL: Mail is most appreciated by students, but to be safe, allow **4 days** for delivery. Mail posted midweek may not reach Nature's Classroom until Friday after the group has left (please make sure there is a return address in case we need to send it back). Please include the name of both the student and the school to assist delivery. Mail should be sent to **Nature's Classroom, 748 Hamilton Rd, Becket, MA 01223**.

NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Family Physician _____ Telephone (____) _____

I give permission for (Name) _____ to attend Nature's Classroom

for the period of September 28, 2015 - October 2, 2015 as part of the outdoor education program

of (School Name) Fowler School. I understand that the director of Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes _____ No _____

Date _____ Signature _____ Relationship _____

If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN _____ TYLENOL _____ OTHER (Specify) _____

*****NOTE*****

This form must be filled out even if your child does NOT take any medications. Simply write: "Not Applicable" if no medication is taken and sign below. Thank you!

Nature's Classroom

MEDICATION ADMINISTRATION FORM

All medications (including prescription, non-prescription and vitamins) must come in original containers.

Please complete *all parts* of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page.

CHILD'S NAME: _____

I hereby give permission for the staff of Nature's Classroom to administer to my child the following medication(s):

Medication	Dose (mg, tsp)	Time Medication Taken				
		Breakfast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): _____

Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use.

Signed: _____ Dated: _____

Relationship: _____

FOWLER SCHOOL
MAYNARD, MASSACHUSETTS

DISCIPLINE CONTRACT
NATURE'S CLASSROOM
Telephone Numbers

Home: _____

Work: _____

I understand that the Nature's Classroom director and/or school leaders may dismiss my child from the Nature's Classroom Program if, in their opinions:

A. my child becomes a consistent behavior problem affecting the group, staff or the group's activities,

OR

B. my child is found to possess any weapon, contraband or associated hazardous material.

I understand I will be contacted and it will become my responsibility to pick up my child at Becket to insure safe travel back to Maynard, MA. I also understand no refund is given if such action is taken for discipline reasons.

Parent/Guardian

Date

I have read and discussed the above policy with my Parent/Guardian and agree to be on my best behavior. If I am sent home I understand I will be suspended from school for a minimum of the remainder of the Nature's Classroom week and my privileges to attend extra school activities and future school trips during the year will be suspended.

Student

Date

1999

Nature's Classroom

HOME AND HEALTH INFORMATION QUESTIONNAIRE

Sept 28-Oct 2

Child's Name: _____ Date of Session: _____

The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.

1. Is this your child's first prolonged stay away from home? _____

2. Is this your child's first sleep away experience? _____

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

4. Does your child have a bed wetting problem? _____

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). _____

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

8. Does your child have any sensory, physical or cognitive disabilities? Yes No If yes, explain.

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

10. Additional information:

