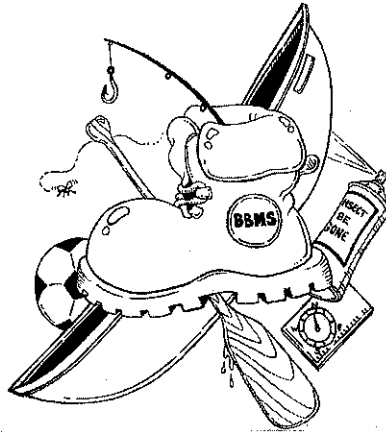


Bonnie Branch Middle School



Fall 2018 Outdoor Education

NorthBay Adventure Camp - North East, MD

October 1 - 3, 2018

Information Packet

Items in bold will ONLY BE ACCEPTED between September 11 -17, 2018

- Outdoor Education General Information
- NorthBay Medication Guidelines
- HCPSS Medication Procedure Information
- HCPSS Emergency Procedure/Health Information Form
- NorthBay - What Parents Need to Know
- ODE packing list
- **Outdoor Education Permission Slip**
- **Outdoor Education Payment & Opt Out form (for students who desire to not attend)**
- NorthBay Health Information Forms (Parts 1 and 2)
- NorthBay Medication Authorization Form (optional)
- Chaperone Interest Form (optional- On/before September 14 to Ms. Anne Cavanaugh)

Date Given: August 30, 2018

Student Name: _____

Dear Parents and Guardians of Sixth Grade Students,

Outdoor Education is an extremely successful program incorporated into the academic life of all 6th grades students at Bonnie Branch Middle School (BBMS). We are looking forward to working with all of you in order to make it another successful Outdoor Education trip. The packet includes pertinent information for the field trip. If you have any questions about Outdoor Education, please contact Ms. Anne Cavanaugh, Sixth Grade Team Leader, at 410-313-2580, or email her at Anne_Cavanaugh@hcpss.org.

Sincerely,

Team Six

"Together We Can!"

What is Outdoor Education?

Outdoor Education is...

- a 3-day/ 2-night program where students study science in an exciting and hands-on outdoor setting where there is also a focus on adventure, life skills, and character development.

What is the purpose of Outdoor Education?

The purpose of Outdoor Education is to...

- help students develop a positive attitude toward learning by experiencing a natural environment first-hand
- encourage students to apply knowledge and skills acquired in the classroom to real-life situations
- encourage students to apply scientific processes, such as observing, measuring, classifying, and hypothesizing
- foster within students an awareness, concern, and respect for our natural environment
- develop a sense of self-esteem and team work
- provide students, parents, and BBMS staff members an opportunity to develop a deeper community relationship

When/Where is Outdoor Education?

- Bonnie Branch will be using the facilities of NorthBay in North East, MD.

11 Horseshoe Point Lane

North East, MD 21901

(phone) 443-967-0500/(fax) 443-967-0501

www.northbayadventure.com

- Departure

From: Bonnie Branch Middle School

Date: **Monday, October 1, 2018**

Time: approx. 9:15 AM

- Return

To: Bonnie Branch Middle School

Date: **Wednesday, October 3, 2018**

Time: approx. 11:00 AM

(It is desired that students be picked up from BBMS by 11:30 AM)

How much does Outdoor Education cost?

- Student Cost: \$165/student
- Parent Chaperone Cost: None (*It is desired that Parent Chaperones stay all three days and two nights*)

\$165 covers the cost of:

- use of NorthBay facilities, and services provided by NorthBay staff
- three days/two nights accommodations including meals

Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS: THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
 2. Parent/guardian signature at the bottom of the Medication Authorization Form
 3. Physician signature at the bottom of the Medication Authorization Form
 4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
 5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
 - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
 - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
 - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
 - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
 - **Please call the staff at the Wellness Center if you have any questions – (443) 674-9035**

MEDICATION PROCEDURE INFORMATION

School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

1. Parents must provide a written authorization for any medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
2. The first dose of any new prescription must be given at home.
3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:

- | | | |
|-------------------------------------|--|---|
| • Name of student | • Date order expires (Check box if order valid for summer school.) | • Authorized health care provider signature |
| • Date of medication order | • Time and frequency of medication | • Special instructions (including whether or not medication may be self-administered or carried by the student) |
| • Name of medication | • Diagnosis (Reason for administration of medication.) | |
| • Dosage and strength of medication | | |
| • Route of administration | | |

Note: PRN medications should have the frequency of repeat doses clearly indicated on the order.

4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
5. A new medication order is required for each new school year dated on or after July 1.
6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; a second labeled container can be obtained by asking the pharmacist. Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:

• Name of the student	• Name of the Medication	• Dosage and strength of the medication
• Date of the medication order	• Route, time, and frequency of the medication	• Authorized health care provider name
8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
9. The school nurse must approve the medication order before the first doses of medication can be administered at school.
10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
15. Under no circumstances may any school staff administer any medication outside the procedures outlined in the Health Services Medication Administration Procedure.
16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.

NorthBay

**What parents
need to know!
and other stuff...**

NorthBay Environmental
Learning Center
11 Horseshoe Point Lane
North East, MD 21901

(phone) 443-967-0500
(fax) 443-967-0501
www.northbayadventure.org

Things to know...

CABINS

Lodging is provided in one of 18 different cabins. Each cabin consists of 2 rooms, with 5 bunk beds each, for a total sleeping capacity of 10/room and 20/cabin. Inside the cabin, next to each room is a bathroom. Our cabins are heated and air conditioned, and separated by gender. **Males and females are NEVER allowed to be in or around a cabin of the opposite gender! Students are NEVER allowed in the cabin without adult supervision.** Each cabin will have at least one adult chaperone who will move throughout the week with that group from one activity to another.

***Bed linens are provided by NorthBay!**

***Towels and washcloths are NOT provided**

Introducing NorthBay

THE SCHOOL PROGRAM

At NorthBay, the outdoors is the classroom and it is spectacular! An education center devoted to hands-on environmental science in the field, the program will serve 350+ (primarily middle school) students, teachers and adult chaperones each week of the school year. The 5 day/4 night experience will combine exposure to exceptional leadership, character, and discovery in a high adventure setting. Class offerings are extensive and integrate the **Maryland Voluntary State Curriculum**.

OUTSTANDING LEARNING AND ADVENTURE OPPORTUNITIES...

✓ Enormous Waterfront	✓ Wet Lab on the Bay
✓ Kayaks and Canoes	✓ Weather Station
✓ Bird Platform	✓ Game Room
✓ Snack Bar	✓ Gymnasium
✓ Art Studio	✓ Zipline Tower
✓ 5+ miles of Hiking Trails	✓ High Ropes Course
✓ Camp Store	✓ Indoor and Outdoor Climbing Walls
✓ Sand Volleyball Courts	✓ Live feed aquariums

MEALS

NorthBay takes time with meals and serves them family style to make them fun, full of surprises, relationship oriented, nutritious, and tasty. We can also accommodate special dietary requirements for your child assuming they are communicated in advance.

ACCESSIBILITY FOR ALL

The buildings, pathways, and activities at NorthBay are accessible to disabled persons. Students with special needs can participate in all activities, including our adventure courses. We encourage all students to attend and request to be informed of students with special needs.

Classes meet all over camp. On average, students spend 75% of their class time outside. Dressing in layers is recommended and boots are always a good idea as feet will be in wet areas during every season. **Students are expected to come to class dressed appropriately for any and all weather conditions.** During winter months, a warm jacket, hat, and mittens or gloves are essential to provide adequate warmth. Some form of rain gear is another essential during warmer months. Chaperones will know their schedule before the day begins and help students to prepare accordingly.

Parents with additional questions can call NorthBay office Mon.-Thur. 8am-5pm, Fri 8am-3pm @ 443-967-0500 or visit www.northbayadventure.org

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

THOUGHTS ON POCKET MONEY...

\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$50. NorthBay recommends students bring no more than \$50 to camp, \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

MEDICAL SERVICES

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS

- The Health Information form is required for every child attending NorthBay. If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.

- All individual medications must be in their original containers, labeled for the student by the pharmacy.
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

PARENT NOTE: SAFETY & STAFF

At NorthBay safety is paramount. All of our class locations, adventure courses, and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked & drug tested. We make the safety of your child our highest priority.

Parents are discouraged from visiting their children at camp for security reasons and because it can cause disruption and homesickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID, and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

PHONE CALLS

A NorthBay phone is available at certain times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home everyday of their stay.

NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons. Parents will be notified and children will be sent home, along with appropriate measures.

What to Bring to NorthBay...

Students and adults are responsible for bringing personal items and clothing appropriate for the season and the setting.

We want your stay at NorthBay to be as pleasant and trouble free as possible. A suggested list follows...

Clothing

- 2 pairs of tennis or hiking shoes (one old)
- Shoes to wear in the water
- Sweaters/Sweatshirt
- Several changes of outer clothing
- Changes of inner clothing
- 5-6 pairs of socks
- Swimsuit (seasonal)
- Pajamas

Personal Gear

- Towel(s) & Washcloth
- Soap and Shampoo
- Toothbrush & Toothpaste
- Medications
- Writing materials
- Sunscreen
- Insect Repellent

Optional Personal Gear

- Flashlight
- Camera & film
- Store/money
- Water bottle
- Sunglasses
- Backpack

Rain Gear and boots

- **Add for Winter Season:**
- Winter Hat (ear muffs are not enough)
- 2 pr. mittens or gloves
- Long underwear
- Warm jacket

What NOT to Bring...

- Cell Phones ****highly discouraged****
- iPod/MP3/CD Players
- PSP/Gameboys
- Drugs, alcohol, cigarettes or weapons
- Skateboards

Fall 2018 Outdoor Education Packing List

Items to Bring:

- ✓ 2 pairs of OLD sneakers – *you may have to wear them in the water*
- ✓ 5 comfortable, layered outfits
Each outfit should include:
 - Sweatpants/warm-up pants
 - T-shirt
 - Athletic shorts
 - Sweatshirt or long sleeve shirt
- ✓ 7-8 pairs of socks
- ✓ 5 pairs of underwear
- ✓ Pajamas/ sleep clothes
- ✓ Jacket
- ✓ Poncho or raincoat
- ✓ Water bottle labeled with your name
- ✓ Toothbrush and tooth paste
- ✓ Soap, shampoo, conditioner
- ✓ Towel and washcloth
- ✓ Comb and brush
- ✓ Deodorant
- ✓ 2 Trash bags for wet and dirty clothes
- ✓ Hat or visor
- ✓ Sunscreen
- ✓ Small backpack

Optional Items to Bring:

- Bug spray
- Flashlight
- Feminine hygiene products if applicable
- Books, deck of cards, drawing pads, small non-electronic travel games
- Camera (disposable with your name on it)
- Flip flops for shower
- Rain boots and/or water shoes
- Sun glasses
- Gloves/winter hat – depending on the weather
- \$20.00 or less

Items NOT to Bring:

Food, gum, matches, knives, computers, iPad, iPods, iPod docks, **CELL PHONES**, handheld games, hairdryers, or curling irons

**Neither Bonnie Branch Middle School, nor NorthBay are responsible for lost or stolen items!
Pack all items in ONE suitcase that you can carry, and label all belongings!**

Per NorthBay procedures, parents are discouraged from visiting children at camp for security reasons and because it can cause disruptions and home-sickness for students. If a parent must visit NorthBay, the child will be pulled from his/her scheduled activity, and will meet with the parent in the Administration Building.

We ask that if you need to pick up/drop off your child for an **extenuating circumstance**, it is between the hours of 8:30 AM and 6:00 PM. Once your child leaves, he or she may not return and payment will NOT be refunded.

Outdoor Education Forms

Fall, 2018

Items below will only be accepted between September 11 – 17.

- Outdoor Education Permission Slip
- Outdoor Education Payment & Opt Out form (for students who desire to not attend)
- NorthBay Health Information Forms (Parts 1 and 2)
- NorthBay Medication Authorization Form (optional)
- Chaperone Interest Form (optional – On/Before **September 14** to Ms. Anne Cavanaugh)

PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Bonnie Branch Middle School		
Destination:	NorthBay Adventure Camp		
Objective of the trip:	To provide students, parents, and BBMS staff an opportunity to develop deeper community relationships, while developing a positive attitude and learning (first-hand) about the environment.		
Class/Group:	Bonnie Branch Middle School – Sixth Grade		
Departure date:	October 1, 2018	Time: 9:15 AM	
Return Date:	October 3, 2018	Time: 11:00 AM	
Bus Company:	Dillon's bus service		
Public Transport:	N/A		
Cost per student:	\$165.00		
Checks payable to:	Bonnie Branch Middle School (please put student first and last name on the memo line)		
Due Date:	September 11 – 17, 2018		
Meal Arrangements:	Meals will be provided by NorthBay Adventure Camp		
Appropriate Attire:	Please see packing list in ODE packet		
Total # of Students:	250		
Anticipated Ratio of Chaperones to Students:	1:9		

This trip will be:	
Student Day	Extended Day
Overnight X	Non School Day

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: NONE

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Ms. Anne Cavanaugh

Contact number:
410-313-2580

I GRANT PERMISSION FOR _____ TO GO TO ___NorthBay Adventure Camp___ ON OCT. 1 – 3, 2018
(PRINT Student Name) (Destination)
 RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.



HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH
IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS
SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

Bonnie Branch Middle School
Fall 2018: Sixth Grade Outdoor Education Payment/Opt Out Form

Student Information:

Student Name: _____ Period 1 Teacher: _____

Parent/Guardian Name: _____ Date: _____

Payment Options:

It is our desire that ALL students who wish to attend Outdoor Education can do so. With this in mind, we are offering payment options.

_____ **Option I: Financial Assistance**

If you check this option, this means that you will qualify, or have qualified for Free and Reduced Meals. Please be advised **criteria must be met in order to receive assistance. By choosing this option, you MUST contact Dr. Andrew Cockley, Principal at BBMS, at 410-313-2580 to discuss this option.**

_____ **Option II: Full Payment: \$165.00 (Individual student amount will vary pending participation in Joe Corbi's Fundraiser)**

Check #: _____

(Remember to put your child's first and last names on the Memo line of the check)

Cash: _____

_____ **Option III: Online School Payment (OSP): <http://osp.osmsinc.com/howardmd>**

Please follow the link to Middle School, and then Bonnie Branch Middle. Find the activity named Outdoor Education Fee 2018 and provide the necessary information. **This option will only be available September 11 – 17, 2018.**

Opt Out Form:

If you decide that you do not wish for your child to attend the Fall 2018 Outdoor Education trip to NorthBay Adventure Camp, that will take place October 1 – 3, this form MUST be completed and returned to school ASAP.

I have read the Outdoor Education Information Packet and understand the objectives for this field trip. However, I have chosen for my child, _____ to not attend this trip. In addition, I understand that my child is expected to be in school on the days of the field trip (October 1 – 3, 2018), where alternative-learning experiences will be taking place.

Parent/Guardian Signature:



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: _____ **DATES AT CAMP:** _____

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address: City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)		Relationship to Camper:	Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery _____ <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> Allergy to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ <div style="text-align: center; background-color: #cccccc; padding: 2px;">Diet / Nutrition</div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				



NORTHBAY HEALTH INFORMATION FORM

NorthBay At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Health Information Form be signed as a requirement to attend camp.

I represent that I am the parent or legal guardian of _____ (the "Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Information Form. I assert the information given on this Health Information Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.

In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.

I understand that my child will participate in outdoor and environmental education activities including but not limited to: ropes course, zip line, climbing wall, kayaking, canoeing, wading, fishing, and hiking.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- Acetaminophen (generic for Tylenol)
- Ibuprofen (generic for Advil and Motrin)
- Calamine Lotion (for itching)
- Hydrocortisone Cream (for itching)
- Antibiotic Cream (for minor cuts/scrapes)
- Loratadine (generic for Claritin)
- Diphenhydramine (generic for Benadryl)
- I do not want over-the-counter medications given to my child

VIDEO/PHOTO CONSENT

I represent that I am the parent or legal guardian of _____ ("Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.

Signature of parent/guardian:	Date:
-------------------------------	-------

Signature of parent/guardian:	Date:
-------------------------------	-------

Persons authorized to pick up child other than parent or guardian:

I also understand and agree to abide with the restrictions placed on my camp activities as listed above.

Signature of minor/adult camper/staffer:	Date:
--	-------

(If camper is emancipated, proof must be provided prior to camp)

NORTHBAY ADVENTURE CAMP
MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication **MUST** be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ **Date:** _____

Prescribers Printed Name/Title: _____ **Telephone:** _____ **Fax:** _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Signature of Camp RN: _____ **Date:** _____

Bonnie Branch Middle School
Fall 2018: Sixth Grade Outdoor Education Chaperone and Information Form

Field Trip Chaperone

The sixth grade team is in need of 30 chaperones, male and female, for our Outdoor Education trip. Chaperones will be accepted based upon need, and the date in which this form is submitted to Ms. Cavanaugh. There is no fee for chaperones to attend the trip. All that is needed is a commitment of your time and effort. In years past we have tried several options to ensure that we are able to have a ratio of one adult to nine students. We have found that the best way for this to happen is to have consistent adult presence throughout the trip. With safety being our top priority, we are requesting chaperones to make a commitment of ALL two nights and three days. If you are very enthusiastic about being a chaperone, but cannot commit to all three days and two nights, please contact Ms. Cavanaugh, ASAP at 410-313-2580, to discuss the matter further.

As a cabin chaperone you will provide a critical support for the NorthBay program. Every Cabin Chaperone will be attached to a NorthBay educational class for support and will be encouraged to actively participate with supervision of students. During the day, Cabin Chaperones will be able to create a schedule with other Cabin Chaperones who will be in your educational group to breaks, and enjoy time with your child. It is highly encouraged that you create a schedule, for your presence will be needed during activity time between 3:00 PM until 6:30 PM, nightly. In addition, you are encouraged to participate in the character education evening session that will take place in your cabin, after the group gathering at NorthBay Live. The character education sessions provide a connection to the educational classes that students participate in during the daytime. It is during this time that your evening host from NorthBay will provide suggestions for discussion and journaling that you do with your kids.

Please, be aware that as a chaperone, you are to know where your assigned kids are at all times, and move as a group, even during free time. NorthBay observes a "two person rule" whereby no adult should ever be alone with a child. Students must be under adult supervision at all times while at NorthBay. As additional support, chaperones will receive a list of contact numbers for the BBMS staff who will be on the trip. These numbers are only to be used during October 1 - 3, 2018, and should not be used after the conclusion of the Outdoor Education field trip.

With the efforts and supports of parents like you, our students will be creating life-long memories, and be provided with opportunities to participate in such wonderful and beneficial activities, that they may not have had the opportunity to experience. *We truly appreciate you and your support of this educational endeavor.*

Note: Male chaperones are required to chaperone male cabins and female chaperones are required to chaperone female cabins. **In addition, parent chaperones will be assigned to their child's cabin, unless an arrangement has been made with Ms. Cavanaugh. If you are selected to be a chaperone, you will be contacted by September 18.**

RETURN TO Ms. Cavanaugh in Room 40 on/before by SEPTEMBER 14, 2018

_____ Yes, I would like to be a chaperone for the Outdoor Education field trip. I can attend the entire trip (October 1 - 3, 2018).

My Name: _____

My Student's Name: _____

My Email Address: _____

* Please write legibly! *

Please email Ms. Cavanaugh at Anne_Cavanaugh@hcpss.org from the email address that you would like for BBMS to use to provide information about the Outdoor Education Trip

_____ I have special dietary needs and will need special meals while at NorthBay.

Information about dietary needs: _____