

Camp McDowell Information Sheet

Camp McDowell Environmental Center
105 Delong Road, Nauvoo, AL 35578

WHAT

An amazing experience for students to hike, canoe, jump, and learn about our beautiful environment at Camp McDowell. Students have the opportunity to swing from a 16 foot pole, canoe down the Black Warrior River, study the streams for pollution and its effects, and so many other phenomenal and fun experiences.

WHEN

Field trip Dates: Wednesday, November 13 - Friday, November 15, 2019

Money and Forms Due: Friday, October 4

Parent Meeting and Medication Drop Off : Wednesday, November 6 @ 5-5:30 p.m. in LMS Library

WHERE TO TURN IN MONEY AND FORMS

Mrs. Beardslee (Room 211)

Ms. Haithcock (Room 203)

WHO

8th grade students

HOW

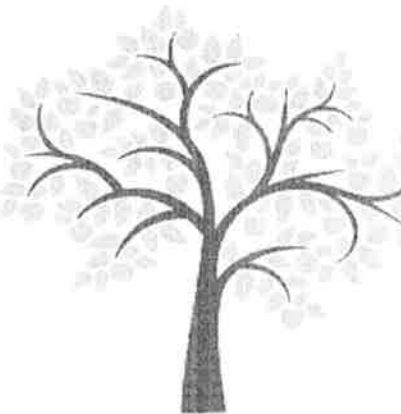
Be one of the first 50 students to bring your money and all of your signed forms to confirm your spot.

HOW MUCH

Total trip cost is \$275 - includes transportation and all meals.

Make checks payable to Liberty Middle School.

Please include Driver's License # and Phone #

Paperwork Checklist	
Field Trip Permission Slip	
Madison City Schools Overnight or Out-of-Town Field Trip Medical Release Form MUST BE NOTARIZED!!!	
McDowell Environmental Center Student Health Form	
Student Acknowledgement of Risk Form	
Medication Packing Sheet (If Needed)	

Madison City Schools Field Trip Permission Slip

School: Liberty Middle School Grade: 8 Date: 09/07/2019

Memorandum to Parents:

On 11/13/2019-11/15/2019 our class will be taking a field trip to Camp McDowell
Date Name of Place

At Navou, AL at approximately 8:10am o'clock.
Location Time

To Liberty Middle School at approximately 1:40 pm o'clock
Place of Return Time

Mode of Transportation: School bus

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change, you will receive a revised field trip permission slip to sign and return.

Please complete, sign and return the lower portion no later than 10/04/2019.
Date

Carla Beardslee
Teacher's Signature

[Signature]
Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name Carla Beardslee School Liberty Middle School

I wish I do not wish

To give my permission for my child _____
Child's Name

To accompany your group on the field trip to Camp McDowell
Name of Place

At Navou, AL on 11/13/2019-11/15/2019
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?

Will your child require any medication on this field trip? _____

Name of Insurance Company: _____

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: _____

Signature of Parent or Guardian

Date

**MADISON CITY SCHOOLS
OVERNIGHT OR OUT- OF-TOWN FIELD TRIP
MEDICAL RELEASE FORM**

Student's Name: _____ **Date of Birth:** _____

Address: _____

Home Telephone: _____

Parent/Guardian: _____

Address: _____

Mother Work # _____ **Cell Phone #** _____ **Pager #** _____

Father Work # _____ **Cell Phone #** _____ **Pager#** _____

If unable to reach parents, please notify:

Name: _____ **Relationship:** _____

Phone #: _____ **Cell Phone #:** _____

Student's General Health Information

The Madison City School District requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian.

Does student have any allergies to medication, food, etc? Yes No

If "yes", please list allergies: _____

Does student wear contact lenses? Yes No

Does student have asthma? Yes No

If "yes" a Student Asthma Action Plan should be on file in the nurse's office.

Is there any health history that may assist the person in charge if the student should become ill?

Student's Physician: _____

Address: _____

Telephone #: _____

Insurance Company: _____

Date of last tetanus shot: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Madison City School's representative. I also hereby authorize Madison City Schools, or representative thereof, to administer medication to my child, if necessary, as indicated on the Medication Release Form.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

* _____
Signature of Notary

State

County

Commission Expires:

Waiver of Liability & Release

*This form must be completed for every participant in a Camp McDowell program.
Please read carefully before signing.*

PROGRAM DESCRIPTION

All of Camp McDowell's programs ("Programs") take place in an area that includes over 1,000 acres of forests, meadows, streams, and canyons. The Programs involve physical and hazardous activities that take place in this wilderness and outdoor camp environment, including without limitation, swimming; canoeing; hiking over rough terrain or in the vicinity of water; and challenge or ropes course activities such as climbing, jumping, balancing, and being lifted or supported by a rope and harness system at heights up to thirty feet in the air.

ASSUMPTION OF RISK AND AGREEMENT TO RELEASE AND HOLD HARMLESS

I, the undersigned, understand and agree that participating in any Program inherently involves risks, hazards, and dangers, including but not limited to the risks of falling, falling rocks or objects, fractures, concussions, dangerous weather, overexertion, overheating, injuries caused by a lack of fitness or conditioning, river currents, hypothermia, hostile or aggressive farm animals or wildlife, equipment failures, negligence of others, accident, injury, death, mental or emotional trauma, disability, and property damage or loss. In consideration for my being permitted to participate in a Program, I, for myself (and for my child if participant is under 19), my heirs, assigns, and personal representatives, hereby knowingly and intentionally agree to assume all risks of participating in any Program and forever release and hold harmless Camp McDowell and the Episcopal Diocese of Alabama, as well as their employees, agents, directors, volunteers, participants, guests, representatives, affiliates, and all other persons or entities acting under their direction and control ("Released Parties") from any and all liability, claims, actions, losses, and demands arising out of or relating in any way to my participation in any Program, including but not limited to those arising from travel to and from the program site or from the negligence of the Released Parties.

By signing this form I am certifying that I am capable of—and have not been advised by a medical professional to refrain from—participating in these and similar physical activities. I also consent to receive (or, if applicable, have my child receive) medical treatment that may be deemed advisable in the event of injury, accident, or illness during any Program.

This agreement is governed by and shall be construed in accordance with the laws of the state of Alabama, without any reference to its choice of law rules. I agree that any dispute arising from this agreement or in any way associated with a Program shall be brought only in the state or federal courts of Jefferson County, Alabama, and I agree to the jurisdiction and venue of those courts for any such dispute.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER OF LIABILITY AND RELEASE ON BEHALF OF MYSELF AND, IF APPLICABLE, AS THE PARENT OR LEGAL GUARDIAN OF A PROGRAM PARTICIPANT UNDER THE AGE OF 19 YEARS.

Name of Program Participant

Date

Signature of Participant (If 19 Years or Older)

Signature of Parent or Legal Guardian (If Participant Under 19 Years)

School: Return

Updated July 23 2019

McDowell Environmental Center STUDENT HEALTH FORM

All information is confidential. **PLEASE PRINT NEATLY!**

This form must be filled out by the student's **PARENT or LEGAL GUARDIAN!**

Student name: (Last) (First) (Middle)			Date of Birth:	Sex:
Age:	Grade:	Height/Weight:	Preferred name (if different from above):	
Address:		City:	State:	Zip Code:
Parent/Guardian name: (Last) (First)			Relationship to student:	
Cell Phone:		Work Phone:	Email Address:	
Other Emergency Contact: (Last) (First)			Relationship to student/Phone Number:	
Primary Physician:			Physician Phone:	

Is student on a special diet? Y / N If so, please explain what they CAN eat as well as what they CANNOT eat:

****If special foods must be sent with your child,
please contact the camp nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com****

ALLERGY INFORMATION

To the best of your knowledge does your child have any allergies? **YES / NO** (Please circle one)
If YES was circled, please indicate to which of the following your child is allergic. Please be specific:

FOODS:	
PLANTS:	
MEDICINE ALLERGIES:	
ANIMALS:	
INSECTS:	
OTHER:	

Please indicate what treatment your child should receive if exposure occurs (Any medications to which your child is allergic will NOT be given):

**** If your child is bringing an EPI-PEN,
you MUST contact the camp nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com****

ADDITIONAL HEALTH CONCERNS: _____

PLEASE READ, COMPLETE and SIGN PAGE 2 OF THIS FORM!!

STUDENT MEDICATIONS WHILE at MCDOWELL ENVIRONMENTAL CENTER:

- All medications must be in their original container with the student’s name and school written on the container.
- There must be clear directions on when &/or why to give the medication.
 - NOTE: “Give as Directed” is not acceptable
- The container must specify the strength and dose of the medication.
- If it is an Over-The-Counter medication it must be age-appropriate and will be given following manufacturer recommendations. If it is not recommended for your child’s age and your child’s Healthcare provider prescribed it then a note from that provider must be sent with the OTC medication.

PRESCRIPTION MEDICATIONS:

ALL MEDICATION IS ADMINISTERED BY A LICENSED NURSE, EMT OR AUTHORIZED SCHOOL PERSONNEL. Add additional sheet, if necessary.

List all prescription medications that you will send with your child. Circle the time(s) to administer this medicine to the child, choosing from the following: **B***= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner, **HS**= At Bedtime

*If a time is not selected, medicines will be given after breakfast.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
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OVER THE COUNTER (OTC) MEDICATIONS:

ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL GUARDIANS OF THE STUDENT.

Circle "As Needed Only", if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only

**In the event of unexpected illnesses, our Nurse/EMT will have limited OTC medicines available for your child-
Which of the following medicines do you permit to be given to your child by our Nurse/EMT?**

Ibuprofen: Yes__ No__ **Acetaminophen:** Yes__ No__ **Benadryl:** Yes__ No__ **Cough Drops:** Yes__ No__ **Tums:** Yes__ No__

PHOTO RELEASE

"I give my permission for any photos or videos taken of my child or any artwork and writing made by my child during educational programs at Camp McDowell to be used for the public relations of the program." (Please note if you DO NOT give photo release permission)

MEDICAL AUTHORIZATION AND RELEASE

"I AUTHORIZE THE NURSE, AUTHORIZED SCHOOL PERSONNEL, OR AUTHORIZED CAMP STAFF THE TASK OF ASSISTING MY CHILD IN TAKING THE ABOVE MEDICATIONS. I GIVE THE NURSE PERMISSION TO SPEAK WITH MY CHILD’S HEALTH CARE PROVIDER OR PHARMACIST AND AUTHORIZE MY CHILD’S HEALTH CARE PROVIDER OR PHARMACIST TO SPEAK WITH THE NURSE SHOULD A QUESTION COME UP ABOUT ONE OF MY CHILD’S MEDICATIONS. ALL HEALTH INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL BE SHARED ONLY ON A NEED-TO-KNOW BASIS TO ENSURE THE SAFETY OF YOUR CHILD. I ALSO UNDERSTAND AND AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR ALL MEDICAL TREATMENT AND OTHER HEALTH CARE SERVICES PROVIDED TO MY CHILD."

"This is to certify that the information provided on this form is accurate to the best of my knowledge,"

SIGNATURE of PARENT or LEGAL GUARDIAN

DATE

ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year: _____

STUDENT INFORMATION

Student's Name: _____ School: _____
 Date of Birth: ___/___/___ Age: _____ Grade: _____ Teacher: _____
 No known drug allergies—if drug allergies list: _____ Weight: _____ pounds

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name: _____ Dosage: _____ Route: _____
 Frequency/Time(s) to be given: _____ Start Date: ___/___/___ Stop Date: ___/___/___
 Reason for taking medication: _____
 Potential side effects/contraindications/adverse reactions: _____
 Treatment order in the event of an adverse reaction: _____

SPECIAL INSTRUCTIONS:

Is the medication a controlled substance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is self-medication permitted and recommended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes" I hereby affirm this student has been instructed On proper self-administration of the prescribe medication.				
Do you recommend this medication be kept "on person" by student?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Emergency Drug required during Bus Transportation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cake Icing Gel ONLY for Diabetic Student during Bus Transportation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Printed Name of Licensed Healthcare Provider: _____ Phone: () _____ - _____ Fax: _____ - _____

Signature of Licensed Healthcare Provider: _____ Date: _____

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.

Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____ Date: ___/___/___ Phone: () _____ - _____

SELF-ADMINISTRATION AUTHORIZATION

(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ___/___/___ Phone: () _____ - _____

VERY IMPORTANT! Medicine Reminder

PLEASE READ!

for Parents

- Medicines at McDowell Environmental Center are subject to the same rules as medicines brought to school for administration by the school nurse.
- Scheduled medicine times are: Before Breakfast, After Breakfast, After Lunch, Canteen, After Dinner and at Evening Snack.
- Prescription medicines **MUST** be in their original containers and have a label containing:
 - Student Name
 - Name of Prescription Drug
 - Strength of Prescription Drug
 - Administration directions (“give as directed” is **NOT** acceptable)
 - Parents must indicate what time medication is to be taken
- Please remember that parents **must provide any over-the-counter medicines** they anticipate their child may need.

***If your child requires an Epi-pen or other injection, please contact the Nurse at 205-387-1806 ext. 125 or rn@campmcdowell.com*

Stacey Glenn, R.N., Camp McDowell Nurse
 McDowell Environmental Center

Medication Packing Sheet *for Parents*

Please place this sheet in a bag with your child’s medicine. All information must be completed by a parent or legal guardian. Please fill out the information for prescription and over the counter medicines.

Student’s Name: _____ School: _____

PRESCRIPTION MEDICATIONS:

Circle the time(s) to administer this medicine to the child, choosing from the following:

B*= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner, **HS**= At Bedtime

**If a time is not selected, medicines will be given after breakfast.*

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
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Medication:	Dosage:	Reason:	Time Given: B* B L C D HS

OVER THE COUNTER (OTC) MEDICATIONS: ALL OTC MEDICATIONS MUST BE PROVIDED BY PARENTS/LEGAL

GUARDIANS OF THE STUDENT. Circle “As Needed Only”, if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only

Keep BRING-ALONG LIST



Please carefully look over the following checklist and check each item as it is packed. When arriving at McDowell Environmental Center, participants should come prepared to spend the day outside.

Helpful hints for packing:

- Limit packing to one suitcase or duffel bag and a rolled up sleeping bag. You will carry your belongings from the bus to your cabin.
- Put your name on everything.
- Bring OLD clothes and shoes. You will get wet and muddy.
- Pack a raincoat or poncho (and warm clothes if applicable). Classes are held outdoors rain or shine.

REQUIRED:

- 2 water bottles (20 oz or larger)
- raincoat or poncho
- 4 pairs of socks
- 2 pairs of closed-toe shoes**
- 3 pairs of underwear
- 3 shirts
- 2 pairs of long pants
- 3 pairs of shorts
- sweatshirt or fleece
- pajamas
- towel & wash cloth
- soap, toothbrush & other toiletries
- sleeping bag (or sheets & blankets - single bed)
- pillow
- sunscreen
- pen or pencil
- small backpack

OPTIONAL:

- hat & sunglasses
- flashlight & extra batteries
- camera
- souvenir money
- sandals for shower
- journal
- bug repellent (non-Deet **only**)
- chapstick

COOL WEATHER ADDITIONS:

Wool and synthetic clothing work best!

- warm knit hat
- warm gloves
- thick socks
- long underwear/thick tights
- heavy jacket

***DO NOT BRING:** food, gum, candy or knives!