

McDowell Farm School 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 the earth, our soil, animals, sustainability, and our environment at the farm school at Camp McDowell. Students will have the opportunity to canoe down across a lake, milk a goat or cow, harvest vegetables and cook them in a meal, and so many other phenomenal and fun experiences.

WHEN

Field trip Dates: Wednesday, April 19 – Friday, April 21, 2023

Money and Forms Due: Friday, March 31, 2023

Parent Meeting and Medication Drop Off : Monday, April 17, @ 5-5:30 p.m. in LMS Library

WHERE TO TURN IN MONEY AND FORMS

Mrs. Beardslee (Room 211)

Ms. Haithcock (Room 223)

WHO

8th grade students

HOW

Be one of the first 40 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 #

You can also pay online through the Liberty Middle School website. ← Preferred method!

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



PARENT LETTER

McDowell Farm School
105 Delong Road
Nauvoo, AL 35578

Dear Parent or Guardian,

Here at the farm, we believe that experiential education, through inquiry and self discovery leaves long lasting impressions and deeper understanding across all content areas. Using sustainable farming as a lens, students are reintroduced to food. From feeding a chicken, to collecting an egg, to making a frittata, students become ingrained in our food system. They make connections between their choices at home and the large-scale systems that work to feed us every day. As active participants on our farm, students leave with a deeper understanding of and appreciation for the time, planning, energy, and emotion that goes into food production.

On the farm, students are encouraged to explore, ask questions, and arrive at their own conclusions through experience. Our multi-day, overnight program allows students to carry over concepts from class to class, creating a cohesive understanding of the science of sustainable farming. Students share living and dining spaces, complete projects as a team, and are asked to support one another through new challenges.

Our classroom extends beyond the walls of our teaching kitchen, beyond our 40 acres of gardens and fields, and even beyond the 1100 acres of forests, streams and canyons of McDowell! **We make the world our classroom and our place to discover.**

Listed below are a few important items worth emphasizing about your child's upcoming visit to ensure their safety and comfort. Please read the information below carefully.

Appropriate Clothing: Living and learning on a farm can be messy business and because **we spend most of our time outdoors (even in the rain and cold)**, please be sure to pack appropriate clothing for your child. Help your child be prepared with clothing for all kinds of weather as indicated on the "**Packing List.**" In truly inclement weather, we have ample indoor teaching space.

Student Health Form: For your child's well being, please complete the attached Student Health Form and return it to your child's teacher on time. **Any student without a completed and signed medical form may not attend McDowell Farm School.** It is important that both pages of the form are completed and signed. **Please pay special attention to the allergy section, especially food and animal,** as we want to ensure a safe and fun learning experience for all students.

Medications: Please follow instructions for **sending medications** and do not send unlabeled medications. *For special conditions, including severe allergies requiring an allergy injection, contact our Program Nurse for McDowell Farm School at 205.387.1806 ext. 119 or farmnurse@campmcdowell.org.*

If you have any questions or concerns about our program, personnel, or facilities, please contact us directly. We more than happy to take your calls!

Scotty Feltman, Director

McDowell Farm School

105 Delong Rd Nauvoo, AL 35578
mcdowellfarmschool.org

Phone: 205.387.1806
Fax: 205.221.3454

OVERNIGHT STUDENT PACKING LIST

Parents and Students, please be sure to

1. Limit yourself to one suitcase or duffel bag and a rolled up sleeping bag. You will carry your belongings from the bus to your cabin!
2. Put your name on everything.
3. Bring OLD clothes and shoes! **PLEASE REMEMBER, STUDENTS WILL BE ON A FARM!**
4. Pack a raincoat or poncho (and warm clothes if applicable). They are essential because classes are held rain or shine.

REQUIRED:

(Please adjust for longer/shorter stay)

- Reusable Water Bottle
- Raincoat or poncho (A MUST!!)
- Sleeping bag/sheets & blankets (single)
- Hat or visor
- 4 Pair of socks
- 3 Underwear
- 3 Shirts
- 2 Pants
- 1-2 Shorts
- Jacket (for cool evenings)
- Heavy shirt (sweatshirt)
- Pajamas
- Towel & washcloth
- Laundry bag
- Toiletries
- Pillow
- Sunscreen
- 2 pairs old sneakers/boots (1 to get wet and muddy, 1 to hike and play)
- Small backpack

COOL WEATHER ADDITIONS:

Wool and synthetic clothing work best

Plan to layer so you can shed layers

- Coat
- Long underwear
- Warm hat
- Gloves
- Thick socks

OPTIONAL ITEMS:

- Camera
- Flashlight
- Camp Store Money
- Rain Boots
- Shower Sandals
- Natural Bug Repellent (DEET free)
- Bandana or cloth napkin
- Cloth bag for dirty clothes

LEAVE AT HOME:

Electronics, gum, candy, weapons, toys

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: _____

McDowell Farm School 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 Farm School Program Coordinator at 205-387-1806, ext 105 or
farmschool@campmcdowell.org****

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 Farm School Nurse at farmnurse@campmcdowell.org**

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

X SIGN

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 No

Is self-medication permitted and recommended? Yes No

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 No

Emergency Drug required during Bus Transportation Yes No

Cake Icing Gel ONLY for Diabetic Student during Bus Transportation Yes No

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: () _____ - _____

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

Student's Name: _____ Date of Birth: _____

Address: _____ Student Cell #: _____

Parent Guardian Name: _____

Address: _____

Mother Cell# _____ Father Cell# _____

If unable to reach parents, please notify:

Name: _____ Relationship: _____

Phone #: _____ Alternate #: _____

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 the student have any allergies of medication, food, etc. Yes No

If "yes", please list allergies: _____

Does the student wear contact lenses? Yes No

Does the 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: _____ Phone #: _____

Address: _____ Date of last tetanus shot: _____

Insurance Company: _____

Authorization of Treat/Administer Medication:

I hereby authorize medical and/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 Schools' 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 Expire

Must Have Seal

Madison City Schools Field Trip Permission Slip

School: Liberty Middle Grade: 8 Date: Oct.

Memorandum to Parents:

On 4-19 our class will be taking a field trip to McDowell Farm School
Date Name of Place

At Nauvoo AL at approximately 8:15am o'clock.
Location Time

To Liberty Middle (gym) at approximately 1:30pm 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 March 29, 2023
Date

Carla Beardslee
Teacher's Signature

Sharon D. Bean
Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name Beardslee School Liberty

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 _____
Name of Place

At McDowell Farm School on April 19-21, 2023
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