

Camp Fitch
May 18th-19th
2017
Informational
Packet



March 17, 2017

Dear Parents and Guardians,

We are beginning to finalize our plans for the Outdoor Education Program taking place on May 18th-May 19th. We will be travelling to Camp Fitch in North Springfield, Pennsylvania. This camp is located about 90 minutes from Twinsburg.

Our students, Dodge staff, and high school counselors will leave Dodge Intermediate School at approximately **7:10 a.m. on Thursday, May 18th**. We will travel by charter bus to Camp Fitch. Parents are asked to drop off their children with all of their camping gear at the school at **6:15 a.m.** on the departure day. Please honor our system that will be set up with teachers directing traffic. Also, please do not arrive before 6:15 a.m., as you will interrupt the charter bus traffic and supervision of students will not be available. Students are to be dropped off in the cafeteria parking lot.

A list of all required gear will be sent home as we get closer to our departure date. Due to limited space on the buses, we ask that only one small-to-medium suitcase or duffel bag plus sleeping gear is taken to camp.

Students will return by charter bus to Dodge Intermediate School at approximately **6:15 p.m. on Friday, May 19th**. Parents are to pick up their children no later than **6:30 p.m.** Please make necessary arrangements in advance.

Dodge teachers will accompany the students to Camp Fitch to supervise educational programs and social events. In addition, we will take a registered nurse and many high school counselors to work with your children. Also, professional naturalists and the Camp Fitch staff will teach special programs and classes.

The camp experience is offered on a voluntary basis, so parents may choose not to send their child to camp. Any student not attending camp will have regular classes at Dodge Intermediate School during the two days of camp. Please

provide a written notice to your child's homeroom teacher if your child does not plan to attend Camp Fitch.

As you know, the candy sale fundraising program helped reduce the cost of the camp fee. The cost of the two days of camp is **\$195** for each student. For those students that participated in the candy sale, the camp cost is reduced by **\$30** per box of candy sold. **Please look at the bottom of this page for the total cost of camp for your child.**

The deadline for payment of the camp fee and completed permission/medical information page(s) is Thursday, April 13th. This deadline is established in order to give Camp Fitch time to prepare for our arrival and for us to prepare each camper's individual schedule. Payment should be turned in to your child's homeroom teacher (cash or check to Dodge Intermediate School) or paid online through EZ Pay (found under the Parent tab on the TCSD website).

Included with this letter is a permission form and informational packet, which must be completed and turned in by **April 13th** also. **Any medication, along with the signed permission form attached, must be brought to the Dodge clinic no later than April 28th.**

If you have any questions about the camp program, please contact your child's homeroom teacher or Mrs. Schmauch (6th grade Team Leader x2231). We are looking forward to a rewarding and successful trip to Camp Fitch with your child!

Kindly,

Mrs. Lisa Schmauch
6th Grade Team Leader

Mr. Reginald Holland
Principal

_____ owes \$ _____ for Camp Fitch.

Camp Fitch Student Expectations

- Respect yourself, others, and the camp grounds
- Be responsible at all times
- Follow the directions of all teachers, camp staff, and counselors
- Pay attention during the camp tour
- Follow your individual schedule at all times
- Ask for help and directions when needed
- Be on time to all classes and activities
- Actively participate in all classes and activities
- Do not bring candy or gum to camp with you
- Keep the camp grounds, cabins, and cabents clean
- Keep track of your personal belongings
- Have a great time!

**Dodge Intermediate School
Twinsburg City School District
Twinsburg, Ohio 44087**

Parental Approval Form for Educational Trips outside Ohio but within the United States

Dear Parents/Guardians:

Your child is eligible for participation in an educational trip described below. The following form is divided into four sections which: (1) identify your child and the trip for which your child is eligible; (2) provide pertinent medical data; (3) establish a procedure for emergency treatment; and (4) set forth the conditions and limitations upon Board liability in connection with your child's participation. Please read the form carefully and provide the necessary information. No child will be permitted to participate in the trip unless a completed form has been submitted first, signed by both parents or by a single parent having sole custody of the child.

Students will be traveling by charter bus to Camp Fitch, North Springfield, PA, and will leave Dodge Intermediate School at 7:10 a.m. on Thursday, May 18, 2017. Students will be returning to Dodge at approximately 6:15 p.m. on Friday, May 19, 2017.

1. Personal Information

Student Name (First/Last): _____

Address: _____

Contact Phone #: _____

Alternate Phone #: _____

Mother's/Guardian's Name: _____

Address: (if different from the student): _____

Best Contact Phone #: (if different from above): _____

Work Phone #: _____ Cell Phone #: _____

Father's/Guardian's Name: _____

Address: (if different from the student): _____

Best Contact Phone #: (if different from above): _____

Work Phone #: _____ Cell Phone #: _____

2. Medical Data

- Is this your child's first trip away from home without parents? _____
- Is your child a sleep-walker? _____
- Is your child allergic to any drugs or foods? (If yes, please list below): _____

- Is your child allergic to bee stings? _____
- If yes, what do you usually do if he/she is stung? (Medication and proper forms must be provided).

- Is your child susceptible to motion sickness? _____
- If yes, please state what treatment, if any, you request to be administered.
(Medication and proper forms must be provided).

- Date of your child's last tetanus shot: _____
- Does your child have any medical conditions of which the school personnel should be aware? (Heart condition, diabetes, seizures, recent injuries, asthma, or other illnesses, etc.) If yes, please describe below:

- Is your child currently taking any medication (prescription or over-the-counter, including Tylenol, Benadryl, cold medication, etc.) in which he/she will be taking during the trip? NO: _____ YES: _____

If YES is marked above, please indicate medications on the following form.

- Do you have medical insurance that covers your child? _____

If yes, please state the name of the insurance company and policy number below:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____