

# 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 1- Friday, November 3

Money and Forms Due: Wednesday, September 27

Parent Meeting and Medication Drop Off : Wednesday, October 25 @ 5 pm

## WHERE TO TURN IN MONEY AND FORMS

Mrs. Beardslee (Room 113)

Ms. Haithcock (Room 206)

## WHO

8th grade students

## HOW

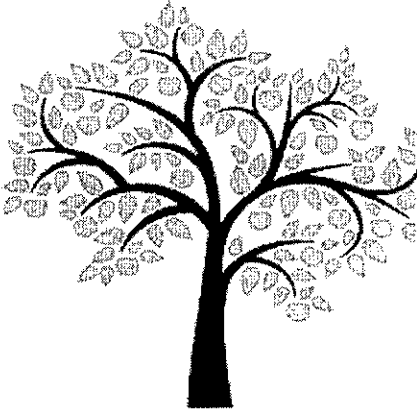
Be one of the first 40 students to bring your money and all of your signed forms to confirm your spot.

## HOW MUCH

Total trip cost is \$265 - includes transportation and all meals.

Make checks payable to Liberty Middle School.

Please include Driver's License # and Phone #

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

## PARENT LETTER



McDowell Environmental Center  
105 Delong Road  
Nauvoo, AL 35578

Dear Parent or Guardian,

McDowell Environmental Center's philosophy is to teach students in the great outdoors and give them a lifetime of memories and experience. Your child will be learning through hands-on environmental science classes, seeing nature up close in a 1,140-acre outdoor classroom. Our instructors have been trained in a child-centered, experiential approach to teaching and are passionate about sharing the natural world with students and adults. We would like to mention a few important items worth emphasizing about your child's upcoming visit to ensure their safety and comfort while away from home.

**Appropriate Clothing:** We offer hands-on science and team building classes, so we spend most of our time outdoors, even in the rain and cold. Please help your child be prepared with appropriate clothing, as indicated on the "Bring-Along List." In truly inclement weather, we have ample indoor teaching space.

**Student Health Form:** We have a full time resident RN and EMT here to help keep your child safe and healthy. For your child's well-being, please complete both sides of the 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 our program.* It is important that you complete and sign the front and back of the Health Form.

**Medications:** All medicines must be in their original containers. 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.*

**Acknowledgement of Risk Form:** If your child's teacher has chosen either our Team Challenge or one of the "high ropes elements," an Acknowledgement of Risk Form should accompany this packet of information. Please ensure that the student's name and your signature are on this form so that your child can participate in all of the activities.

Your child's school teacher will send home all information. The teachers from your school will select chaperones for the trip. If you have any questions regarding our program, personnel or facilities, please feel free to call us or visit our web site at [www.mcdowellec.com](http://www.mcdowellec.com).

Jen Kopnicky, Director  
jenk@campmcdowell.com  
205.387.1806 ext. 109

# Madison City Schools Field Trip Permission Slip

School: Liberty Middle School Grade: 8 Date: 8/28/2017

**Memorandum to Parents:**

On 11/1/17 our class will be taking a field trip to Camp McDowell  
Date Name of Place

At 105 Delong Road Nauvoo, AL 35578 at approximately 8 o'clock.  
Location Time

To Liberty Middle School at approximately 2:00 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 not receive another permission slip, however, you will be notified of the change.

Please complete, sign and return the lower portion no later than September 27, 2017.

C. Beardslee  
Teacher's Signature

[Signature]  
Principal's Signature

### Madison City Schools Field Trip Permission Slip

Teacher Name C. 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 115 Delong Road Nauvoo, AL on 11/1/17  
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 of 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:

School: \_\_\_\_\_

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# 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: Female/Male (Please circle one)
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
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
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."

**ACCIDENT INSURANCE COVERAGE**

Accident insurance costs are covered in the program fee and protect all students throughout the program. The maximum benefits are: Sickness, \$1000; Accidents, \$2500; and Loss of Life, \$2500. Parents or guardians are responsible for expenses in excess of these amounts.

**MEDICAL AUTHORIZATION AND RELEASE**

"I AUTHORIZE THE NURSE, EMT, OR AUTHORIZED SCHOOL PERSONNEL THE TASK OF ASSISTING MY CHILD IN TAKING THE ABOVE MEDICATIONS.

I GIVE THE NURSE AND EMT 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 AND EMT 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."

"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

# **STUDENT ACKNOWLEDGEMENT OF RISK FORM**

## ***WAIVER OF LIABILITY for McDowell Environmental Center***

Camp McDowell - 105 Delong Road - Nauvoo, AL 35578



Dear Parent / Legal Guardian,

Your child's teacher has chosen one or more of the following for your child to participate in at McDowell Environmental Center: Team Challenge, Power Pole, Climbing Wall and/or Trust Swing.

**Team Challenge** is a series of challenges and obstacles for a group to overcome. The purpose of the course is to teach teamwork and cooperation. At times, participants will be two to six feet off of the ground on ropes, cables or logs. During these activities, your child will depend on their classmates for physical and emotional support and on our instructor to guarantee strict adherence to safety guidelines.

**The Power Pole, Climbing Wall and Trust Swing** are all twenty to thirty feet high ropes course elements. While off the ground, all participants will be secured by a rope and harness safety system operated by a trained instructor. The purpose of these activities is to build group trust and self-confidence.

Our insurance carrier requires that all participants have a signed waiver which holds Camp McDowell and its staff harmless from any and all liability if an accident should occur. Camp McDowell has used these activities since 1974, and *this requirement is not the result of any problems, injuries or accidents at the camp*, but simply a requirement of the liability insurance carrier.

By signing this waiver, you accept responsibility for your child who is willingly participating in a program where there are certain inherent risks and dangers. **Please note that your child has the choice to not participate.** You must understand that the risk involved in participation may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. You understand that, in case of injury, initial treatment may be performed by the staff of Camp McDowell and there may be need for transportation to medical facilities in Jasper, Alabama.

After reading above, I certify that my child is completely healthy (both physically and emotionally) and capable of participating in these activities. I understand that it is solely my responsibility to determine whether there is any medical reason that he/she should not participate in any of the activities.

I assume all of the above inherent risks and any other ordinary risks incidental to the nature of these activities which are not specifically foreseeable. I will hold Camp McDowell harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss otherwise which may arise from my child's participation. By signing this waiver I release Camp McDowell and its staff from any negligence incurred. My child enters into this activity voluntarily, and I take full responsibility for the decision for him/her to participate or not to participate.

**PLEASE NOTE THAT YOUR CHILD CAN NOT PARTICIPATE UNLESS YOU RETURN THIS SIGNED FORM!**

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Name of **Student** (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

# 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 rain coat or poncho (and warm clothes if applicable). Classes are held outdoors rain or shine.

## **REQUIRED:**

- \_\_\_ 2 water bottles (20oz or larger)
- \_\_\_ rain coat 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 (max. \$40)
- \_\_\_ sandals for shower
- \_\_\_ journal
- \_\_\_ bug repellent (non-Deet only)

## **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!



# 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  
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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.

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