

June 18, 2010

Dear Sixth Grade Parents,

Sage Ridge School's Outdoor Education Week is September 13 through September 17, 2010. The entire student body and faculty will be participating on grade level trips. Regular classes will not be held. The Outdoor Education Trip Informational Meeting for parents is scheduled for Thursday, September 2, 2010 at 6:00 p.m. at Sage Ridge School. This is an important meeting for parents to attend. The faculty members for each trip will be present to answer any questions and to provide essential trip information. Please mark your calendars.

The 6th grade will travel to Golden Gate National Recreation Area in California to the campus of Headlands Institute, a well-established outdoor education organization. Their staff, naturalists, facility, organization and curriculum make this an exceptional experience for our students. Sage Ridge School faculty will join each of the trail groups and be a part of all the activities throughout the week. Students will depart Sage Ridge School at 8:30 a.m. Monday, September 13 and travel to Headlands Institute (near Sausalito, CA) by chartered bus. Students will return to Sage Ridge by 3:15 p.m. Friday, September 17. Please supply your child on the departure day with a bag lunch, drink and snack for the bus ride. Lunch on the return will be provided.

On Book Day, August 23, there will be an area dedicated to an **Outdoor Gear Swap and Share:** the swap and sharing of outdoor equipment and clothing. If you have anything to give to the swap or share with another family, a list will be established to keep track of the Sharing between families, please keep this mind over the summer. Consider your child's outgrown boots, rain jackets, extra sleeping bag, etc. and please bring it to the Great Space by Friday, August 20.

Please find attached the required forms to be completed by you on behalf of your child and returned to Mrs. Stephens, Divisional Assistant, no later than Friday, August 27. Please do not hesitate to call or email me about this trip.

Sincerely,

Colburn Shindell
Outdoor Education Coordinator
cshindell@sageridge.org

REQUIRED CLOTHING AND EQUIPMENT

This list (also available in Spanish) is for all HI participants. While going through the list, keep in mind the number of days you will be at our campus. ***Check off item once it's packed.***

REQUIRED FOR HIKING DAY

- Lunch from home **on the first day only.**
- Day pack — large enough for lunch, jacket, rain gear, journal and water bottle.
- Water Bottle — unbreakable, leak-proof one quart (or more) plastic bottle without a straw. Drinking water bottles (e.g. Calistoga, Evian, etc.) are fine.
- Rain gear — complete rain jacket and pants or poncho (coated nylon is best).
- Sunscreen — SPF 30 or higher.
- Chapstick / lip balm with SPF.
- Hats — 1 for sun protection, 1 for warmth.
- Handkerchief — to be used as a lunch place mat.
- Foot gear — sturdy, ankle supporting and preferably waterproof for hiking.
- Jacket — stuffable nylon or thick fleece is a good choice.
- Pen or pencil.
- Personal medications, as needed (coordinate with teacher).

REQUIRED FOR OVERNIGHT (after 4p.m.)

- Foot gear — in addition to the hiking pair, bring a comfortable pair to wear on campus.
- Warm sleeping bag and pillow (sheets and thick blankets are fine).
- Long pants — bring at least one extra pair.
- Shirts — extra as needed, long sleeve are best to accommodate the changes in weather.
- Warm layers.
- Socks and underwear— one pair per day plus one extra (a few thick hiking socks if possible).
- Pajamas or equivalent (sweats, etc.).
- Toiletries — comb or brush, toothbrush, toothpaste, soap, shampoo, etc.
- Bath towel and washcloth.
- Sandals to wear in the shower.
- Personal medications, as needed (coordinate with teacher).

OPTIONAL

- A twin-size fitted sheet (**highly recommended**).
- Gloves or mittens — one pair.
- Sunglasses.
- Camera.
- Alarm clock (**adults only**).
- Flash light (**adults only**).

DO NOT BRING

- Candy, sodas or extra food of any kind (except for lunch on the first day).
- Electrical or battery powered equipment (video games, CD players, iPods, etc.)

HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

Do you have, or have you had, any of the following conditions or symptoms?

Current Medical Conditions		Diseases		Allergies	
1. Bleeding/Clotting Disorders	Yes No	13. Chicken Pox	Yes No	If Participant Has Allergies:	
2. Asthma	Yes No	14. Measles	Yes No		
3. Diabetes	Yes No	15. Mumps	Yes No	23. Do you carry own	
4. Ear Infections	Yes No	16. Other Diseases	Yes No	Epi-pen?	Yes No
5. Heart Defects/Hypertension	Yes No			24. Do you carry own	
6. Psychiatric Treatment	Yes No			Inhaler?	Yes No
7. Seizure Disorder	Yes No			Date of last Tetanus shot:	_____
8. Immuno-Compromised	Yes No				
9. Sleep Walking	Yes No				
10. Bedwetting	Yes No				
11. Other	Yes No				
12. Hospitalized in the last 5 yrs?	Yes No				

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question No.	Explanation

Health Questionnaire: (Attach additional pages if necessary to provide complete information.)

Is the participant taking any medication? Yes No Please list all medications** the participant is taking and the purpose of each.

****Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike? Yes No Are there any restrictions on the participant's physical activity? Yes No

Please describe _____

Does the participant eat **red meat**? Yes No **Poultry**? Yes No **Fish**? Yes No

Does the participant have any **food allergies**? Please specify _____

Does the participant have any **food restrictions**? Please specify _____

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

Name of Physician _____ Telephone Number _____

Medical Insurance carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional information attached: Yes No

AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN

I agree the above information is correct to the best of my knowledge, and I authorize any adult chaperone or NatureBridge Staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize NatureBridge staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of Nature Bridge's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

****MUST SIGN**** Signature of Parent/Guardian _____ Date: _____

Print Name of Participant: _____ **Date:** _____

