

Please refer to School Committee Policy File: ICCA

Supervising Teacher: Claudia Fox Tree/Sharon Hobbs

Teacher(s)/Chaperone(s) Name (Print)*

Claudia Fox Tree

Rosemary Heffernan

Keith Johnson

Jenny Nam

Sharon Hobbs

Dan Pereira

Jaime Moody (not all days)

Elizabeth Averch (not all days)

Signature

Claudia Fox Tree
Rosemary Heffernan
Keith Johnson
Jenny Nam
Sharon Hobbs

Dan Pereira

*If chaperones are not identified at the time the trip is proposed, a complete list must be provided by the supervising teacher to the Principal prior to departure.

Have arrangements been made to ensure that all students can participate? ☒ yes ☐ no

Describe: _____

Who will be responsible for: first aid _____ School Nurse *M. Richiichi* medications _____ School Nurse *M. Richiichi*
 epi pen _____ School Nurse *M. Richiichi*

Nurse Contacted: ☒ Yes ☐ No

Nurse's Signature

Date

☒ Approved☐ Disapproved☒ Approved☐ Disapproved

Principal's Signature

Date

Superintendent's Signature

Date

Attach statements addressing each of the following: relevance to educational program and explanation of purpose of trip; destinations and itinerary of trip; explanation of transportation plan; explanation of arrangements for accommodations; copies of information and communications to be given to parents; agenda for parent information meeting(s). [See Policy IICA for more details.]



LINCOLN PUBLIC SCHOOLS

SHARON HOBBS
PRINCIPAL, GRADES 5-8

October 18-21, 2016 Lincoln School Grade 7 Overnight Field Trip to Sargent Center for Outdoor Education

GOALS

The seventh grade overnight field trip has two primary goals. The first is to offer students a team building experience in the fall of their seventh grade year that can be built upon for the remainder of the year. The second is to support and reinforce science concepts that will be introduced during the course of the year.

In the course of the four days, students have opportunities to complete "challenge by choice" activities that include a high ropes course where they wear harnesses and work together to meet personal goals. Typically, Sargent Center counselors have a small group of 15 or less students. Within this group, students practice social skills, form new relationships with peers, and practice the Sargent Center goals of cooperation, caring, communication, and commitment. Students also have time with their grade 7 teachers in an alternative setting which helps to build teacher-student relationships for the upcoming year.

In the past few years, the program staff at Sargent Center has worked closely with the Lincoln School to create a rich science program that gives students opportunities to put their science understanding to work in a real life setting. The science program is designed to help students become aware of and attuned to their natural surroundings. Activities focus on studying geologic structures and landforms, ecology, land and aquatic organisms, as well as climate change. These science structures reinforce concepts taught in the sixth grade Lincoln learning expectations, as well as previewing the Lincoln learning expectations for grades seven and eight.

The teachers feel strongly that the time at Sargent Center sets a tone for the year to which they can refer as they move forward.



LINCOLN PUBLIC SCHOOLS

SHARON HOBBS
PRINCIPAL, GRADES 5-8

October 18-21, 2016 **Lincoln School Grade 7 Overnight Field Trip** **to Sargent Center for Outdoor Education**

I hereby consent to my son's/ daughter's participation in the seventh grade field trip to the Sargent Center for Outdoor Education in Peterborough, NH from Tuesday, October 18 through Friday, October 21, 2016.

I understand that transportation for the children to and from Lincoln will be furnished by bus and that bus supervision will be by teachers.

I understand that during the time at Sargent Camp, my son or daughter will be under the supervision of one or more members of the Sargent Center staff, as well as Lincoln School staff.

I hereby also consent to whatever arrangements are made for my son or daughter generally consistent herewith, and any reasonable arrangement in case of emergency, including arrangements for emergency transportation and/or medical care, which is deemed necessary in such situation by the teacher, or, if unavailable, by any other adult supervisor.

I understand that the School Nurse, Maureen Richichi, will be at Sargent Center to administer medication, first aid, and other healthcare needs. I also understand that reasonable precautions for safety will be taken.

.....

Sargent Center Field Trip 10/18-10/21, 2016

Full name of student: _____

Signature of parent or guardian: _____

Date: _____

Emergency phone number: _____

Please return this form to your homeroom teacher by Wednesday, September 28, 2016.



LINCOLN PUBLIC SCHOOLS

SHARON HOBBS
PRINCIPAL, GRADES 5-8

Timetable for Sargent Center – **October 18-21, 2016:**

Wednesday, September 28

- Lincoln School permission slip – must be completed and returned to the school office.
- Sargent Center consent and health forms – must be completed and returned to the school.
- Fee for the trip must be returned to the school office – made payable to the Town of Lincoln
\$387.97

Thursday, October 6

All medications - properly packaged and labeled per the instructions in the camp medical form – due to the Lincoln School Nurse.

Tuesday, October 18

Luggage and supplies to school as we prepare for departure.

Friday, October 21

Return to school. We anticipate leaving NH after lunch in time for students to catch the 2:50 bus.

Medications:

You do not need to fill out the special medications form unless your child will be bringing medications to camp. There is no need to bring over-the-counter medications (analgesics, cough drops, etc.) to the camp. The EMT in the camp “nurse’s office” has a stock of such medications and will dispense them as needed.

If your child is going to bring any medication, prescription or otherwise, to camp, it must be given to the Lincoln School nurse before the day of the trip so that all medications can be put in the hands of the Sargent Center medical staff. Please check the packaging and labeling instructions on the camp form.

Questions – call Sharon Hobbs 781-259-9408 x1300

Medical questions – call Maureen Richichi, School Nurse, 781-259-9407

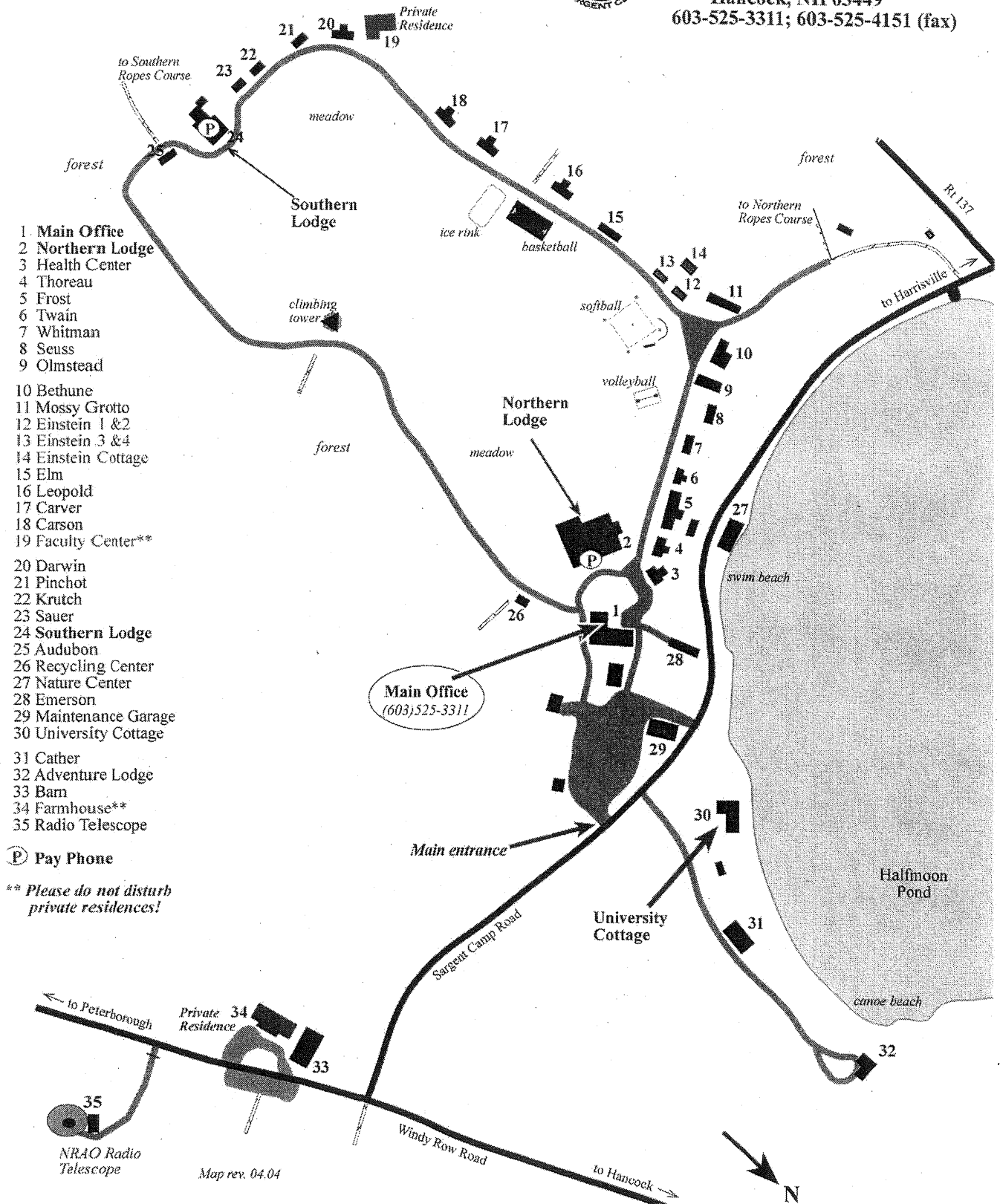
SAMPLE SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
10:30 Arrival 11:30 Welcome/Orientation	7:00 Wake Up	7:00 Wake Up	7:00 Wake Up	7:00 Wake Up
	7:30 Meadow	7:30 Meadow	7:30 Meadow	7:30 Meadow
	8:00 BREAKFAST	8:00 BREAKFAST	8:00 BREAKFAST	8:00 BREAKFAST
12:00 LUNCH	Transition 9:00 Climb Tower New England Pioneer	Transition 9:00 New England Pioneer Aquatic Biologist	Transition 8:30 Northern Ropes 9:00 Canoe Odyssey 12:00 FREE TIME	Transition 9:00 GPS Challenge All Groups Small Group Closure 11:00 Load Bus
	11:30 FREE TIME	12:00 FREE TIME		
	12:00 LUNCH	12:30 LUNCH	12:30 LUNCH	11:15 LUNCH
	Transition 1:00 Climb Tower Aquatic Biologist	Transition 1:30 Wilderness Skills All Groups	1:00 Northern Ropes 1:30 Canoe Odyssey 4:45 Snack 5:00 Free Time	DEPARTURE: 12:00
4:15 Snack & Teacher Meeting	3:30 Snack & Teacher Electives	3:50 Snack & Large Group Games		
5:00 Free Time	3:45 VLBA (Radio Towers)	5:00 Free Time		
6:00 DINNER	6:00 DINNER	6:00 DINNER	6:00 DINNER	
Transition 7:00 Reflection and Anticipation 8:00 Astronomer/Night walk	Transition 7:00 CONTRA DANCE!	Transition 7:00 Teacher Electives	Transition 7:00 Reflection and Anticipation	
8:45 Dining Hall 9:30 Quiet Time 9:45 Lights Out	9:00 To the Cabins 9:30 Quiet Time 9:45 Lights Out	9:00 To The Cabins 9:30 Quiet Time 9:45 Lights Out	8:00 Campfire 9:00 To The Cabins 9:30 Quiet Time 9:45 Lights Out	

Site Map

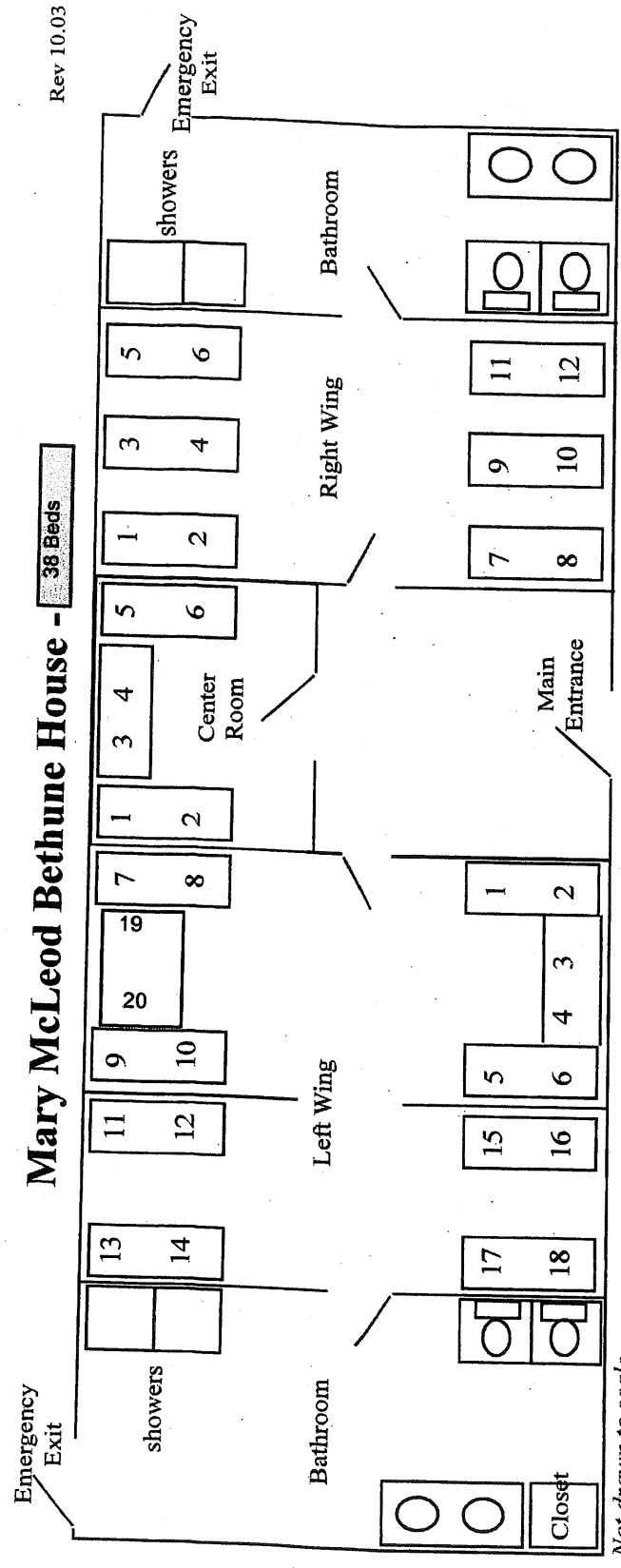


Nature's Classroom at
Sargent Center
36 Sargent Camp Road
Hancock, NH 03449
603-525-3311; 603-525-4151 (fax)



Mary McLeod Bethune House - 38 Beds

Rev 10.03



Not drawn to scale.

Left Wing

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____

Center Room

- Odd numbers = Top bunks
Even numbers = Bottom bunks
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

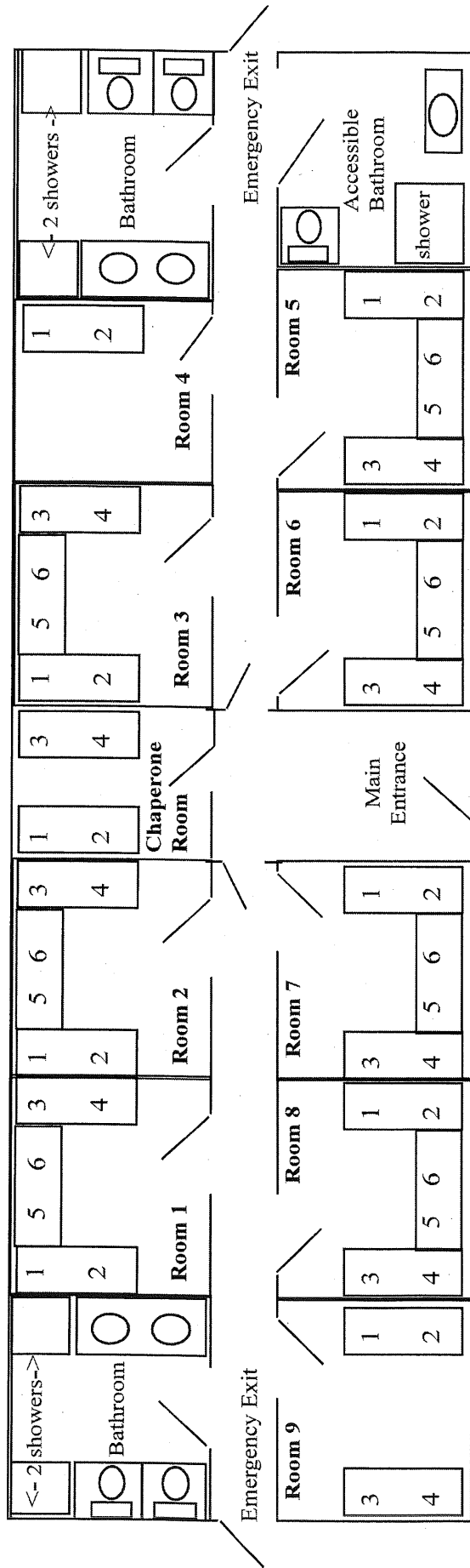
Right Wing

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____

Left and Right wings may be completely separate for dual gender occupancy.

Robert Frost House - 52 Beds

Rev 10.03



Not drawn to scale.

Chaperoone Room

- 1) _____
 2) _____
 3) _____
 4) _____
 Room 1
 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____
 Room 2
 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____

Odd numbers = Top Bunks; Even numbers = Bottom Bunks

Room 7

- 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____
 Room 8
 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____
 Room 9
 1) _____
 2) _____
 3) _____
 4) _____

Room 3

- 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____

Room 5

- 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____

Room 4

- 1) _____
 2) _____

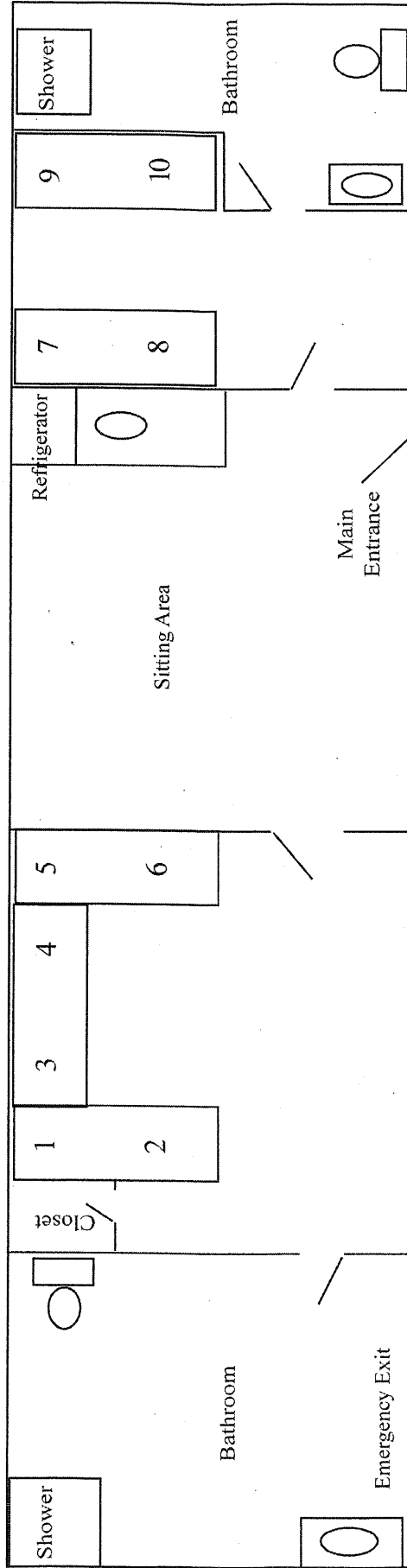
Room 6

- 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____

Left and Right wings may be completely separate for dual gender occupancy.

Emerson

Rev 10.03



Not drawn to scale.

Odd numbers = Top Bunks
Even numbers = Bottom Bunks

Left Side

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Right Side

- 7) _____
- 8) _____
- 9) _____
- 10) _____

Left and Right wings may be completely separate
for dual gender occupancy.

Nature's Classroom

Sargent Center at Hancock, NH



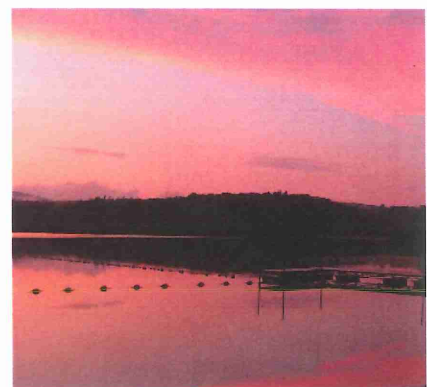
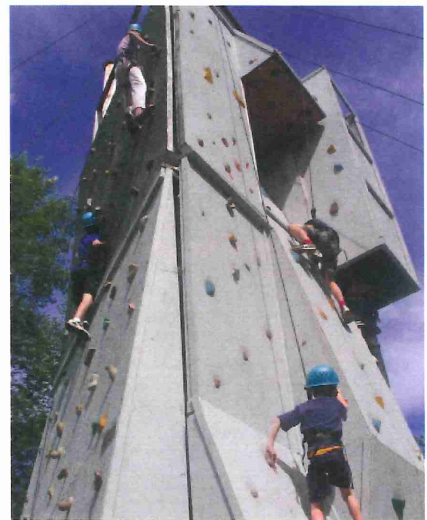
DIRECTIONS

From the North: Take I-89 to exit 5 (Routes 9/202 West Henniker/Keene). Follow Routes 9/202 west into Hillsborough, about 15 miles. Take exit for 202W/Peterborough. Follow 202W for 19 miles. Turn right onto 101 west. Continue on 101 west for 2.4 miles past traffic light. Turn right onto Union Street. See from Union Street below.

From the South: Take I-91 north to Brattleboro, VT. Take exit 3 for US 5/Brattleboro/VT 9E/Keene. At the traffic circle take VT 9 east. Cross bridge into New Hampshire. Drive through 5 traffic lights onto 101 east. Continue on 101 east through Dublin and through the blinking yellow light at the Route 137 junction. Turn left onto Union Street. Follow from Union Street below.

From Boston and the East: Take I-95 north/Route 128 north to Route 3 north (exit 32A). Follow Route 3 north into NH and to Route 101A west (exit 8). Follow 101A west 6.4 miles. Take left ramp to Route 101 west. Follow 101 west for 5.1 miles to the second traffic light. Turn left to stay on Route 101 west. Continue 14.4 miles to traffic light in Peterborough. Continue on 101 west another 2.2 miles to Union Street. Turn right onto Union Street. Follow directions from Union Street below.

From Union Street: Follow Union Street 1 mile to Windy Row. Go left onto Windy Row and continue 3.4 miles. Turn left onto Sargent Camp Road. Drive 200 yards. Parking lot is on the left. Note to buses: Keep right in the parking lot, drive through the gate, and discharge passengers in front of the office.



CONTRACT

PARTIES INVOLVED:

This is an agreement between Nature's Classroom, Inc. and Lincoln Public Schools

Lincoln MA

(called "the School").

DATE:

The School will attend the Nature's Classroom program starting Oct 18 and ending Oct 21, 2016.

SITE:

Nature's Classroom agrees to lease its site in Hancock, NH.

SERVICES: Nature's Classroom agrees to provide the following services:

- a) housing for students and staff,
- b) complete food service with meals from lunch on the starting date through lunch on the termination date,
- c) program staff on a 1:12 student ratio for the execution of the educational program,
- d) the reasonable use of recreational facilities only when supervised by school personnel,
- e) the use of all utilities (with the exception of the telephone),
- f) a medical person on call,

FEES:

EXCLUSIVE USE:

The School agrees to pay a fee per student dependent upon the total number of children attending the program

and based on the following price scale: _____, _____, _____.

Other activities not involving the assigned Nature's Classroom staff may be going on during the same period using separate facilities.

SHARED FACILITIES:

If your group is willing to share facilities and staff with another group, the price per student is \$352.00.

ADULTS:

The School is allowed one free adult supervisor for every living space occupied. In addition, living spaces housing 20 or more children are allowed 2 free adults. For one additional adult per living space the School agrees

to pay a fee of \$80.00. For any additional adults beyond the above ratio the School agrees to pay a fee equal to 70 % (percent) of the student cost.

OTHER FEES:

In addition, the School agrees to pay the following fees as described below:

Sleep-in coverage \$10.00 per student per night (\$30.00 per student)

DAMAGE:

The School agrees to reimburse the site for damages caused by **vandalism** or improper use of facilities.

(OVER)

RESTRICTIONS:

The School agrees to the following restrictions on use:

- a) at least one (1) adult supervisor will remain on site at all times,
- b) there will be no swimming, boating or high ropes course usage,
- c) none of the adult supervisors will store or consume alcoholic beverages on camp grounds,
- d) adult supervisors will smoke only in designated areas,
- e) no fires will be allowed except in designated areas and under proper adult supervision.

SUPERVISION:

The School agrees to be responsible for supervision during those times when Nature's Classroom staff are not directing activities and during daily and final clean-up times.

MEDICAL SERVICES -- PLEASE CHECK ONE OF THE FOLLOWING:

You will note that your contract guarantees you "a medical person on call." This medical person is on call to deal with medical emergencies. Often times this medical person is also one of our teaching staff and is only available for emergencies. It is Nature's Classroom's belief that the medical coverage in this contract is providing students with excellent care. Parents give permission to our staff to administer medical care, over-the-counter medications and medications prescribed by their family physicians. Medications sent by parents will be made available to their children at the correct times and recorded in our log books. Nature's Classroom also works under standing orders from our cooperating physicians. There are emergency medical centers and services near the facilities. All adults on site (Nature's Classroom staff and school chaperones) will be available to provide medical assistance to the students. If your group requires additional services, we may be able to provide them at an additional fee.

_____ The medical services provided with our contract are sufficient; we do not request additional services.

_____ We need to request additional medical services. You must return the enclosed request form.

Nature's Classroom by: Kathleen M. Thunen Date: Feb 22, 2016

The School by: _____ Date: _____

A \$ 105.00 per student non-refundable deposit is required by: Apr. 14, 2016.

We estimate that _____ boys and _____ girls will attend Nature's Classroom.

We plan to bring _____ male and _____ female chaperones. Grade is _____.

ADDENDUM (To be filled out by Nature's Classroom)

Nature's Classroom by: _____ Date: _____

The School by: _____ Date: _____

Our belief is that the medical coverage in the Nature's Classroom contract is providing students with excellent care. Parents give permission to our staff to administer medical care, over-the-counter medications and medications prescribed by their family physicians. Medications sent by parents will be made available to their children at the correct times and recorded in our log books. Nature's Classroom also works under standing orders from our cooperating physicians. There are emergency medical centers and services near all of the Nature's Classroom facilities. During the course of a day at Nature's Classroom all adults on site (Nature's Classroom staff and school chaperones) will be available to provide medical assistance to the students. We will continue to offer employment to as many Registered Nurses, Emergency Medical Technicians, and individuals certified in Wilderness First Aid or First Aid and CPR as we can locate and hope that they choose to be on our medical staff.

The cost for a 24 hour RN request is \$1,200.00 per week. The cost for a 24 hour EMT is \$350.00 per week. Schools with a specific serious medical need will be given priority in assigning an RN to a site. Please realize that this medical person is not assigned to a specific child with needs or only to your school, but will provide coverage for all students on the site that week. Medical staff cannot accompany field groups or classes. Nature's Classroom will only be able to offer a limited number of Registered Nurses on any given week. This means that if your request is beyond that number we will not be able to accommodate your request. There are three possible solutions to that situation:

- a) move to a different date that has fewer RN requests,
- b) choose one of the alternative health staff choices listed below, or
- c) seek out within your parent community a Registered Nurse that can accompany your group to Nature's Classroom.

If you have questions or concerns regarding these policy changes, please contact Dr. John Santos at 800-433-8375. Thank you.

MEDICAL SERVICES REQUEST FORM

NAME OF SCHOOL: Lincoln
ADDRESS: Ballfield Rd. TOWN: Lincoln STATE: MA
CONTACT NAME: Sharon Hobbs PHONE: _____

This request will be added to your contract as an ADDENDUM if the request can be accommodated.

FULL TIME MEDICAL STAFF ON SITE:

_____ The staff member will be available for 4 general health calls (meal times and bedtime) per day and will also be available other times as needed. (Cost \$100.00)

SPECIFIC FULL TIME MEDICAL STAFF ON SITE:

In all cases, the medical staff will be available for 4 general health calls (meal times and bedtime) per day and will also be available other times as needed.

_____ Full time EMT on staff (Cost: \$350.00)

_____ Full time RN on staff (Cost: \$1,200.00) Schools with a specific serious medical need will be given priority in assigning an RN on site.

We are bringing our school nurse

School Program at Sargent Center

Dear Parents,

Your child will soon visit Sargent Center for an environmental and adventure education program. The health and safety of your child is important to us. Please review the following information before completing the HEALTH INFORMATION AND CONSENT FORM. (pages 1 and 2) **must** be completed by the parent/guardian. The child's physician must complete the HEALTH MEMORANDUM (page 3). If you have questions call our nurse at (603) 525-3311 x19.

EXPLANATION

1) Medical Consent: (page 1) Addresses two areas: First, "I consent to and authorize...", a parent or guardian **must** sign for a Sargent Center staff to provide medical care. The second area requires a parent or guardian's signature **only** if you want certain medical care withheld.

2) Waiver and Release: (page 1) Parent or guardian must sign this section. **Children without signed waiver forms may not participate in School Programs.**

3) Health Information (page 2) Parent or guardian must fully complete this portion. Please note: Your child must be kept home for at least 24 hours if showing signs of a contagious illness when he or she is scheduled to visit Sargent Center. If your child has been ill for 2 days before attending Sargent Center or has had a serious injury, please keep your child at home. A doctor's release is required for an ill or injured child to attend.

4) Health Memorandum for Sargent Center: (page 3) Any child visiting Sargent Center must have had a complete physical examination within **two years** of attendance. The form on page 3 may be used for this purpose and must be accompanied by the child's immunization records. Alternatively, a signed physical undertaken for any other purpose (such as summer camp or athletic activities) or the current school physical form may be submitted instead accompanied by the child's immunization record.

MEDICATION INFORMATION

New Hampshire state law prohibits children keeping medications. Therefore, all prescription medications, over-the-counter medications, inhalers, Epi-pens, vitamins, Homeopathic medications and medicated creams will be collected at school, checked in, and stored in Sargent Center's Health Center. Inhalers and Epi-pens are exceptions. They are held by staff and are available to children at all times while at Sargent Center. Please note, they must be in the original container or they will not be administered.

- **Sargent Center Medications:** Sargent Center staff have "standing orders" from Monadnock Regional Pediatrics and keeping on hand generic equivalents of many common over-the-counter medications such as Tylenol or Advil. To allow your child to receive these medications, you must give your permission by completing section 3A, page 2.

- **Sending Non-Prescription Medications to Sargent Center:** Non-prescription medication must be in the original container with the administration directions intact (no baggies or film containers, please). Label each package with your child's name and the school's name, and place in a clear plastic bag. Section 3B (page 2) must be completed and signed by parent/guardian to permit Sargent Center staff to administer these medications.

- **Sending Prescription Medications to Sargent Center:** Each prescription medication must be in its original pharmacy container with the child's name, dosage instructions, and physician's name. Complete directions with a physician's signature must accompany the medication (see section 4A page 3). Dosage and administration instructions on the container must be the same as directions with physician's signature and parent's instructions.

SUPPLEMENTAL INSURANCE: FOR EACH PARTICIPANT: NATURE'S CLASSROOM IS PROVIDING AN ACCIDENTAL DEATH BENEFIT OF \$50,000. IN ADDITION, WE ARE PROVIDING AN ACCIDENTAL MEDICAL EXPENSE BENEFIT OF \$10,000 WHICH IS OVER AND ABOVE YOUR INSURANCE COVERAGE. PRE-EXISTING CONDITIONS ARE NOT COVERED. SICKNESS BENEFITS ARE NOT COVERED-THIS IS AN ACCIDENT ONLY BENEFIT.

There are **five** places that require a parent/guardian signature and **one** place for a physician's signature. Please be sure you have signed in each place and have provided all pertinent information. Make sure you have followed all instructions for sending supplies and medications to Sargent Center.

SARGENT CENTER

HEALTH INFORMATION AND CONSENT FORM FOR SCHOOL PROGRAM

(Page 1 and 2 to be completed by Parent/Guardian, Page 3 to be completed by physician. We suggest retaining a copy of this form for your files, as it cannot be released or used for any other program.)

Name _____ Date of Birth _____ Gender _____ Age _____ Ht. _____ Wt. _____

Custodial Parent's/Guardian's Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

School attending with: _____ Preferred e-mail address _____

1st Parent Name _____ Phone: H () _____ Bus. Phone () _____
Cell Phone () _____

2nd Parent Name _____ Phone: H () _____ Bus. Phone () _____
Cell Phone () _____

Please list any additional parent/guardian phone numbers on a separate piece of paper and attach to this form.

Emergency Contact (other than parent) _____ Home Phone () _____

Business Phone () _____ Cell Phone () _____ Relationship to Child _____

Child's Doctor _____ Phone () _____

Child's Dentist _____ Phone () _____

Child's Orthodontist _____ Phone () _____

Health Insurance Co. _____ Policy # _____

1. MEDICAL CONSENT: Must be signed by parent/guardian

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at camp. I give my consent and authorization to the camp director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child* (See page 2 for information on Nature's Classroom supplemental insurance).

Signature of parent/guardian _____ Date _____

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e., blood transfusions), as follows: Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: Specify

Signature of parent/guardian _____ Date _____

2. WAIVER AND RELEASE: Must be signed by parent/guardian

I wish to enroll my child in the Program/Activity referred to above at Sargent Center, Hancock, New Hampshire. I recognize that some of the activities at Sargent Center involve physical risk, including the risk of serious injury. I hereby agree, on behalf of my child and myself, to assume all of the risks in connection with my child's attendance, including travel, except in the case of gross negligence or willful misconduct. I understand that in the event of an illness or behavioral problem, I may be required to pick up my child. The term Nature's Classroom shall include the corporation and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct Nature's Classroom is or could be legally responsible. I agree that the laws of the Commonwealth of Massachusetts shall govern this waiver and release. I affirm that I have read and understood this document.

Signature of parent/guardian _____ Date _____

PROMOTIONAL RELEASE: Must be signed by parent/guardian

I authorize Nature's Classroom to reasonable use of any and all images and statements of/by/about the camper during any part of the Sargent Center experience for promotional purposes.

Signature of parent/guardian _____ Date _____

3. IMPORTANT HEALTH INFORMATION: (To be completed by parent or guardian). To make your child's stay at Sargent Center as safe and pleasant as possible, please complete in full.

1. Allergies: Food, drug, or other allergies (insect bites, pollen)? ____ If yes, what? ____
Type of reaction: _____

2. Any existing medical or behavioral conditions (physical, mental or emotional)? _____

3. Is there any factor that makes it advisable for your child to limit program of physical activity, i.e. heart condition, recent fracture, surgery, asthma or fears? ____ If yes, describe? _____

4. Is your family experiencing any stressful situation (such as divorce, serious illness, or death) that might be a concern to your child at this time? _____

5. Dietary needs? (including vegetarian and lactose intolerant) _____

If yes, call the nurse at least one week prior to attendance to discuss special needs (603-525-3311, ext 19).

6. In order to protect your child from possible embarrassment, what would you like Sargent Center staff to know? _____

7. Does your child wet the bed? ____ Walk in his/her sleep? ____

8. Is your child prone to homesickness? ____ If yes, what are the indicators? _____

4. PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS THROUGH HEALTH CENTER.

Listed below are medications available at Sargent Center for occasional use as needed. Please check those medications your child may receive and sign on parent/guardian line.

For headache/minor pain:

____ Tylenol (acetaminophen)
____ Advil (ibuprofen)

For cold/allergy symptoms:

____ Sudafed
____ Benedryl (diphenhydramine)
____ Claritin (loratadine)
____ Robitussin cough syrup
____ Throat Lozenges

Other topical products:

____ Insect Repellent
____ Sunscreen
____ Hydrocortisone Ointment
____ Benadryl Anti-itch Gel
____ Aloe Vera

For stomach/bowel upset

____ Tums
____ Maalox
____ Pepto Bismol
____ Milk of Magnesia

For Poison Ivy:

____ Zanafel
____ Buji Wash
____ Calamine or Calagel Lotion

Does your child swallow pills? ____

I authorize the camp nurse or designee to assess the need for and appropriately administer the above checked medications.

Parent/Guardian Signature _____ Date _____

5. IF YOUR CHILD IS BRINGING NON-PRESCRIPTION (over the counter) MEDICATION TO CAMP, PLEASE COMPLETE AND SIGN THIS SECTION. MEDICATIONS MUST BE IN ORIGINAL CONTAINERS. SARGENT CENTER IS FORBIDDEN BY STATE LICENSING LAW TO DISPENSE MEDICATIONS THAT ARE NOT IN THEIR ORIGINAL CONTAINERS.

Medication Name: _____ Reason for administration _____

Complete directions for administration _____

Medication Name: _____ Reason for administration _____

Complete directions for administration _____

The above information and directions for administration of all medications is complete and correct. I authorize the camp nurse or his/her designee to use his/her discretion in giving the above medications as indicated.

Parent/Guardian Signature _____ Date _____

page 2

SUPPLEMENTAL INSURANCE: Any person participating in Sargent Center programs is covered by the Sargent Center Accident Policy. This SUPPLEMENTAL POLICY covers only accidental injury occurring in the course of attendance at the center. The policy provides EXCESS coverage in the form of blanket accident medical reimbursement with a deductible of \$250 and/or any other valid and collectible insurance coverage. The amount of the EXCESS medical reimbursement coverage is \$25,000. Also included is a \$10,000 accidental death benefit; a \$1,000 dental benefit and \$35,000 Paralysis and Coma benefit-all of the forementioned are EXCESS coverages.

SARGENT CENTER HEALTH MEMORANDUM

(This form or its equivalent must be completed by a physician or nurse practitioner)

New Hampshire State law recommends any child attending camp will have had a physical examination within two years of attending camp. **Physician's orders for prescription drugs to be taken at camp must be written within the current year.**

Name of Child _____ was examined on the following date _____.

In addition, the health history and immunization records have been reviewed.

Any existing medical condition (chronic or recurring illnesses?) _____

Health History (Please check all that apply)

_____ Allergies:

_____ Drug (specify) _____	_____ Type of reaction _____
_____ Food (specify) _____	_____ Type of reaction _____
_____ Environmental (specify) _____	_____ Type of reaction _____
_____ Asthma (Type) _____	_____ Well controlled? _____
_____ ADD or ADHD _____	_____ Well controlled? _____
_____ Mood or mental health disorder _____	_____ Well controlled? _____
_____ Diabetes (age of onset) _____	_____ Well controlled? _____
_____ Heart Condition (specify) _____	_____ Any limitations? _____
_____ Seizure Disorder (type) _____	_____ Well controlled? _____

Are there any factors which would preclude this child from participating fully, including a high ropes course, in the Sargent Center program? () Yes () No Specify activities to be limited: _____

EXCEPTION, COMMENTS, CONCERNS SPECIAL PROBLEMS, ETC.

Date of most recent exam _____ Last Tetanus Toxoid Immunization _____

Immunizations: _____ copy attached or _____ verified up-to-date.

Physician's Signature _____ MD Phone () _____

Print/Stamp Name _____

PHYSICIAN ORDERS FOR PRESCRIPTION MEDICATION

(Must be completed and signed by physician in order for Sargent Center to give medications)

MEDICATIONS MUST BE IN ORIGINAL CONTAINER. THE DIRECTIONS ON THE CONTAINER MUST MATCH THE PHYSICIAN'S WRITTEN ORDERS. A WRITTEN ORDER SIGNED BY THE PHYSICIAN MUST BE RECEIVED TO AUTHORIZE ANY CHANGE IN DIRECTIONS.

Is this child on any prescription medications? () Yes () No

1. Medication and dosage _____ Times of administration _____

Reason to administer _____

2. Medication and dosage _____ Times of administration _____

Reason to administer _____

3. Medication and dosage _____ Times of administration _____

Reason to administer _____

Physician's Signature _____ MD Phone () _____

page 3

What Students Should Bring

Hello, Parents!

We want your child to have a positive, healthy experience at Sargent Center. A way to ensure this is to pack appropriate clothing so your child is prepared to be outside, rain or shine: Much of what we do at Sargent Center occurs out-of-doors.

Waterproof raingear--a **rain coat** with a hood or **rain hat**, **rain pants** or a rain poncho that covers the torso and legs, and **water proof boots** and plastic bags to wear in the boots in case extra insulation is needed--is essential any time of the year. We do not recommend cotton clothing because when it gets wet, all insulative value is lost. **Wool, fleece, and polypropylene** are much better choices because all act as insulation and retain warmth even when wet. For winter, late fall, and early spring visits, please pack at least two pairs of wool or polypropylene socks, and at least two wool, fleece, or polypropylene shirts or sweaters. For winter, late fall, and early spring visits, please pack a **warm hat** that covers the whole head and ears. There is no need to buy your child new clothing for his or her visit to Sargent Center: Borrow the clothes or check yard sales. Labeling clothing with your child's name is helpful.

Packing proper clothes reduces chances your child will experience hypothermia, a lowering of body temperature to unsafe levels. While hypothermia can occur at any time of the year, people are at most risk when temperatures are 50-60 degrees, a gentle breeze is blowing, and people are wearing damp or wet clothes next to their skin.

Packing for Your Child's Visit to Sargent Center

Essentials:

rain coat, pants, hat
underwear (4+ pair)
jeans & warm pants (3-4 pair)
warm shirts/light shirts
heavy sweater/sweatshirt (2)
woolen socks (3+ pair)
sleeping bag or 2 sheets, 2 blankets
pillow
pajamas & slippers
canteen or water bottle
waterproof boots (1 pair)
small plastic bags to wear inside shoes & large ones for dirty clothes
day pack
chapstick/lip balm, sunscreen
Toilet kit with: soap in container w/lid, shampoo, comb & brush, towels, toothbrush & toothpaste.

Winter Additions:

warm, water resistant jacket (at least one)
water resistant snow or ski pants
insulated, waterproof boots (at least 1 pair)
warm hat (must cover ears and whole head)
gloves or mittens
woolen or polypro socks (5+ pairs)
long underwear (at least 2 pairs)
scarf or neck warmer
heavy wool sweater(s)

Spring, Fall Additions:

rain coat, pants, hat
hat w/visor
insect repellent/sunscreen
shorts
walking shoes or sneakers

Optional any time of the year:

Books, board games, flashlight, compass, bathrobe, tissues, camera & film, binoculars, sunglasses, musical instruments, notebook & pencils or pen, stamped addressed envelopes & stationery.

Please leave money, cell phones, pagers, electronic games, knives, hatchets, gum, food, candy, radios, tape recorders, and mess kits at home.

Remember to give 1) your child's health form and 2) all medications to your child's teacher or school nurse.

Activities at Sargent Center continue, rain or shine.

DEAR PARENTS,

Your child will soon have an opportunity to participate in a residential outdoor school program. This letter attempts to answer some of the questions parents usually ask. Please feel free to ask us about any other concerns you may have about the program. Outdoor environmental education uses the out-of-doors for learning experiences that cannot easily take place in the classroom. Students and teachers learning outdoor awareness in this extended classroom can use the experience to help in their understanding of the natural environment, their school subjects, and the way people live. The program includes activities such as examining life in lakes and swamps, investigating weather, Colonial and Native American skills, and confidence building group challenges. A variety of field walks, classes in all subjects, and evening activities insure an exciting, stimulating experience.

SUPERVISION AND STAFF: Students are supervised 24 hours a day. In addition to the classroom teachers and chaperones accompanying each visiting group, Nature's Classroom has a permanent staff residing on site consisting of a director, environmental teachers on 1:12 ratio, and a nurse, EMT or health staff person on call at all times.

HEALTH AND SAFETY: There is no requirement that students undergo a medical examination before attending Nature's Classroom. The program is physically intensive, however, and you may wish to consult your physician if there are any concerns that should be brought to the attention of the staff. Such guidance will assist them in planning the program of activities with the students. Please note any special health concerns on the Nature's Classroom medical forms. The forms **must** be completed before a student can attend. Health and safety are our most important objectives! A fully staffed and equipped hospital is less than 30 minutes away from all of our facilities. Every student is covered by insurance while attending the program.

CLOTHING AND EQUIPMENT: A clothing and equipment checklist is furnished. Particular care should be taken in supplying ample footwear and pants, as students frequently participate in activities in wet areas. Clothes should be chosen for comfort and durability, rather than style. Please add or delete items appropriate for the season (gloves, hats, parkas, etc.)

FOOD AND LODGING: Meals are prepared by a permanent cooking staff and are served family style. Special dietary needs should be noted on the medical forms. Students, visiting teachers, and chaperones are lodged in winterized dormitories and cabins. Parents are welcome to visit any of our Environmental Education Centers and to view the facilities; such visits, however, should be made before or after your child's experience, preferably midweek. The physical facilities are always open, so a weekend visit might be possible. You must call the site and make an appointment with the Program Coordinator before coming.

TELEPHONE: The telephone is **not** available for the students' use, and parents are asked not to call students **except in case of an emergency**. The Nature's Classroom telephone number is **603-525-3311**.

MAIL: Mail is most appreciated by students, but to be safe, allow **4 days** for delivery. Mail posted midweek may not reach Nature's Classroom until Friday after the group has left (please make sure there is a return address in case we need to send it back). Please include the name of both the student and the school to assist delivery. Mail should be sent to **Nature's Classroom, 36 Sargent Camp Road, Hancock, NH 03449**.

Greetings!

The purpose of this packet is to help you begin organizing your visit to Nature's Classroom. The following items need your prompt attention:

1. **Contracts.** To keep this date reserved, please sign the enclosed contracts and return ONE copy to us IMMEDIATELY. A stamped envelope is enclosed for your convenience. Please keep the other copy for your records.
2. **Fees.** For school groups waiving the right of exclusive use of our program, your price per child is stated in the contract. Please notify us if there is a change of more than five in your projected number of students. This will help us when matching groups and planning our staff size.

For school groups having exclusive use of the program and staff, your cost is determined by the number of children you bring to us in relationship to the sliding scale listed on the contract.

3. **Deposits.** A deposit of 30% of your anticipated total payment is requested by the date shown on your contract (please call us if you need to arrange an extension). Please round this off to the nearest \$100 and send a SINGLE check to our Charlton address. The remainder is due 2 weeks before your group's stay with us.
4. **Parent Meeting.** If you are in need of a Nature's Classroom representative at your presentation to your students' parents, now is the time to schedule. PLEASE DON'T WAIT UNTIL THE LAST MINUTE. We suggest that presentations be done early for several reasons: 1) parents will be able to send deposits with pre-registration forms (which provides you with an estimated number of participants); 2) parents can begin budgeting and/or fundraising for the balance due; 3) students can begin saving and/or earning the balance (we have banking-style envelope available – call to request as many as you need); 4) both parents and students will be informed about Nature's Classroom and will look forward to the experience.

Enclosed are forms for use in an informational packet that can be sent to parents:

- a sample parent meeting notice/pre-registration form,
- a sample weekly schedule,
- a listing of special interest classes,
- a sample menu (optional to send to parents),
- an overview of the Nature's Classroom program,
- information concerning insurance coverage.

Additionally, we've included health forms, a suggested clothing list, and further information for planning your stay at Nature's Classroom. We can make available copies of our certificates of insurance and/or "Sample Proposal for a School to Attend Nature's Classroom", if your school board or superintendent requests such information.

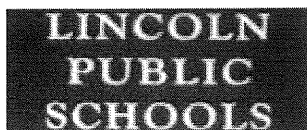
If you foresee any difficulty on returning the contract or the required deposit, or if you wish to schedule a parent meeting, please call either John at 800-433-8375 or Rich at 508-248-2741 immediately.

Thank you.

Sincerely,



KT Therrien
Administrative Assistant



Claudia FoxTree <cfoxtree@lincnet.org>

Fwd: Quote for next year Please 2016 Sargent Center

Denise Careau <dcareau@lincnet.org>
To: Claudia FoxTree <cfoxtree@lincnet.org>

Mon, Feb 22, 2016 at 8:47 AM

----- Forwarded message -----

From: **Jessica Scruton** <jessicas@dohertysgarage.com>
Date: Wed, Feb 17, 2016 at 4:08 PM
Subject: RE: Quote for next year Please 2016 Sargent Center
To: Denise Careau <dcareau@lincnet.org>

Hi Denise,

So sorry for the delay in getting you this quote.

October 18, 2016 (Tuesday)

8:30am pick up at Lincoln Schools and drop off at Sargent Center, Hancock, NH

2 buses = \$1,000.00 (\$500.00 per bus)

The additional hour fee of \$55.50/hr. (charged by the ¼ hr.) would apply should either/both buses not depart Lincoln Schools within 30 minutes of the scheduled pick up time.

October 21, 2016 (Friday)

11:30am pick up at Sargent Center, Hancock, NH and return to Lincoln Schools

2 buses = \$1,000.00 (\$500.00 per bus)

The additional hour fee of \$55.50/hr. (charged by the ¼ hr.) would apply should either/both buses not depart Lincoln Schools within 30 minutes of the scheduled pick up time.

Do you definitely want to book this or just quoting at this point?

Thanks,

Jessica Scruton

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Doherty's Garage, INC.

161 Lincoln Road

Lincoln, MA 01773

Phone: 781-259-8484

Fax: 781-259-8061

jessicas@dohertysgarage.com

From: Denise Careau [mailto:dcareau@lincnet.org]

Sent: Thursday, February 4, 2016 2:44 PM

To: Jessica Scruton <jessicas@dohertysgarage.com>

Subject: Quote for next year Please 2016 Sargent Center

----- Forwarded message -----

From: **Claudia FoxTree** <cfoxtree@lincnet.org>

Date: Thu, Feb 4, 2016 at 1:44 PM

Subject: 2016 Sargent Center

To: Denise Careau <dcareau@lincnet.org>

I'm putting together the proposal for next year. We will have 67 students and 4 teachers on the busses.

October 18-21, 2016

Leave 8:30 AM Tuesday from Lincoln

Leave 11:30 AM Friday @ Sargent Center

Whatcha got (from Doherty's)?

Claudia