

Dear Fifth Grade Parents,

This year fifth graders will have the opportunity to participate in a field trip to Camp Timber-lee in East Troy, Wisconsin. The trip includes an overnight stay in cabins, 3 meals, and a variety of classes including Zip-Line, Horseback Riding, Canoeing, Archery, Leather Shop, High Ropes, and Animal Encounters. In the evening, students will visit the store, participate in Nature's Game Show, Wolfpack, and enjoy a campfire while making s'mores. This is a great opportunity for our fifth graders to participate in an outdoor education experience. The cost of the trip is approximately \$150.00 which includes all 8 daytime classes, 3 evening activities, & 3 meals. The exact amount will be available at a later date as we continue to fundraise to offset the cost of this trip for you.

**Monday, May 2nd** students must be at Prairie Lane promptly at 8:30am. Students will be placed into groups with chaperones. A schedule of activities and times for that group will be given to your chaperone. Each group will then load the busses at 8:45am. Busses will depart no later than 9:00am as we have a strict schedule to follow. When we arrive at camp we will unload and move into our cabins quickly. After that we will have a brief orientation and begin our first activity at 11:15pm. Our first day each child and chaperone will need to bring their own bagged lunches which we will all eat together at 12:15pm. After lunch we will continue with 3 more classes for each group. We will end our evening with dinner at 5:15pm along with shopping in the gift shop. After dinner we will all be together playing games and sitting by the fire. On the following day, there will be breakfast at 7:45am, 3 additional classes and then lunch and one last class. We will leave after the last class at lunch promptly at 2:30pm. We should arrive back at the school by 4:00pm. Each student will need to be picked up that day.

Your child will need to pack many items for this trip and is responsible for those items brought. We will spend most of our time outdoors so pack and dress according to the weather. Please pack minimally and compact. Camp Timber-lee and Prairie Lane are not responsible for any lost, damaged, or stolen items. I have attached a "What to Bring List" and a "Camp Expectations". Please read them carefully with your child.

We are looking for chaperones for this trip. The cost chaperones is approximately \$150.00 which includes all 8 daytime classes, 3 evening activities, & 3 meals. Chaperones will be randomly selected. **Please remember all chaperones must have a completed background check on file.** Also, please know that chaperoning this trip is 2 full days of hands on experience. Chaperones will share the responsibility for a group of students.

If you would like to participate in a payment plan we will be accepting the first payment of \$50 until December 1st, the second payment of \$50 would be due February 1st, and the final payment and any full payments would be due no later than April 1st. We will not be accepting any full payments at this time until we know how much money was raised through the fundraisers. This will eliminate the need for refunds.

Please fill out **ALL** attached permission slips and return completed forms to your teacher no later than April 1st. If your child will be taking either prescription or nonprescription medication (over the counter), please fill out the Medical Authorization Form completely. If you have any questions please feel free to contact me Jen Rothove, at [jrothove@yahoo.com](mailto:jrothove@yahoo.com).

If you would like to set up a payment plan or need financial assistance please contact Mrs. Schroeder. We do not want the cost of the trip to prohibit anyone from attending.

**T-SHIRT ORDERS DUE OCT 28**

PERMISSION SLIPS DUE NOV 1

FIRST PAYMENT (if you would like to make payments) DEC 1

Prairie Lane School

Students 50  
 Adults 13  
 Total 63

Groups	1	2	3
Mon., 10:30	Arrive and move into cabins when available		
11:00	"Camp Connection" /orientation		
11:15	Zipline	Archery	Archery
12:15	Own Lunch		
1:30	Trailride	Zipline	Geology
2:45	Archery	Trailride	Zipline
4:00	Canoeing	Canoeing	Trailride
5:15	Dinner-Store		
6:15	Nature's Gameshow		
7:30	Wolfpack		
8:45	Campfire		

Tues., 7:45		Move luggage out of cabins by 9:00 A.M.	
Breakfast			
8:45	Animal Enc	Leather	Leather
10:00	High Ropes	Animal Enc	Canoeing
11:15	Leather	High Ropes	Animal Enc
12:15	Lunch		
1:30	Geology	Geology	High Ropes
2:30	Departure		

**Timberlee Permission Slip-Due November 1st**

My child, \_\_\_\_\_ has permission to attend the field trip to Camp Timber-lee leaving on Monday, May 2, 2016 and returning on Tuesday, May 3, 2016. All permissions slips are due by November 1, 2015.

OR

\_\_\_\_\_ will not be attending.

\_\_\_\_\_ I am able to chaperone and have a completed background check on file.

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent's name (Please Print)

\_\_\_\_\_  
Parent's signature

## Timber-Lee Outdoor Education Packing List

- Sleeping Bag or Blanket (Timber-Lee does not provide bedding)
- Pillow
- Bath towel and washcloth
- Toiletries (toothbrush, toothpaste, shampoo, soap, etc.)
- Rain gear (poncho)
- Warm jacket, sweater, or sweatshirt
- Sports shoes
- Hiking boots
- Undergarments
- Long Pants (required for horseback riding)
- T-shirts
- Pajamas
- Sunglasses
- Shorts (seasonal)
- Sunscreen
- Socks
- Warm snow pants, boots (seasonal)
- Hiking boots
- Winter hat and gloves (seasonal)
- Long underwear (seasonal)
- Flashlight
- Water bottle
- Pen, pencil, paper, notebook

Not recommended: Radios, CD players, cell phone, electronic devices, valuable jewelry, expensive clothing, or any other expensive items

***Timber-Lee is not responsible for lost, damaged, or stolen items.***

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# ***ADMINISTRATIVE REGULATION***

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## **ADMINISTRATIVE REGULATION 6520C RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS**

It is a privilege for you to participate in the District-sponsored trip to \_\_\_\_\_  
\_\_\_\_\_ (location) for \_\_\_\_\_ (activity)  
on \_\_\_\_\_ (date). Specific event/itinerary information is provided by the trip coordinator. Participation in this trip may involve risks not found in activities at school. There will be time during the trip when students are not directly supervised. (Refer to the attached itinerary for detail.) Accordingly, the expectations of the trip are listed below along with the consequences for breaking the rules. Please read them carefully. By signing the bottom of the contract, the student agrees to abide by the rules and to accept the consequences if he or she chooses to break the rules. Parents, you are accepting significant financial responsibility if your child participates in a serious violation of the KUSD Code of Conduct, school rules, or this Responsibility Contract. Please read this document carefully. It is to be signed and in the hands of the school administration before a student will be allowed to go on a trip.

1. All school rules are in effect while on the field trip.
2. Possession and consumption of alcoholic beverages and tobacco products are prohibited. Prescribed and over-the-counter medication must be in the possession of and dispensed by school personnel. All other drugs are strictly prohibited.
3. Students must keep their assigned chaperone advised of their whereabouts at all times.
4. Students must attend all mandatory activities and meal functions.
5. Students must conduct themselves in such manner as to bring pride to the student, his or her family, school, and community.
6. Students must adhere to any established dress code.
7. Students must comply, throughout the trip, with any and all instructions directed to the student and/or the group by a chaperone or staff member.
8. Students may only ride in school vehicles or vehicles driven by the teacher, coach, or chaperone. Any exceptions must be pre-approved by the administrator.
9. Students are to conduct themselves in accordance with the rules and regulations outlined in the District policy manual and the student handbook. Any violation of these rules will result in appropriate disciplinary action.
10. Any illegal conduct, for example, vandalism, theft, possession of a fire arm, etc., is prohibited.
11. Students are responsible for their personal belongings and agree to permit inspection of personal belongings by school personnel or chaperones.
12. Students may not travel anywhere alone.

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# ***ADMINISTRATIVE REGULATION***

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**ADMINISTRATIVE REGULATION 6520C  
RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS  
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13. Abusive language or conduct endangering the safety of trip participants is prohibited.
14. Whenever a student is in doubt about what to do, he/she is expected to seek advice from the chaperone or other adult member of the group.
15. Hitchhiking and the rental or driving of motorized vehicles is not allowed.
16. Students must sleep in their assigned place.
17. Students must adhere to all established curfews.
18. Students are to refrain from entering the hotel room of any person who is not part of the trip group and likewise students are to refrain from permitting any such person from entering the room of a trip participant.
19. Students must agree to permit the inspection of their luggage and carry-on bags.
20. Students must inform assigned chaperones of their plans and whereabouts in advance of independent time.

I have read, understand, and agree to abide by the Responsibility Contract for Field Trips.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read and understand the responsibility contract my child has signed above. I agree that my child must follow the requirements of this contract.

If a problem arises that is serious enough in nature to warrant the above-named student's removal from the travel group, I agree to bear any additional costs to return the student home. **NOTE:** This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon returning home in accordance with general District policies. I also am aware that there are times during this trip that my child will not be directly supervised by a chaperone or teacher.

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

\_\_\_\_\_  
Date

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# ADMINISTRATIVE REGULATION

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ADMINISTRATIVE REGULATION 6520C  
RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS  
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FIELD/CO-CURRICULAR TRIP \_\_\_\_\_

I grant permission for \_\_\_\_\_ (school and trip name)  
\_\_\_\_\_ (child's name) to participate in the field trip

to \_\_\_\_\_ (destination/location) on \_\_\_\_\_ (date)

Departure and return times will be approximately \_\_\_\_\_

Travel arrangements: \_\_\_\_\_

Trip cost: \_\_\_\_\_

Meal arrangements: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ may be reached at \_\_\_\_\_ (phone number)

during the hours of the field trip. An alternate responsible adult \_\_\_\_\_ (name)

may be reached at \_\_\_\_\_ (phone number) if the above listed parent/guardian is

not available to care for the student.

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

\_\_\_\_\_  
Date

If you have any questions/concerns, please feel free to contact me.

Sincerely,

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

(Refer to attached detailed event/itinerary information.)

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# ADMINISTRATIVE REGULATION

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FORM 6520B

## HEALTH AND EMERGENCY INFORMATION FOR EXTENDED OVERNIGHT TRIP

Student's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In the event we would not be able to contact you, please list two alternate names to call

Alternate \_\_\_\_\_ Phone Number \_\_\_\_\_  
Alternate \_\_\_\_\_ Phone Number \_\_\_\_\_

To assist the chaperones in providing careful supervision of the health and safety of your child, please advise of any needed attention. Advanced information makes it possible to take preventative measures. To the best of my knowledge \_\_\_\_\_ is in good health and free of any communicable disease or ailment.

Does your child have a problem with:

- |  | Yes   | No    |
|--|-------|-------|
| 1. Motion sickness (bus/airplane/boat) | _____ | _____ |
| 2. Headaches                           | _____ | _____ |
| 3. Sleep walking                       | _____ | _____ |
| 4. Asthmatic attacks                   | _____ | _____ |
| 5. Seizures or convulsions             | _____ | _____ |
| 6. Allergies                           | _____ | _____ |
| 7. Other _____                         | _____ | _____ |

If yes to allergies, what are the allergies? \_\_\_\_\_

If your child is on medication, what is the medication? \_\_\_\_\_

What is the schedule of the medication? \_\_\_\_\_

(If prescription medication is being taken, bring the medication in its prescription bottle)

*"I hereby authorize the teacher or person in charge of medication to give my child prescribed medication at the times indicated."*

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

*In the event of EMERGENCY CONDITIONS, the following procedures will be followed:*

1. Emergency first aid will be given by teacher, trip authority, or other qualified person
2. In case of serious injury/sickness:
  - a. The child will be transported to the nearest hospital for examination by a physician
  - b. Parent or guardian will be contacted

*"I hereby authorize the school to follow the emergency procedures listed above"*

\_\_\_\_\_  
Medical Insurance Carrier & Phone Number

\_\_\_\_\_  
Policy Number

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



STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ ID# \_\_\_\_\_

**KUSD**  
**FIELD TRIP PERMISSION SLIP**

TEACHER(S): _____
FIELD TRIP LOCATION: _____
DAY/DATE: _____ TIME: _____
TRAVEL ARRANGEMENTS: _____
MEAL ARRANGEMENTS: _____
TRIP COST: _____
(Make checks payable to: _____)
ADDN INFO: _____
_____

I may be reached at the following phone numbers in case of illness or injury:

<p>Parent/guardian (1) Home: _____ Work: _____ Cell: _____ Name: _____</p>	<p>Parent/guardian (2) Home: _____ Work: _____ Cell: _____ Name: _____</p>	
<i>For Overnight Field Trips Only</i>		
Medical Insurance Carrier: _____	Policy #: _____	Phone# _____

In the event I/we cannot be reached, please contact the following responsible adult:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**My child has the following pertinent health concerns:**

- No health problems       Seizures       Diabetes       Asthma
- Heart condition: \_\_\_\_\_  Severe allergy to: \_\_\_\_\_
- Motion sickness     Severe Migraines     Other: \_\_\_\_\_
- Difficulty walking-any special care needed: \_\_\_\_\_
- All medication needed to be administered during length of fieldtrip\*: \_\_\_\_\_:

**Note: \*A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school or on Fieldtrips.**

Forms are available in School or Nurse's Office.

*I give permission for my son/daughter to participate in this field trip.  
In the event of serious illness or accident, I give permission for my child to be sent by rescue  
squad to the emergency room. I understand that I as parent/guardian am responsible for the  
cost of the service rendered.*

X \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent/guardian signature

\*As parent/guardian, I have completed this form accurately to the best of my knowledge.

**KENOSHA UNIFIED SCHOOL DISTRICT NO. 1  
MEDICATION AUTHORIZATION FORM**

**SCHOOL NAME:** Prairie Lane Elementary      **PHONE:** 262-359-3600      **FAX:** 262-359-3650

**ONE MEDICATION PER FORM**

**Prescription Medication:** Health Care Provider to complete. Health Care Provider signature required.  
Parent/Guardian signature required. Pharmacy label must match order below.

**Non-Prescription Medication:** Parent/Guardian to complete. Parent/Guardian signature required.

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Medication to be administered as directed.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Time(s) Administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Student may carry medication (Epinephrine/Rescue Inhaler only) for Emergency purposes: \_\_\_\_ Yes \_\_\_\_ No

Additional directions/symptoms: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Provider Name: (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTE:** Parent/Guardian signature permits designated school staff to dispense medication to the above student and to contact the health care provider at any time with questions or concerns related to this student's medical condition and medication.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

**CRITERIA FOR DISPENSING MEDICATION**

- 1. Authorization:** Students requiring medication at school, including herbal and vitamin supplements, shall provide a completed "Medication Authorization Form". Prescription medications require a signature from **both** a health care provider and parent/guardian. Non-prescription medications require the parent/guardian signature. The parents must notify the school when the drug is discontinued or for any changes. An updated medication authorization form is required for all changes in medication, dosage or administration time. All medication authorization forms must be renewed annually. All unclaimed medication at the end of the school year will be disposed of per policy.
- 2. Container:** All medication must be supplied in the original container. Prescription medications require the pharmacy label. Non-prescription medication must be in the original container with the directions on the container including student name. All medication shall be kept in a locked cabinet.

**Delivery to School:** It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication.

## TIMBER-LEE SUMMER YOUTH CAMP 2015 HEALTH HISTORY & INSURANCE INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First MI

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Area/Number

Second Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Area/Number

If not available in an emergency, notify: Name Text \_\_\_\_\_ Phone \_\_\_\_\_  
Area/Number

**PARTICIPANT HEALTH HISTORY INFORMATION:**

Health History (date diagnosed)			
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Frequent Sore Throats/Strep	<input type="checkbox"/> Mumps	<input type="checkbox"/> Seizures	<input type="checkbox"/> Autoimmune Disease
<input type="checkbox"/> Hand, Foot, Mouth Disease	<input type="checkbox"/> German Measles	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Tuberculosis
Allergies (please specify)		Immunizations	
Drug _____		Tetanus (last date) _____	
Environmental/Food _____		Other, please specify _____	

Operations or serious injuries (Dates) \_\_\_\_\_

Chronic or recurring illness or medical condition (not noted above) \_\_\_\_\_

Mental, psychological, or behavioral conditions \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last health examination by a doctor or nurse \_\_\_\_\_

Any treatment to be continued at camp \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions *(please notify camp staff two weeks prior to arrival)* \_\_\_\_\_

Activities to be discouraged or limited \_\_\_\_\_

Additional health information for camp personnel \_\_\_\_\_

Describe any physical condition, medications or allergies that require special consideration \_\_\_\_\_

Current medications (Send with instructions in original container) \_\_\_\_\_

**INSURANCE INFORMATION**

My insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance company address \_\_\_\_\_

TIMBER-LEE SUMMER YOUTH CAMP  
TERMS AND CONDITIONS

As used herein, the term "Participant" refers to \_\_\_\_\_ (please print camper name).

1. **Authorization for Treatment & Release of Information:** I hereby give permission to the medical personnel selected by the camp director to order any necessary X-rays, tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the Participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the Participant named above. I hereby agree to be responsible for payment of all costs or expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment.

2. **Medications:** All medications brought to Timber-lee Ministries by the Participant must be kept in their original containers with labels indicating the following information: name of the person receiving the medication or treatment; name of the medication or treatment; if prescribed, the quantity, date and time of administration. Timber-lee's Health Services staff shall keep all medication brought to Timber-lee Ministries by anyone under 18 years of age in a locked unit or storage device. Timber-lee's Health Services staff shall also administer or dispense medications. Epi pens, inhalers, and glucagon injections, or other medication or device used in the event of life-threatening situations may be carried by the Participant or staff member.

3. **Authorization for Off-Site Trips:** I hereby give permission for the Participant to engage in off-site day and/or overnight trips and other enrichment activities that may be part of the specific camp program that the Participant is registered for. Furthermore, I hereby give my permission for Timber-lee Ministries to transport the Participant to and from such off-site field trips and enrichment activities in any camp-designated vehicle(s). If you are uncertain if the program includes this element, please consult the program description or contact our registration office at 262-642-7345.

4. **Authorization for Promotional & Marketing Activities:** I hereby grant permission to Timber-lee to record, by videotape, photograph, or other means of reproduction, voice, image, and physical likeness of the Participant and/or my Participant's family members, and to use any such recorded matter for promotional purposes without further consent or compensation.

By signing below, the Participant agrees to be bound by the terms and conditions of this form. If the Participant is less than 18 years old, and I am the parent or legal guardian of the Participant, I agree, on my behalf and on my child's behalf and our respective estates, heirs, personal representatives, and assigns, to be bound by the terms and conditions of this form. The undersigned certifies that the information provided in the Agreement is true and accurate.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of minor Participant's parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_



Timber-lee Ministries, N8705 Scout Road, East Troy, WI 53120  
262.642.7345 Fax: 262.642.7517 www.timber-lee.com