## Fern Ridge Outdoor School 6th grade May 4th - May 7th



Hello 6th Grade Families!

Yes! We get to have Outdoor School this year! It will be a day camp that will last 4 days and all students will go for all four days. We are so excited to have this great experience for our students!

### **Logistics:**

- Day camp buses will leave and return to school everyday.
- Camp will be at Camp Wilani on Bolton Hill.
- All 6th grade students can attend (FRMS and Options)
- Free for all 6th grade students!
- Students will attend all four days Tuesday through Friday, May 4th May 7th
- Outdoor School will happen no matter the weather be ready to be outside all day long!
- Parent Chaperones are needed!!! Please help if you can!

### **Covid Safety**

- Masks will be worn at all times.
- Students will be in cohorts of 10.
- The cohorts will stay the same all day and all week.

### Chaperones

- A few chaperones may be needed. Please contact Olivia Johnson at ojohnson@fernridge.k12.or.us or by phone 541-935-8230 if you are interested.
- Chaperones have to have background checks completed. You can find the Background Check form at: <a href="http://www.fernridge.k12.or.us/wp-content/uploads/2021/01/Volunteer-Packet.pdf">http://www.fernridge.k12.or.us/wp-content/uploads/2021/01/Volunteer-Packet.pdf</a>
- It takes up to two weeks for a background check to be completed.
- Chaperones will be with one cohort for the week. They must commit to attending camp all four days.
- Camp staff will lead the lessons and activities. Chaperones will support student success, supervise the cohort during transitions and lunch time. Chaperones will reach out to teachers if needed for student behavior needs.

### **Daily Packing List**

L	Backpack
	Good walking shoes - you will be outside walking around all day long
	Weather appropriate clothing. Dress in layers, wear jackets, sunscreen, or whatever the
	weather requires.
	Water bottle (that won't leak in your backpack)
	Lunch - bring a lunch from home or order a sack lunch from school (free!) - Camp is
	peanut free!!! No Peanut Butter, peanuts, granola bars with nuts, etc.
	Bring a snack or pack a little extra in lunch. It's a long, active day.
	Sunscreen, lip balm,
	All medicine must be turned into the office before camp. It must be in the original
	container. Plan ahead for possible allergies. Do not pack medicine in your backpack.

### **DO NOT BRING:**

Electrical or digital equipment (phone, blow dryer, game or music player, computer, etc.) Candy or pop

Knives of any kind

Adults should bring all medicine to the school before camp.

### Important: CAMP IS A NO-PEANUT ZONE!!

Lunches and snacks cannot have any peanut product in them. No peanut butter, granola bars with nuts, trail mix, or anything that contains nuts.

### Camp Wilani

- For information, pictures and more visit <a href="https://wilanicouncil.org/outdoor-school/">https://wilanicouncil.org/outdoor-school/</a>
- Camp activities will include science lessons, canoeing, hiking, low-level ropes course, lots of outdoor learning, and more!
- Camp employees will lead all activities and lessons. They are enthusiastic and amazing leaders who love to teach kids all about our amazing environmental world. All camp employees have passed background checks and are employees of Camp Wilani.

### **PAPERWORK**

- → Keep this information paper at your house!
- → Permission slip return to your first period teacher as soon as possible
- → Camp Rules: please read and sign.
- → Medicine: must be brought to the school before camp. Bring in the original container and fill out paperwork for the school.



# Fern Ridge Outdoor School PERMISSION SLIP

Stud	Student Name					В	
	Yes, I give permission for my child to attend Outdoor School on May 4th through May 7th at Camp Wilani. Camp hours are during school hours. Students will ride the school bus together to Camp Wilani and return to FRMS before the end of the school day.						
	Circle Your Room Number						
	Room 1	Room 2	Room 3				
	Parent/Guardian	Signature		Phone			
Photo	Release						
0	Yes, I give permission for my child's picture to be used on an Fern Ridge Outdoor School Facebook page, the FRMS website, or other Outdoor School related materials.						
۵	□ No, please do not include any photos of my child on the facebook page.						
	Parent signature						

### Fern Ridge Outdoor School

### **Confidential Health & Medical Record**

(Please circle Room Number)	Room 1	Room 2	R00m 3				
Name			Date of Birth				
	Address						
List any medication, when taken, a **Outdoor School Staff will dispe			form required.**				
Does your student have any of the following cond	litions?						
Check appropriate box (or boxes):		Dec Ction Alleray	П	American			
<ul><li>□ Asthma</li><li>□ Diabetes</li></ul>		Bee Sting Allergy Food allergy- list:		Anxiety Hearing impaired			
☐ Fainting	_	1 000 ancryy- nat.		Wears glasses/ contacts			
☐ Heart Problems		Food intolerance -lis		Other			
Convulsions			_				
Does your student have any medica	ll condition	ns that would restrict t	heir activity?				
Describe any social/emotional probl	ems						
Comments							
In case of emergency,							
I authorize Outdoor School directors	to obtain	physician/hospital as	sistance for my ch	ild:			
Insurance Company		_ Policy Number	(	Group			
Parent/guardian name(s) (please pr	int)						
Parent/Guardian Signature				Date			
Home Phone	me Phone Work Phone						
Emergency Contacts: (If parent ca	annot be re	eached)					
(1) Name		Phone					
(2) Name		Phone					

### Fern Ridge Outdoor School Camp Rules

### **Camp Rules**

- 1. All school rules apply at camp. It is a FRSD program.
- 2. Listen to counselors, be kind to other campers, and treat people and the camp respectfully.
- 3. Appropriate language will be used at all times.
- 4. Stay with your cohort group. Always be with a counselor or adult.
- 5. Follow all camp rules and directions given by counselors and adults.
- 6. Try new things, participate, and learn about our world.
- 7. And last, but not least, HAVE FUN!!!!!

### **Camp Routines**

- 1. Walk on all trails and field study areas unless otherwise instructed by a counselor or adult.
- 2. Stay on the trails in order to **protect** the natural setting.
- 3. Stay with your cohort at all times.
- 4. If hurt or feeling unwell, tell the chaperone or counselor.
- 5. No electronics, phones or weapons (pocket knives included) allowed at camp.
- 6. Participate and stay positive. Be a learner. Be a team player.
- 7. Be ready for the weather and be ready to be outside all day.

### On camp days

- 1. Be on time to school so you can catch the bus!
- 2. Have your backpack ready to go. Tie your shoes.
- 3. Dress ready for the weather.
- 4. Always thank your chaperone!! They are volunteering their time to make camp a great experience for everyone.
- 5. Always thank the camp staff for teaching you and leading you in activities.

Student Signature	Parent Initials





# **Outdoor School Chaperones**

name
We love you. (you are a saint!)
2. We need you. (camp can not happen without chaperones!!)
3. You will go to camp all 4 days and will be with the same cohort the entire week.
4. You will be supervising this cohort and helping with behavior management.
5. The lessons and activities will be taught by Camp Wilani staff.
<ol><li>You will be supported by the classroom teacher for any challenging behaviors.</li></ol>
agree to the following:
☐ Fill out the Fern Ridge School District Background Check.
☐ I will respect and follow all camp rules and expectations. I will support Camp Wilani staff.
☐ I will help in camp logistics when needed. I will supervise transitions for my cohort.
☐ I will bring all concerns to a teacher and ask for help with behavior management if needed.
☐ I will follow all safety rules. I will not be alone with campers. I will not bring knives or weapons to camp.
☐ I will keep student information confidential.
□ I will stay positive and supportive with students. I know that social-emotional health is very important during covid times and will do my best to stay kind, positive and caring towards all students.
Signature Date
For teacher use only:
<ul><li>Background check turned into the office.</li><li>Background check passed</li></ul>
□ Cohort:

# Fern Ridge Outdoor School Volunteer Emergency Contact Information

Name				
Cell Phone				
Email				
Address				
Age Date of Birth				
Child, teacher and school:				
Coffee preference				
Emergency Contacts:				
Name	Phone	_		
Relationship Workplace and phone number		_		
Name	Phone			
Relationship Workplace and phone number		_		
Doctor	Phone			
Any pertinent medical information (allergies or other):				