

SHAKER HEIGHTS CITY SCHOOL DISTRICT

WOODBURY ELEMENTARY SCHOOL
15400 South Woodland Road
Shaker Heights, Ohio 44120
(216) 295-4150

H. Danny Young Jr., Ed.S.
Principal

April 2018

Dear Sixth Grade Parents,

Sixth grade students at Woodbury Elementary School are being offered an opportunity to participate in an outdoor education experience in a camp atmosphere at Camp Wise in Chardon, Ohio.

Each class will be camping (in cabins and yurts) for 3 days/2 nights as follows:

MAY 14-16:	Garrison, Pincoe, Farren, Fraser, Moore
MAY 16-18:	Lo. Brooks, Heide, Portner, Wylie
MAY 21-23:	Lewis, Stephens, Keitlen, Reese, Lease
MAY 23-25:	Appel, Harnish, Dang, D. Farinacci, Goodrum, Muttillio

The student cost for the experience will be \$145.00. Payments may be made in installments or through the use of a credit card or electronic check via the District's on line payment system. You may log on to www.shaker.org, click on "Parent Resources", and then click on "PayForIt". We are encouraging all parents to begin paying early for camp. If you are sending payment to the office in the form of cash, check or money order, please put it in an envelope labeled with the *student's name* and *classroom teacher's name*. Payment deadline is the day before your child's class goes to camp. Please note: If your check is returned for insufficient funds (NSF), your account will be debited electronically for both the face amount and returned check fee (\$30.)

Students need to have their *work* and their *behavior* in good order. While at camp, all students will be expected to follow camp rules as well as Woodbury Expectations; Be Safe, Be Respectful, Be Responsible. If there is a violation of the rules established by the camp and/or Woodbury, parents may be contacted and asked to take their child home. The address is as follows: Camp Wise, 13164 Taylor Wells Road, Chardon, Ohio 44024.

Students will be staying in cabins or yurts with approximately 12 other children. The children will be under the supervision of teachers, directors, and camp counselors. The camp staff will prepare well-balanced meals for breakfast, lunch and dinner and snacks will be provided.

Appropriate camp clothing, well marked and labeled, should be sent with your child. All suitcases, bags, backpacks, etc., should have a large piece of masking tape placed in a visible location marked with the teacher's last name and student's last name.

Please fill out the attached student permission forms completely and send them to your child's teacher along with the camp fee.

We are looking forward to a wonderful camping experience and an enjoyable learning opportunity for our students. You can follow us on Twitter @woodburycamp

Sincerely,
Sixth Grade Teachers
Mr. Young



SHAKER HEIGHTS CITY SCHOOLS
Woodbury Elementary School
Shaker Heights, Ohio

PARENT PERMISSION FORM FOR EDUCATIONAL FIELD TRIP

Dear Parent:

Your child's class is planning to take a trip to Camp Wise. See attached letter for the date your child will be going to camp with his/her class.

- Cost per child is \$145.00
- Please make personal checks payable to Woodbury School.
- Meals and snacks will be provided.
- Drop off camp equipment between 8:00 a.m. and 8:30 a.m. at Door "L".
All bags should be labeled with the student's name and teacher's name.
- Students report to classroom for attendance.
- Buses will depart Woodbury School for camp at 9:30 a.m.
- Buses will return to Woodbury School at the conclusion of the camp session at 1:00 – 1:30 p.m.
- Please pick up students from Woodbury School at 1:30 p.m. Students must check out with their teacher.
- If no one is able to pick the student up at that time, the student may stay at Woodbury School and ride the bus home, providing that the student can carry all his/her belongings on his/her lap.

To give your child permission to go on this trip, please sign the release slip and return it to school along with the payment.

Provision will be made for regular instruction at the usual school hours for any child who does not take the trip.

Sincerely,

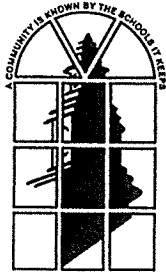
Danny Young
Principal

Teacher _____

_____ is able to participate in the 6th grade camping trip.
(Child's name)

(Signature of Parent/Guardian)

(Date)



SHAKER HEIGHTS CITY SCHOOLS
Woodbury Elementary School
Shaker Heights, Ohio

CAMP WISE
13164 TAYLOR WELLS RD.
CHARDON, OHIO 44024

ITEMS TO BRING TO CAMP

EQUIPMENT:

Educational - Each student will be informed by his or her teacher as to what school materials he or she should bring. It is advisable that each child has a **backpack** or shoulder bag to hold all materials. Please make sure the student's name is on all bags.

BEDDING:

Sleeping bag (if one is available) or 2-3 blankets
 1 single sheet
 pillow and pillow case

Flashlight

CLOTHING:

Warm coat or jacket (1)

Warm sweater or sweatshirt (2)

Shoes: Tennis Shoes (2 pair)

Handkerchiefs or Kleenex

Cabin shoes

"T" or old sport shirts (3)

Socks (bring extras)

Raincoat/Poncho/Large Garbage Bag

Old Pants/Slacks (2-3)

Underwear

Pajamas

Boots

Hat

TOILET ARTICLES:

Toothbrush

Toothpaste

Deodorant

Comb/Brush

Soap

Shampoo

Towel

Wash Cloth

GOOD IDEAS

****Water Bottle**

Pencil

Flashlight

Sunscreen

Sunglasses

Insect Repellent

ADDITIONAL SUGGESTIONS:

Your child will be at camp for 3 days/2 nights. Please do not send more clothing than he or she will need. Try to limit all clothing and accessories to one medium sized suitcase.

All clothing is to be clearly marked and **labeled** so that your child can recognize his/her items.

Old clothing is preferable. There is no dress-up time at camp. This camping experience does not require the purchase of any new clothing.

Students will spend time getting dirty and experiencing nature from the ground up. Rain is a very real possibility so students should have some sort of rain protection since most activities occur outside.

PLEASE DO NOT SEND KNIVES, HATCHETS, MONEY, CELL PHONES, ELECTRONIC DEVICES, CANDY, GUM, FOOD ITEMS, SKATE BOARDS, FISHING EQUIPMENT, OR SPORTS EQUIPMENT.

MEDICINE AT CAMP?

Seasonal Allergies, Headaches, Cramps, Asthma, etc.?

- ❖ *****Children are not allowed to bring medications to camp in their luggage/bookbags or pockets.*** All medications must be brought to the school nurse before camp starts. *This includes any pills or liquids such as tylenol, ibuprofen, eye drops, vitamins, sleep aids or allergy medications. ***
- ❖ If your child already has medicine on file in the Woodbury School Nurse's office this year, it will automatically be sent to camp and made available for your child to use unless you specify otherwise. You do not have to fill out another medication form.

Medication Procedure

Step 1: Plan ahead.

Determine what medicine your child may need. Remember that spring time allergies can be very persistent and could interfere with your child's comfort and enjoyment at camp.

Step 2: Complete '6th Grade Medication Permission Form'.

Contact your child's physician to get the attached permission form filled out. The physician's signature along with a parent/guardian's signature must be on the form. Please be sure the form is complete. Be very specific about the time a medicine is to be given. For example, giving a medicine at lunchtime may not be the same time as giving it at noon since eating times may vary somewhat.

Step 3: Drop off your child's medicine before the start of camp.

Medicine is to be delivered to the Woodbury School Nurse by an adult. Children may not bring in their medicine. You may deliver it before or on the day camp starts. However, before is preferred. All medicine must be in the original package or bottle. All prescription medicine must be in the original container in which the prescribing physician or pharmacist dispensed it. Over the counter (non-prescription) medicine must be in its original package or bottle. Please do not send loose pills in a bag or container for your child.

Step 4: Pick up your child's medicine at the end of camp.

At the end of camp, medicine will be returned to the Woodbury School Nurse. An adult must pick up the medicine from the school nurse. Children may not pick up their medicine. Please call if you need to make special arrangements.

Step 5: Questions?

Do you have any concerns? Are there special circumstances that the nurse needs to know? Please call Stephanie Smith, Woodbury School Nurse, for assistance (216) 295-4155 or smith_s@shaker.org

**WOODBURY SIXTH GRADE CAMP
ASTHMA ACTION PLAN**

Student Name _____ Homeroom Teacher _____

TO BE COMPLETED BY PHYSICIAN

Please circle student's known asthma triggers: pollens stress/anxiety cold air exercise

allergy (please specify) _____ other trigger(s) _____

Current medications for asthma control: _____

Asthma medication to be given at camp: _____

Is student capable and responsible for self-administering this medication? Yes No

May student carry inhaler? Yes No

Note: A school district may choose to follow more restrictive procedures regarding student's self-administration.

If an asthma attack occurs, follow these steps:

1. _____
2. _____
3. _____
4. _____

Other special instructions: _____

Date: _____ Physician's Signature: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I understand that:

- if symptoms are not relieved by steps taken above and indicate the need for emergency care, school personnel will activate the 911 emergency system.
- if my child self-administers asthma medication in locations other than in the presence of the camp nurse, it is my responsibility to review with my child when he/she should seek medical assistance.
- if I am not available at numbers listed on reverse side, contact:

Name _____ Phone Number _____

Additional Comments: _____

Parent/Guardian Signature _____ Date _____

TO BE COMPLETED BY SCHOOL

Date received at school/camp _____ Nurse Signature _____

SCHOOL MEDICATION PERMISSION FORM

Student Name: _____ Date of Birth _____ Grade/Class _____ Teacher: _____ School _____
TO BE COMPLETED BY HEALTH CARE PROVIDER Please print clearly and complete ALL sections.

NAME OF MEDICATION (If medication is for asthma reverse side of form MUST be completed by health care provider and parent.)	STRENGTH	DOSE	ROUTE (circle) Tablet/Capsule (oral) Liquid (oral) Inhaler/Nebulizer Other _____	FREQUENCY (include minimum time interval for prn dosing) _____ OR _____ as needed every _____ hours	DIAGNOSIS	START DATE ____/____/____	STOP DATE ____/____/____ OR END OF SCHOOL YEAR (circle)

Precautions and/or adverse reactions to report _____

Date: _____ Health Care Provider Signature: _____ Health Care Provider Name _____
Address _____ Phone Number: _____ Fax Number: _____

TO BE COMPLETED BY PARENT OR GUARDIAN: I give my permission for (Name of child) _____ to receive the medications listed above at school according to standard school policy. The school nurse (or other school personnel) involved with the supervision of my child's health has my permission to exchange health information with the health care provider.

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____
Parent/Guardian Phone Numbers: Cell _____ Home _____ Work _____ Other _____

Please note: Medication must be delivered to school by a responsible adult in the container in which it was dispensed by the prescribing health care provider, licensed pharmacist or pharmacy. If the medication or dosage is changed, a new form must be completed. **THIS FORM MUST BE COMPLETED EVERY SCHOOL YEAR.**

TO BE COMPLETED BY SCHOOL: Date received at school: _____ School Nurse Signature: _____
Principal Signature: _____