

# **RICHLAND 2 ALERT**

**GOES TO**

**Mountain Trail Outdoor School**



Parent Information Meeting

February 11, 2016

# Mountain Trail Outdoor School Video



# ALERT Schedule

<b>March 14-15</b>	<b>April 4-5</b>
<p>BHE &amp; LE (Blackburn) WE &amp; LE 4th (Fanning) BCE/FLE 5th (Johnson) LBN 4th (Johnson) PE/KE/JKE (Ross) RTE (Watkins, M/T/W)</p>	<p>RTE (Watkins, TH/F) LCEU &amp; CE (Hethcox) LCEU (Durden) SLE &amp; RCE (Alexander) BRE &amp; LBN 5th (Barfield)</p>

# Camp Itinerary

## Day 1:

**7:30 AM** depart from Big Lots  
(restroom and snack break along the way)

**10:30 AM** arrive at Camp Greenville  
Drop-off luggage in cabin and quick meeting with counselors

**11:00** Morning classes

**1:00** Lunch/Free time

**2:00 - 5:00** Afternoon Classes

**5:00** Free Time

**6:00** Dinner

**7:30** Town Hall

**10:00 PM** Bedtime

## Day 2:

**Pack before Breakfast**

**8:00 AM** Breakfast

**9:00 - 12:00** Morning classes

**12:00** Lunch

**1:00** Afternoon classes

**2:30 - Say Goodbye to Camp Staff and depart Camp Greenville**  
(restroom and snack break along the way)

**6:00 - Reunite with family at Big Lots**

# Mountain Trail Requires the following forms: Health Form

 <b>MOUNTAIN TRAIL</b> <b>OUTDOOR SCHOOL</b>		School/Group:  Dates of Attendance:
PO Box 250, Hendersonville, NC 28793 Phone: 828-692-9136 Fax: 828-696-3589		
<b>General Information:</b> Participants Name:		Parent/Guardian:
Home Address:		Home phone of Parent/Guardian:  Daytime phone if different:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  Date of Birth: / /		Emergency Contact:  Phone Number(s):
<b>Medical History and Related Information:</b> Please list all medical conditions, medications, allergies, restrictions to activity and pertinent past medical treatment. Use back/additional sheets as necessary.		
<b>Immunizations:</b> Are the immunizations current for the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the immunizations on file with the visiting school? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the date of the participant's last tetanus shot? _____		
<b>Insurance Information:</b> Is the participant covered by an insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Carrier/Plan name:
Group Number:		Name of Insured:
Carrier Address:		Social Security Number of policy holder or insurance ID number:
<b>Permission to Provide Necessary Treatment or Emergency Care:</b> I hereby give permission to the medical personnel selected by Kanuga Conferences Inc. to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer		

# MTOS Waiver Forms

## Kanuga Conferences, Inc. Release and Waiver of Liability and Assumption of Risk Agreement (Adult Release)

In consideration of Kanuga Conferences, Inc., a North Carolina non-profit corporation, its agents, officers, directors, assigns, contractors and/or employees (collectively, "Kanuga"), providing access to and equipment and services related to a variety of outdoor and water recreational activities, I agree as follows:

I \_\_\_\_\_ (PRINT YOUR FULL LEGAL NAME), the undersigned, being an adult (age 18 or older), intend to participate in one or more of the following recreational activities (the "Activities"):

- 1) camping,
- 2) hiking,
- 3) challenge course,
- 4) ropes course,
- 5) rock climbing,
- 6) swimming,
- 7) canoeing and other water sports,
- 8) use of recreational equipment related to above, and
- 9) transportation to and from certain activity areas as necessary.

I understand and acknowledge that (a) there are inherent risks, dangers and hazards in my participation in any of the Activities; (b) my participation in any of the Activities may result in injury, illness or loss, including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability, or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or unforeseeable risks. (\_\_\_\_) Initial

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my participation in the Activities. (\_\_\_\_) Initial

I understand and acknowledge that participation in the Activities requires that the participant be of good physical condition, and I hereby advise that I am in good physical condition and able to participate in the Activities. (\_\_\_\_) Initial

I hereby waive, release, and discharge Kanuga from each and every claim whatsoever relating to my participation in any of the Activities, except for any claims that are the direct result of the active negligence of Kanuga. (\_\_\_\_) Initial

I understand and agree that (a) the sole proper venue for any dispute in which Kanuga is a party and that may arise out of this Agreement, or otherwise relate to my participation in any of the Activities, shall be Henderson County, North Carolina; (b) the dispute shall be decided, at the sole option of Kanuga, by litigation or arbitration. In the event that Kanuga elects litigation, the venue for any action shall be the Superior Court of Henderson County; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

**I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE KANUGA FROM ANY AND ALL**

## Kanuga Conferences, Inc. Release and Waiver of Liability and Assumption of Risk Agreement (Child Release)

In consideration of Kanuga Conferences, Inc., a North Carolina non-profit corporation, its agents, officers, directors, assigns, contractors and/or employees (collectively, "Kanuga"), providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable my child to participate in recreational activities, I agree as follows:

I \_\_\_\_\_ (PRINT YOUR FULL LEGAL NAME), the undersigned, being an adult (age 18 or older), hereby agree that I am the legal guardian of \_\_\_\_\_ (PRINT CHILD'S FULL NAME) and hereby give my consent to Kanuga to allow my child to participate in the following recreational activities (the "Activities"):

- 1) camping,
- 2) hiking,
- 3) challenge course,
- 4) ropes course,
- 5) rock climbing,
- 6) playground,
- 7) swimming,
- 8) canoeing and other water sports,
- 9) use of recreational equipment related to above, and
- 10) transportation to and from certain activity areas as necessary.

I understand and acknowledge that (a) there are inherent risks, dangers and hazards in my child's participation in any of the Activities; (b) my child's participation in any of the Activities may result in injury, illness or loss, including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability, or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or unforeseeable risks. (\_\_\_\_) Initial

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my child's participation in the Activities. (\_\_\_\_) Initial

I hereby waive, release, and discharge Kanuga from each and every claim whatsoever relating to my child's participation in any of the Activities, except for any claims that are the direct result of the active negligence of Kanuga. (\_\_\_\_) Initial

I understand and agree that (a) the sole proper venue for any dispute in which Kanuga is a party and that may arise out of this Agreement, or otherwise relate to my child's participation in any of the Activities, shall be Henderson County, North Carolina; (b) the dispute shall be decided, at the sole option of Kanuga, by litigation or arbitration. In the event that Kanuga elects litigation, the venue for any action shall be the Superior Court of Henderson County; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

**I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE KANUGA FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF KANUGA.**

**MEDICATION PERMISSION FORM**School Year 2015-2016

School Name \_\_\_\_\_

**For School Use:** Routine  
 Pm

Start Date \_\_\_\_\_

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before should not be given at school. Prescription medication to be given at school should be accompanied by this form, complete with the prescribing healthcare provider's signature, and provided to the school in the original labeled container provided by the pharmacist who filled the prescription. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing healthcare provider that includes the student's name, directions for proper administration, and the name, address, and phone number of the prescribing health care provider. As needed medications must have parameters for medication usage. Non-prescription medications will be administered with a parent's written permission according to the directions on box, etc.

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Grade</b> ____ <b>Teacher</b> _____
<b>Medication Name:</b>	<b>Dosage:</b>	<b>Route:</b>
<b>Diagnosis/ Reason for Medication:</b>	<b>Time Medication is due:</b>	<b>Frequency of Medication:</b>
<b>Parameters for prn medications (e.g. for braces pain, menstrual cramps, headache, etc.)</b>		<b>Special Storage requirements (please specify)</b>
<b>Is the Child Allergic to any Medications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes- please list _____		<b>Is this medication a Controlled Substance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Side Effects:</b> _____	<b>Anticipated number of days medication will be given at school:</b> <input type="checkbox"/> until end of school year <input type="checkbox"/> ____ days <input type="checkbox"/> ____ weeks	
<b>Prescribing Healthcare Providers Signature</b> _____	<b>Date:</b> _____	
<b>Healthcare Providers Address:</b> _____	<b>Phone:</b> _____ <b>Fax:</b> _____	

**Section Below to be completed by Parent or Guardian:**

I give permission for my child, \_\_\_\_\_, to be given the above medication as prescribed. I give permission for the school nurse or school administrator to contact the health care provider named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I also give permission for this "Permission for Medication" to apply if I transfer my child to another school in this same school district during the current school year. I understand that the school may require that I agree to the school district's rules about medications before this medicine will be given at school. I understand that I am responsible for notifying the school if my child's medications change in any way. I give permission for a health aid or other designee to assist my child with medication in the absence of the RN.

# Required Forms for All Students Taking Any Medication

If your child takes medication at home requires medication to be administered during the trip, you will need to complete a medication permission form, which should be signed by a physician.

If your child has a copy of this form on file with the school nurse, please let your ALERT teacher know so we can obtain a copy.

If you are sending any medication with your child, it needs to be in the original bottle labeled with their name and instructions for administering.

# Camp Activities- Students will participate in all of these activities on a rotational schedule during the trip

**Forest Ecology** - Students hike to a viewpoint, seeing the inner workings of trees, the diversity of plants in the Southern Appalachian Mountains and the interconnectivity between plants, animals, decomposers and people.



# Camp Activities Continued

Mountain Ecology- students enjoy a viewpoint hike and learn about the changes in flora, fauna and topography due to sun exposure, erosion, succession, geological forces and human activity.



# Camp Activities Continued

**In Ponds and Streams-** students examine macro-invertebrates that they catch as they explore our aquatic bodies to learn about water systems and the organisms that dwell in water.



# Camp Activities Continued

**Our Sustainable Future** - Half class utilizes our solar hot water system, organic garden and ongoing conservation initiatives for students to experience the science of sustainability.

**Service Project-** Students will participate in a service project that directly allows future students to better interact with and understand their role in the environment.



# Camp Activities Continued

**Town Hall** - Students act as different community interest groups to debate the economic, ecological and social advantages and disadvantages of allowing theme park development in their town.

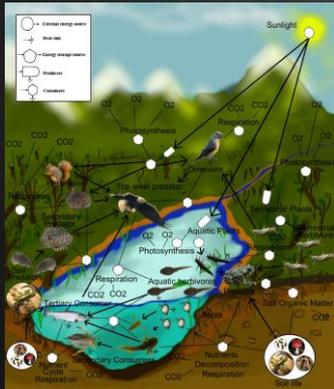


# Camp Activities Continued

**in the Bog-** Half class, students visit Kanuga's mountain bog and experience the role of wetlands and the unique characteristics of wetland organisms.



**Web of Life** - half class that focuses on the interactions and dependencies between living and non-living elements in our Blue Ridge ecosystem.



# Camp Activities Continued

**Cooperation-** Students will learn the importance of showing respect for self and respect and empathy for others and participate in activities on how to solve problems and resolve conflict without avoidance or violence.



# Student Attire

Gray ALERT T-Shirt can be worn over an outfit the 1st and 2nd day.

Comfortable pants

Comfortable sneakers (we will be walking a lot)

Expect the weather to be about 10 to 20 degrees colder at camp than it is at home.

Layers are good!



# Items to bring

You will be leaving with a detailed packing list.

You may only have 1 duffel bag and 1 rolled sleeping bag. You will have to carry everything from the bus to your cabin, so pack light!

**Label everything with your name!**

Here are some highlights:

- Sleeping Bag and pillow
- Needed medications (in original packaging with directions)
- Camera
- Money for gift shop (no more than \$35)
- Necessary personal items (toothbrush, toothpaste, deodorant, hairbrush, wash cloth in ziploc bag, clothing, jacket, rain poncho, extra shoes/socks)
- Water bottle that can be refilled

# Items NOT Permitted

Electronic Devices

Cell Phones (teachers will use landlines in the event calls are necessary -cell service is not available)

Contact Number for MTOS: 828-692-9136

Food, Drinks, Gum, Candy, etc.

Weapons

Anything Expensive

# Meals

Our whole trip will be focused on sustainable living. The counselors will talk with students about food waste and composting at meal times.

**Students cannot have snacks in their cabin.  
Crumbs attract critters!**

Breakfast: Options could be eggs, muffins, fruit, etc.

Cereal/oatmeal is always available at breakfast

Lunch: Choice of sandwich- ham, turkey, roast beef. Vegetarian option available.

Dinner: Family style meals

Salad Bar is always available w/gluten free dressings



# Dietary Needs

**Due to allergies, peanut butter and nuts will be avoided. If you have specific dietary needs there is a place on the medical form to indicate that.**

MTOS is nut free and offers vegetarian, gluten, and dairy free options.

# Where do we sleep?

We will be sleeping on bunk beds in cabins. Showers, toilets, and sinks are in each cabin. The male students and male chaperones will have assigned cabins. The female students, female chaperones and teachers will have separate assigned cabins.



# Frequently Asked Questions

**Are showers available?** Showers are available in cabins, but students will not be required to shower.

**What should I wear to sleep in?** Dress comfortably in layers. We don't know what the weather might be or what it might feel like in the cabin.

**Where is the closest hospital?** The closest hospital is Pardee Hospital in Hendersonville.  
All MTOS staff are First Aid and CPR certified and carry first aid kits.

# Frequently Asked Questions

**Can I bring my cell phone?** Students are not allowed to have phones or any other electronic device. Teachers will have access to landlines in the event any calls are necessary. Cell service has limited availability.

**How much should I pack?** Follow the packing list. Students will not be spending much time in the cabins and will not need toys or items to entertain them. You are limited to 1 bag and 1 sleeping bag and pillow.

**Is there a gift shop?** Yes, you will have a short assigned time to gift shop. You should not bring more than \$35. Students are responsible for keeping up with their own money.

# Remind

We will contact parents directly should the need arise.  
For general messages we will use Remind.

Remind is an app teachers can use to send out messages to a group of people.

You can sign up to receive messages from your child's ALERT teacher.

Messages will be short. Example: "We have arrived at camp safely."



# Student Expectations

Do your part to stay on schedule.

**Remain with assigned chaperone at all times.**

Remember to treat all adults assisting us on the field study with respect.

Refrain from running, climbing, jumping etc... at all times.

Carry and keep track of personal belongings, money and purchased items at all times.

Refrain from handling the belongings of others. This will help avoid personal items being misplaced.

Use appropriate manners, the life skill of common sense and follow all school rules while on the field study.

Use the Habit of Mind Responding with Wonderment and Awe throughout the field study.

Use this opportunity to make new friends.

# Questions...

We will answer any questions that you may have now.

If you have questions or concerns at any time, please do not hesitate to contact your ALERT teacher. We are anticipating a wonderful field study experience!