

# INFORMATION PACKET



**Wednesday - Friday  
May 16th, 17th & 18th, 2018**

In this packet, you will find:

- \*Camp Information sheet
- \*Chaperone Information sheet
- \*Chaperone Questionnaire
- \*Confidential Camper sheet
- \*SDSM Overnight Field Trip Forms (6 pgs - please note page 2 needs to be notarized, page 5 needs doctor's signature if medication will be sent along to camp)
- \*Packing List

## **CHECKLIST:**

**What needs to be returned/completed by Friday, April 13th, 2018**

- \_\_\_\_\_ Chaperone Questionnaire (if interested in being a chaperone)
- \_\_\_\_\_ Chaperone Background Check (done online ASAP)
- \_\_\_\_\_ Confidential Camper sheet
- \_\_\_\_\_ SDSM Overnight Field Trip Forms (6 pages - all must be returned)
- \_\_\_\_\_ Camper/Chaperone Payment (\$100/ea)

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## Camp Information

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**WHO:** All 5th Grade Students

**WHEN:** Wednesday, May 16th - Friday, May 18th, 2018

**WHERE:** Camp Anokijig - located in Sheboygan County on Little Elkhart Lake

**WHY:** This facility provides students with a wonderful opportunity to learn about numerous standards in our curriculum using the resources of the camp. The setting of the camp provides a rich environment for teaching. Students will be engaged in hands on practical activities that will help them understand the standards taught in 5th grade. Here are a few of the benchmarks to be touched upon at camp:

- \*Describe environmental effects of erosion and land use
- \*Calculate distance and construct maps of selected areas
- \*Use science and building tools safely and effectively (microscopes, balances, rulers)
- \*Identify and use geometric concepts and measurement tools for design and construction
- \*Writing - write descriptive paragraphs, journaling and reflection
- \*Summarize data collected from individual learning stations
- \*Developing productive character traits
- \*Acquire the capacity and motivation for lifelong learning
- \*Citizenship, respect, cooperation...

**COST:** \$100 per student; \$100 per chaperone. Checks can be made payable to SDSM

### OTHER:

- \*Chaperones will be needed. Inside the packet you will find chaperone expectations, a chaperone application and directions how to complete the online background check. All chaperones must have a completed background check on file to attend camp. Chaperones may drive to camp in their own vehicles.
- \*We have very high expectations of our students regarding discipline, respect and safety on this trip. Given the nature of being far from home and in unfamiliar surroundings, it is crucial they listen and cooperate. This is one of those memories that can last a lifetime.
- \*All completed student forms are due to the office by Friday, April 13th.
- \*All student and chaperone fees are due to the office by Friday, April 13th.
- \*When everyone returns from camp, all 5th grade campers will be dismissed for the day at 2:15. Please make pick up arrangements ahead of time. Those students who did not attend camp will finish out the regular school day and be dismissed at 3:35.

Sincerely,

Mrs. Horsley & Fifth Grade Teachers

# PACKING LISTS

Make sure items are clearly marked with family name.

## IN YOUR BACKPACK:

- \_\_\_\_\_ BAG LUNCH (Do not pack anything that will need to be returned)
- \_\_\_\_\_ Chapstick
- \_\_\_\_\_ 3 sharpened pencils
- \_\_\_\_\_ Library book (chapter book)
- \_\_\_\_\_ Camp Journal
- \_\_\_\_\_ Mosquito repellent
- \_\_\_\_\_ Camera
- \_\_\_\_\_ 2 pairs of dry socks (in ziploc bag)
- \_\_\_\_\_ Flashlight
- \_\_\_\_\_ Rain gear or large heavy-duty garbage bag
- \_\_\_\_\_ MEDICATION (must give to Designated Medical Staff before getting on bus)

## IN WATERPROOF BAG:

- BEDDING:**
- \_\_\_\_\_ Sleeping bag or wool blankets plus a sheet
  - \_\_\_\_\_ Pillow and pillow case

- TOILETRIES:**
- \_\_\_\_\_ Towel & washcloth
  - \_\_\_\_\_ Soap in a ziploc bag
  - \_\_\_\_\_ Toothbrush & toothpaste
  - \_\_\_\_\_ Comb and shampoo

- CLOTHING:**
- \_\_\_\_\_ Light jacket
  - \_\_\_\_\_ Raincoat or large heavy-duty garbage bag
  - \_\_\_\_\_ Hat (optional)
  - \_\_\_\_\_ Walking shoes
  - \_\_\_\_\_ Extra pair of shoes
  - \_\_\_\_\_ Pajamas
  - \_\_\_\_\_ 3 changes of underwear
  - \_\_\_\_\_ 3 changes of outer clothing
  - \_\_\_\_\_ 5 changes of socks

**DO NOT BRING: \* EXTRA FOOD \* CANDY \* GUM \* MONEY \*RADIO'S \*  
\* ELECTRONIC GAMES \* GLASS CONTAINERS \* SPORTS  
EQUIPMENT \* JACKKNIVES \* IPODS \* CELL PHONES \***

**PLEASE RETURN IF YOU WOULD LIKE TO BE CONSIDERED FOR A CHAPERONE**

Camp Chaperone Questionnaire

Thank you for your interest in helping chaperone our camping trip. By filling out this sheet you are agreeing to participate and engage in a wonderful opportunity with the students and staff at Camp Anokijig. In order to narrow our search to 8-10 parent chaperones, we need people who are qualified and talented in specific areas. Please answer the questions truthfully and as in-depth as possible. Use the backside of this sheet or additional paper if needed. If you are chosen as a chaperone, we will definitely count on you being on the trip with us, all three days. There may be some meetings prior to the trip that you will need to attend.

1. List experiences you have had dealing with children. (Coaching, teaching, volunteering, etc.)

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2. List any qualifications or special abilities you have regarding camping, hiking, building construction, environmental knowledge, course work taken, etc. We will be working on a building project on this trip so any past experience with this area will be very helpful.

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3. We will be very busy at camp with minimal sleep. There will be some long walks, possibly carrying and lifting some lumber. Do you have any ailments that would keep you from doing any of these activities? If yes, please explain:

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All chaperones agree to a background check by the District. There will be no smoking, vaping, chewing of tobacco, or alcohol consumption on this trip. If you are a smoker, you must be able to refrain from smoking while on this trip.

Your Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

I want to drive my own vehicle \_\_\_\_\_ I prefer riding the bus \_\_\_\_\_

If called upon, I could drive \_\_\_\_\_ passengers (with seatbelts)

# CHAPERONE RESPONSIBILITIES

1. Stay with your group until you get them to their cabins.
2. Walk them from station to station.
3. Assist instructors and students at stations.
4. Encourage students to participate and guide them.
5. Treat them as your own. Expect them to follow directions for their safety and the safety of others.
6. Students should not run ahead of you. If someone needs to use a bathroom, an adult needs to go with them to the buildings where the bathrooms are (Dining Hall, Bath House).
7. Students are not to go back to the cabins unless they have an emergency (falling in the river) or are assigned to a shower time.
8. At night, students need to be supervised going to the bathroom. We expect them to shower at least once while on the trip and to brush their teeth and see to routine toiletries daily.
9. Breakfast is at 8:00. They won't wait. If someone is not there, we start. Students need to be up, dressed, ready for the entire day and out the door with you by 7:25.
10. Although restrooms are in the cabin, students needing to use the bathroom during the night will need an adult escort to ensure safety.
11. Remember to teach by modeling. Show them the best way to work with others and how to deal with problems.
12. Teachers will deal with discipline problems if a student fails to comply with your requests (unless it is your own child - then you're on your own).
13. Remember, some of these children have never camped before and this is a little scary for them.
14. Please keep any confidential information strictly confidential and forget it when the trip is over. Your books will have a confidential sheet in it. Do **not** let students use your book as they may view this info.
15. Pack basically the same as students. Remember, no alcohol, tobacco or vaping products are allowed.
16. Have fun with the kids and enjoy this special time with your child!

## CONFIDENTIAL CAMPER INFORMATION SHEET

We are planning for camp! This note needs your attention as it contains information about your child and keeping him/her comfortable while away from home.

Please complete the bottom section in regards to special attention your child may need while at camp. We are looking for information such as: has a hard time falling asleep, has bathroom issues at night, is afraid of the dark, night terrors, talks in sleep, sleep walker, first time away from home over night, has dietary restrictions, or any other issue you think may affect camp. Please be as specific as possible.

This information is **confidential** and will only be shared as needed with our staff, chaperones and camp counselors.

My child, \_\_\_\_\_, has the following needs:

\_\_\_\_\_ My child has no special needs for camp.

\_\_\_\_\_  
(parent/guardian signature)

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**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**FIELD TRIP PARENTAL/GUARDIAN AUTHORIZATION, MEDICAL, LIMITED MEDICAL POWER OF  
ATTORNEY, LIABILITY RELEASE FORM FOR OVERNIGHT TRIP**

Student Name: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Location and Date(s) of Trip: \_\_\_\_\_

**THIS FORM IS SIX (6) PAGES LONG -- I AGREE TO READ ALL SIX PAGES BEFORE SIGNING.**

My student is scheduled to attend an overnight field trip as listed above. I understand, and my Student understands, that participation on this field trip is an earned privilege that may be revoked at any time in accordance with the School District of South Milwaukee policies. I authorize my Student to attend and participate in the field trip as outlined and described by the school.

It is expressly understood that in the event the Student becomes involved in any activity which would involve some type of school or police disciplinary action, the teachers have the discretion of sending the Student home at my expense. I further understand that a teacher would contact me before taking any action.

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip. The teachers have the discretion of sending the Student home at my expense in this situation. I further understand that a teacher would contact me before taking any action.

All of these forms must be completed and returned before the Student will be permitted to participate in the above field trip. Please note that there is information on all of the following seven (7) pages that must be completed.

I give permission for my Student to attend the Field Trip to \_\_\_\_\_ (Field Trip location and date(s)).

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Information**

Please list the names, phone numbers, and relationship for parent(s)/guardian(s), an alternate emergency contact, and the Student's doctor in case of a medical emergency.

| Name | Phone Number | Relationship |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |

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**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**LIMITED MEDICAL POWER OF ATTORNEY**

By signing this form, \_\_\_\_\_ (Parent/Guardian) give(s) Limited Medical Power of Attorney for \_\_\_\_\_ (Student's Name) to \_\_\_\_\_ (the District Representative or teacher) for a limited time and purpose described below. The Limited Medical Power of Attorney will be terminated at the end of the field trip.

I do hereby appoint \_\_\_\_\_ (the District Representative or teacher) to be the Limited Medical Power of Attorney for \_\_\_\_\_ (Student's Name), for me and in my name for the purpose of authorizing and consenting to any medical, surgical, or emergency dental work necessary for the immediate and emergency treatment of \_\_\_\_\_ (Student's Name) that may occur by any means during the course of this school field trip to \_\_\_\_\_ (Field Trip Location) during the following date(s): \_\_\_\_\_ (Date(s) of Field Trip).

Despite the creation of this Limited Medical Power of Attorney, I expect to be fully informed about and allow to participate in any health care decision for \_\_\_\_\_ (Student's Name). If after several attempt have been made to contact me and I have not responded, it is understood that **reasonable attempts will be made to contact me prior to the authorization of the above referred to treatment then this Limit Medical Power of Attorney will be executed.**

It is understood that \_\_\_\_\_ (the District Representative or teacher) is authorized to act in matters involving **EMERGENCY ONLY** medical and surgical treatment with the same force and effect and all intents and purposes as though I were personally present and acting for myself, hereby notifying and confirming whatsoever what \_\_\_\_\_ (the District Representative or teacher) either severally or individually shall do by authority hereof.

This Limited Medical Power of Attorney allows the Student's name and medical status to be released to \_\_\_\_\_ (the District Representative or teacher).

My executing this Limited Medical Power of Attorney is voluntary.

\_\_\_\_\_  
Printed Parent/Guardian Name

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

\_\_\_\_\_  
Date

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Print Name)

Notary Seal or Stamp

\_\_\_\_\_  
Notary Public (Sign Name)

My commission expires \_\_\_\_\_, or is permanent \_\_\_\_\_.

Notary Public \_\_\_\_\_, or \_\_\_\_\_ (Official Title, if not a notary)

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**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**CONFIDENTIAL HEALTH INFORMATION**

**Emergency Contact Information**

\_\_\_\_\_

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Eve Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Health History** (*Add more information on back of form if necessary for additional medical information.*)

\_\_\_\_\_

Emotional Problems (*i.e., hyperventilation, hysteria, depression, etc.*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Serious Medical Problems (*i.e., Epilepsy, Diabetes, Asthma, etc.*) \_\_\_\_\_

List any allergies \_\_\_\_\_

Past Health Problems we need to be aware of \_\_\_\_\_

Is your student taking any over the counter or Prescription Medication \_\_\_ **Yes** \_\_\_ **No**

*(Please fill out the Instructions for Administering Medication to Student on a School Trip Parent/Guardian Statement and Physician's Statement)(If your Student needs an emergency medication such as an inhaler, an EpiPen, and/or Benadryl, your Student must bring the medication on the field trip. Other required prescription medication that your Student uses regularly must also be brought on the field trip.)*

List any drug allergies (be specific) \_\_\_\_\_

**Emergency Information**

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Keep Blank

**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**CONFIDENTIAL HEALTH INFORMATION**

**INSTRUCTIONS FOR ADMINISTERING MEDICATION TO STUDENTS ON A SCHOOL FIELD TRIP  
PARENT/GUARDIAN STATEMENT**

I hereby request and authorize that my student \_\_\_\_\_ (Student's Name) receive prescription or over the counter medication from a Supervising teacher while on a school field trip on the following date(s) \_\_\_\_\_ (INSERT DATES INCLUDING YEAR). I understand that the medication will be held by a Supervising teacher and will not be held by my student. (PLEASE NOTE THAT IN A CASE OF TRAVEL OUT OF THE COUNTRY THE STUDENT MAY BE REQUIRED TO CARRY THEIR OWN MEDICATION DUE TO REQUIREMENTS RELATED TO TRAVELING THROUGH OTHER COUNTRY BORDERS.) I must supply the school authorities with properly labeled bottle of medication. **Prescription Medication** must have on it the name and telephone number of the pharmacy, the name of the Student, the name of the prescribing physician, the medication name, and the dosage to be given. **Over the Counter Medication** (i.e., Tylenol, Tums) must be in the original container and be clearly marked with the Student's name, dosage, and directions. I understand that the school is not responsible for the loss of medication due to carelessness on the part your student while transporting the medication to and from school before and after the field trip. All unused medication will be returned within 24 hours of the last day of the school field trip.

All medication **MUST** be given to the Teacher in Charge in a ziplock bag with the Student's name clearly marked on the bag. This includes Over the Counter and Prescription Medication. (EXCEPTIONS may be made on a case by case basis for emergency medication that your student can keep with them.)

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

**OVER THE COUNTER MEDICATION**

If your Student is bringing Over the counter Medication on the trip, please write the name of the medication below along with the instructions for the (1) Medication Name, (2) Dosage amount, and (3) Instructions (when it must be taken and other relevant information).

| Medication Name | Dosage Amount | Instruction |
|-----------------|---------------|-------------|
|                 |               |             |
|                 |               |             |
|                 |               |             |
|                 |               |             |

Keep Blank



**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**CONFIDENTIAL HEALTH INFORMATION  
PRESCRIPTION MEDICATION  
PHYSICIAN'S STATEMENT  
(Required for Prescription Medication)**

The below named Student is under the care and is required to take medication(s) during School Hours. **Prescription Medication Bottle** must have on it the name and telephone number of the pharmacy, the name of the Student, the name of the prescribing physician, the medication name, and the dosage to be given. **This also includes Epinephrine Auto-Injectors.**

Student Name: \_\_\_\_\_

Prescribing Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

This medication(s) may be administered by designated school personnel according to the following instructions:

| Medication Name | Purpose | Dosage | Special Instructions | Possible Side Effects |
|-----------------|---------|--------|----------------------|-----------------------|
|                 |         |        |                      |                       |
|                 |         |        |                      |                       |
|                 |         |        |                      |                       |
|                 |         |        |                      |                       |

These instructions are valid until \_\_\_\_\_ and do not extend beyond the current school year.

Prescribing Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

Keep Blank

**SCHOOL DISTRICT OF SOUTH MILWAUKEE  
OVERNIGHT/OVERNIGHT AND OUT OF STATE FIELD TRIP**

**Liability Release**

I, \_\_\_\_\_ (Your Name), hereby give my permission for my Student, \_\_\_\_\_ (Student's Name), to go on an authorized high school sponsored field trip to \_\_\_\_\_ (INSERT SPECIFIC DATES, INCLUDING YEAR, TO INSERT LOCATION(s)).

(The purpose of the field trip and Risk associated with going on the field trip including what activities and injuries that could happen)

I understand that my student's participation in the field trip is a privilege, and not a right. I acknowledge that I have spoken with my student about my student's need to comply with the specific rules and requirements established for the activities on the field trip; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

I do hereby release the Board of Education, the School's Administrators, Chaperones, and Teachers, from any and all actions, causes of action, liability, claims and demands upon, or by reason of any damage, loss, or injury which may be sustained by me or my child as a consequence of or in any manner resulting from the field trip to \_\_\_\_\_ (Field Trip Location) and from bus transportation to and from school, except such as may arise from acts of **Gross Negligence** on the part of the School Board, the School Administrators, Chaperones, and Teachers.

It is expressly understood that in the event the Student becomes involved in any activity which would involved some types of disciplinary action, the teachers have the discretion of sending the student home at the parent/guardian's expense. I further understand that a teacher would contact me before taking such action. The School District of South Milwaukee is not responsible to any person or student for loss of time, money, or eventualities result from occurrences beyond reasonable control, such as but not limited to transportation delays or breakdowns.

I further agree that if my student receives medical treatment and/or is hospitalized, my student name shall be released to officials from the School District of South Milwaukee upon their request.

You are encouraged to carefully review the contents of this "Liability Release" and take time to review it. **DO NOT SIGN** this Liability Release unless you understand and agree to the terms and conditions of this Liability Release. If you wish to **NEGOTIATE** any of the terms of this Liability Release for modifications, deletions, or additions, please contact the **School Principal** prior to signing and executing this Liability Release. If you do not contact the School District prior to signing and executing this Liability Release, the School District understands that you are accepting the terms and conditions as set forth above, and that you do not wish to pursue any further negotiations regarding the terms and conditions of this Liability Release.

I, \_\_\_\_\_ (Your Name), have read this **LIABILITY RELEASE** and understand all its terms and execute it voluntarily and with full understanding of its significance.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND RELEASE OF GROSS NEGLIGENCE CLAIMS AGAINST THE SCHOOL BOARD, SCHOOL ADMINISTRATORS, CHAPERONES, AND TEACHERS AND I UNDERSTAND THIS LIABILITY WAIVER IMPACTS AND EFFECTS.**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_