

EDUCATIONAL FIELD TRIP APPLICATION

Note: This form must be submitted to the Office of the Superintendent at least one week prior to the next scheduled School Committee meeting. As a truly worthwhile field trip requires a great deal of planning, applications received less than five school days prior to the proposed trip will necessarily be denied. The use of vans or private automobiles for trips planned to include late night or overnight student travel is prohibited. Late night or overnight trips will use commercial motor coaches.

Permission is hereby requested to conduct the following field trip:

Trip Coordinator: JOHN CARPSELL
 School: BEKLID MEMORIAL
 Class/Group: 5th GRADE
 Place to be visited: NATURE'S CLASSROOM, CHANNESBURY, MA
 Date of departure: THURSDAY 5/21 Departure time: 9:00 AM
 Day/Date of return: FRIDAY 5/22 Return time: 3:00 PM

1) Specific Purpose(s) of the trip: PARTICIPATION IN NATURE'S CLASSROOM ACTIVITIES ALONG WITH PES 5th GRADE

2) * Transportation plans (if required): NOT BUS

3) Pre-Trip Orientation and/or Activities to be conducted in preparation for the trip: MEETING WITH NATURE'S CLASSROOM STAFF - 16D

4) Trip Itinerary:

A sufficiently detailed trip itinerary must be attached to this application form which indicates a precise sequencing of events. Detailed information should include, but not be limited to the following (where applicable):

- o Confirmations of reservations for planned events.
- o Confirmations of reservations for lodging. (MUST specify name, address AND phone number of hotel/motel AND specific room numbers assigned to the group.)
- o Number and names of teacher chaperones
- o Number and names of other chaperones
- o CORI checks completed satisfactorily for chaperones
- o Detailed and sequential description of the duties, responsibilities and authority of chaperones which are specific to the trip, including a description of the method utilized to convey this information. (This is also to be clearly conveyed to all students prior to taking the trip.)
- o Emergency number for parents to call
- o Nurse Coverage (*minimum 1 month prior approval required*)/Medication Plan in place
- o Kitchen Notification
- o SPED Notification
- o Specialists Notification
- o Communications Network Statement
- o Parent Permission Slip
- o Name of Students going on the trip
- o If trip is leaving prior to 1st period of the day, then attendance must be given to the office

5) Parent Permission Slip: A sample of the parent permission slip to be secured prior to taking the trip must be attached to this application form. (Note: Phone number of parent is to be included on permission slip.)

6) If transportation is being provided in private vehicles, the following must be adhered to according to Policy EEAG (attached) of the Berlin-Boylston Public Schools Policy Manual. All necessary documentation needs to be attached to this field trip application:

- o A photocopy of the driver's coverage selections page to confirm bodily injury liability insurance coverage on the vehicle in the amounts of \$100,000/\$300,000 or more AND that the driver is listed as a principal or occasional operator of that vehicle.
- o A photocopy of the driver's operating license.
- o Confirmation by the trip coordinator that the volunteer driver has been through a CORI test without incident.
- o Confirmation by the trip coordinator that the vehicle is equipped with seat belts for each rider, including car seats or booster seats, if required by Motor Vehicle Law (MGL, Chapter 90, Section 7AA and MGL, Chapter 90, Section 13A).
- o In the case of an employee driving one (1) or more students in a private vehicle, the employee must own the vehicle, and the employee must file evidence with this form of personal liability insurance coverage on the vehicle in the amounts of \$100,000/\$300,000 or more.

7) Specific follow-up activities planned as appropriate to this trip:

THIS IS AN OUT-OF-STATE ACTIVITY. THE GRADE 6
TEAM FOLLOWS UP DURING AFTER ACTIVITIES

8) How is this trip to be financed? STUDENT ACTIVITIES, FUND RAISING, STUDENT
What provision is being made for students for whom the expense is a hardship? FROM T
YES, FUNDS FROM STUDENT ACTIVITIES

9) Communications Network: A communications network must be in place prior to the trip which provides a means of communication between the trip coordinator and the parents of students taking the trip as unanticipated circumstances might dictate (i.e. delayed or early return).

Note well: The building administrator's approval of the trip application will serve as verification of this network being in place.

10) Standards Addressed for this trip: Please indicate how this field trip aligns with the standards within your curriculum. (Specifically address the standards.)

SCIENCE STANDARDS - 5 ESS3-7, 5 LS2-1 & 2
5 PS1-3

Approval: (Note well: Signatures below indicate your approval of the field trip as described on this form and addenda conditional upon the satisfactory completion of all the items as contained herein. It shall remain the responsibility of the Field Trip Coordinator (as identified on this application) to submit evidence of such satisfactory completion to the appropriate building administrator no later than TWO school days prior to departure on the trip.

Department Head: _____ Date: _____

Principal: _____ Date: _____

Superintendent (or designee): Carol L. Lattin Date: 12/5/23

School Committee: _____ Date: _____

(Required for overnight/out-of-state trips)

NOTE: The following signature indicates that the Principal has received all required forms at least TWO days prior to the trip:

Principal: _____ Date: _____

Adopted: August 28, 2013

Berlin Memorial School – Nature’s Classroom Field Trip

Tuesday, May 21 – Friday, May 24, 2024

Contract for this year signed by Superintendent Costello.

Approximately 30 Grade 5 students will be staying at the Charlton, MA Nature’s Classroom site. In addition to parent volunteers, Fifth Grade teacher Tia Trapasso and Principal John Campbell will be staying with students. We are allowed an additional 4 adult supervisors. CORI checks will be completed on all volunteers prior to the trip.

Students will depart from BMS via NRT bus at approximately 9:00 AM. Upon arrival at the site, students will be assigned rooms, and then go to lunch. Nature’s Classroom staff supervise students during activities, volunteers supervise students during “free time”, meal times, and overnight.

All contact information will be obtained via Nature’s Classroom registration forms. (All forms are attached to this document.) Nature’s Classroom also gathers all medical information, and has a nurse onsite to address medication needs and other health issues.

In house staff (kitchen, specialists, nursing, SPED) have been informed of these dates, and will be reminded again 30 days prior to the field trip.

Greetings from Nature's Classroom, Inc.!

The purpose of this packet is to help you begin organizing your visit to Nature's Classroom. The following items need your prompt attention:

1. **Contracts.** To keep your dates reserved, please print and sign your contract (the other attachment to this email) and return it to us as soon as possible. Scanning and emailing is fine, as is regular mail. Please keep a copy for your records. If you would like a physical copy of this packet and/or your contract mailed to you, please let us know and we will get it in the mail.
2. **Fees.** For school groups waiving the right of exclusive use of our program, your price per child is listed on the contract. Please notify us if there is a change of more than 5 students in your projected number of attendees. This will help us when matching groups and in planning our staff size for your trip.
3. **Deposits.** To reserve your dates with us, a deposit of 30% of your anticipated total payment is due by the date shown on your contract, please call us if you need to arrange an extension. Please send a single check to our Charlton, MA address. The remaining balance is due a minimum of 2 weeks before your group's stay with us.

Included this packet is some useful information for your students' guardians, including an overview of Nature's Classroom and a suggested packing list. Also included are the **four forms we require on-site** for each child participant, please send these forms home to families to complete. A completed packet of forms (one for each student, even in the case of multiple births) should be collected at your school and brought with you on the trip for our medical team.

- **Harrington Hospital General Medical Consent Form**
- **Student Registration Form**
- **Home Health Information Questionnaire**
- **Medication Administration Form**

Also included is some additional information about our insurance coverage. We can make a copy of our Certificate of Insurance available, if your school board or superintendent requests such information.

Along with the contract and the deposit, please also fill out and submit the Medical Services Request Form (pink form). If you foresee any difficulty on returning the contract or the required deposit, or if you wish to schedule a parent meeting, please call our office at 800-433-8375 or email your request to ashley@nauresclassroom.org

Sincerely,



Ashley L. Bame
Associate Executive Director
Nature's Classroom, Inc.



OVERVIEW OF NATURE'S CLASSROOM

Nature's Classroom offers a unique educational experience to students and their teachers. The goal of the program is to create an educational community that integrates social development, student-driven exploration and interdisciplinary study. Students are under adult supervision at all times both during the day and at night. Small student to teacher ratios are maintained to promote personal growth and provide individualized attention to each student. Nature's Classroom offers a unique educational experience to students and their teachers. The goal of the program is to create an educational community that integrates social development, student-driven exploration and interdisciplinary study. Students are under adult supervision at all times both during the day and at night. Small student to teacher ratios are maintained to promote personal growth and provide individualized attention to each student. The Nature's Classroom staff is comprised of professional staff with a wide variety of academic backgrounds and interests. Nature's Classroom encourages students to cooperate as a community, strengthen their self-concept and gain an appreciation of curiosity and learning. Working closely with your student's classroom teachers, Nature's Classroom develops a program that dovetails with the classroom curriculum and reinforces key concepts.

A typical day at Nature's Classroom features a morning *Field Group*, afternoon *Special Interest Classes*, and a *Large Group Activity* in the evening.

Field Group is generally the first activity of the day. Students are assigned by their classroom teachers to a field group; each field group is assigned to a single Nature's Classroom teacher. During field group, a strong emphasis is placed on working and learning as a team. Each day with their field group, students have the opportunity to explore in natural surroundings while studying important ecological concepts and their connection to the world and its life support systems. Students are encouraged to use critical thinking skills and work together to investigate a wide variety of natural phenomena and relationships.

Special Interest Classes occur primarily in the afternoon. Students have an opportunity to choose classes from a wide range of interests and disciplines. Nature's Classroom prides itself in presenting hands-on classes that are planned in conjunction with your student's classroom teachers. Classes are selected to reinforce and build upon your school's curriculum and explore the relationships between various academic disciplines. In order to provide students with the maximum opportunity for discovery and growth, a new selection of classes are available each day.

Large Group Activities and evening programs are selected by the classroom teachers to best suit the needs and goals of the students. With subjects ranging from science to leadership, traditional living to theatre, and everything in between, large group activities are a great way to create shared experiences for all Nature's Classroom participants.

Breakfast, lunch and dinner are provided, as well as an evening snack at the close of each day. Meals provide an opportunity to interact with other members of the community and share personal triumphs and discoveries. The diversity of subject matter covered within field groups, classes and other activities encourages students and teachers alike to share their excitement and engage in meaningful conversation around the table. Medications and first aid are administered by an RN, EMT or other medical personnel who is always available. Lodging is dormitory styled.

Students return from Nature's Classroom with newfound interests, lasting memories, and a greater sense of independence. Relationships formed and strengthened among both students and their teachers carry over into the classroom and beyond. The real life experience, both social and academic, inspires an increased understanding and a deeper appreciation of community, education and curiosity. We look forward to providing your child with a unique opportunity to learn and play in a safe and supportive environment.

Our belief is that the medical coverage in the Nature's Classroom contract is providing students with excellent care. Parents give permission to our staff to administer medical care, over-the-counter medications, and medications prescribed by their family physicians. Medications sent by parents will be made available to their children at the correct times and recorded in our log books. Nature's Classroom also works under our standing orders from our cooperating physicians. There are emergency medical centers and services in close proximity to our Nature's Classroom facility.

During the course of a day at Nature's Classroom, all adults on site (Nature's Classroom staff and school chaperones) will maintain supervision of the students. They will call the medical person on staff, should any medical issues arise. We will continue to offer employment to Registered Nurses, Emergency Medical Technicians, and individuals certified in Wilderness First Aid or First Aid and CPR.

If you feel the need to specifically request additional services beyond what is provided in the contract (specifically, if you require the medical supervision of a Registered Nurse or of an EMT), the fee schedule is as follows:

- The cost for a 24 hour RN request is \$2,000.00 per week
- The cost for a 24 hour EMT is \$450.00 per week.

The medical person cannot be assigned to a specific child or only to your school, but will provide coverage for all students on the site that week. Medical staff cannot accompany field groups or classes.

If you have questions or concerns regarding this policy, please contact Dr. John Santos at 800-433-8375. Thank you.

MEDICAL SERVICES REQUEST FORM

NAME OF SCHOOL: _____

ADDRESS: _____ TOWN: _____ STATE: _____

CONTACT NAME: _____ PHONE: _____

This request will be added to your contract as an ADDENDUM if the request can be accommodated. All rates are weekly and will be prorated to the length of your schools' stay at Nature's Classroom, Inc.

FULL TIME 24- hr MEDICAL STAFF ON SITE:

_____ The staff member will be available for the 4 general health calls (meal times and bedtime) per day and will also be available other times as needed, including overnight. (Cost: \$200.00/week)

SPECIFIC FULL TIME 24-hr MEDICAL STAFF ON SITE:

In all cases, the medical staff will be available for 4 general health calls (meal times and bedtime) per day and will also be available other times as needed, including overnight.

_____ Full time EMT on staff (Cost: \$450.00/week)

_____ Full time RN on staff (Cost: \$2,000.00/week) Schools with a specific serious medical need will be given priority in assigning an RN on site.



Nature's Classroom®

DR. JOHN G. SANTOS, Director

19 Harrington Road • Charlton, MA 01507

800-433-8375 • 508-248-2745 fax

www.naturesclassroom.org

NATURE'S CLASSROOM INSURANCE COVERAGE

Many schools have been requesting additional information about the Nature's Classroom insurance coverage. The following has been compiled to help ease the minds of parents, teachers, principals, etc. Keep in mind, also, that before a child receives outside medical treatment, his/her parents are notified. Nature's Classroom is insured in the following manner:

STUDENTS

\$2500 each accident/injury

\$ 750 each sickness

"Injury" means bodily injury to the child resulting directly and independently of all other causes in loss from accident occurring during the child's stay at Nature's Classroom.

"Sickness" means sickness or disease of a child which first manifests itself during the child's stay at Nature's Classroom.

The policy does not cover the following:

- pre-existing conditions. (For example: a child comes to Nature's Classroom with a cold; the cold worsens and medical attention is sought; payment would be the parent's responsibility.)
- intentional, self-inflicted injury.
- preventative medicines, vaccines, or medical examinations which are not necessary for the treatment of injury or sickness.
- repair, replacement, examinations for prescriptions or fitting of eyeglasses, contact lenses, or hearing aids.
- any dental work or treatment of natural teeth, cosmetic or plastic surgery not necessary for the repair or alleviation of injury.
- the repair or replacement of existing dentures, partial dentures, braces, bridges, or other artificial dental restoration.
- the repair or replacement of artificial limbs or orthopedic braces.

NOTE: This policy does not cover visiting teachers and other adult supervisors.

YOUR ROLE AT NATURE'S CLASSROOM

Experience has shown us that your upcoming program will be unique. We ask you now to consider what it will be. What do you want? We hire a staff very much willing to alter, adjust, and to rearrange, but not disregard, the goals of Nature's Classroom.

Do you want to teach any classes? Do you have particular academic desires? Do you want the enclosed schedule or a different one? Do you want specific classes, themes, or activities? You are welcome to do as much as you want above and beyond your responsibilities which are: 1) dormitory coverage; 2) coverage of a 1/2 hour cleanup break after breakfast, a one hour afternoon break (usually after lunch), and a 1/2 hour break after dinner; 3) coverage of students (with Nature's Classroom teachers) at meals, during transition times between activities and before meals (usually half hour periods), and evening programs; and 4) involving yourself with children.

As previously stated, your role at Nature's Classroom is defined for the most part by you. Some specific points to consider in determining your role:

- 1) If you wish to sit by the fireside and read during those times when Nature's Classroom teachers are in the field or in classes, that's fine with us, but you must make yourself available to the children when they are between activities.
- 2) If you are willing, able, and anxious to "get into the swing of things," we invite you to play and learn with the children and staff.
- 3) While we would like the freedom of planning your program completely for you, we recognize the importance of allowing individual groups to emphasize particular areas of concentration or themes. By using the volumes of "And This Our Life," you can choose activities which relate to your regular school program. Please refrain from making one or more required for everyone because we often need or wish to revise certain activities depending on the weather, group size, etc. Please be prepared and accepting of some changes when you arrive at Nature's Classroom. We are constantly trying out new activities often in regard to a Nature's Classroom teacher's new interest, best ability, or sudden creativity.
- 4) If you wish to participate in classes taught by Nature's Classroom teachers, you are more than welcome. Please don't roam from class to class; stay at least for half an hour. You may participate as an active learner or as a cooperative teacher. It is important (and your responsibility) to make your role known to the Nature's Classroom teacher. Our teachers are responsible and in charge of their field groups and classes, but feel free to "put your 2 cents in." This may be an excellent opportunity to introduce your children to classroom material or reinforce previous learning. Our teachers are requested to be accommodating to visiting teachers. Please remember that our staff are also teachers. You can approach them as individuals. If something is not going the way you think it should, tell them without undermining their authority. They have been instructed to do the same.

Please let us know what you want and what you expect of your role.

**HARRINGTON MEMORIAL HOSPITAL
SOUTHBRIDGE, MASSACHUSETTS**

GENERAL MEDICAL CONSENT FOR TREATMENT OF MINORS IN THE EMERGENCY ROOM

In case of accident or illness, I/we hereby authorize the physician and personnel at Harrington Memorial Hospital to examine and administer such treatment, medication and procedure(s) found to be necessary for the diagnosis and treatment of my/our son/daughter.

Name: _____ Date of Birth: _____

Exceptions: (If none, so state): _____

Date(s) this consent is in effect: _____ through: _____

The explanation of the medical problem will be made to the patient and/or the person who accompanies my/our offspring to the hospital. One or both of them shall sign the informed consent.

PARENT OR GUARDIAN MUST SIGN HERE:

Date: _____ Signed: _____
(Relationship)

Date: _____ Signed: _____
(Relationship)

Witness: _____

Patient's family physician: _____

Allergies: _____

Date of last tetanus immunization: _____

Pertinent medical conditions: _____

Medications presently being taken: _____

Medical insurance/person responsible for payment: _____

Policy #: _____

A photostat copy of this form is to be attached to each emergency record. This consent is to be kept in the permanent file if used. It is only valid for a **one month** interval.

NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Family Physician _____ Telephone (____) _____

I give permission for (Name) _____ to attend Nature's Classroom

for the period of _____ as part of the outdoor education program

of (School Name) _____. I understand that the director of Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes _____ No _____

Date _____ Signature _____ Relationship _____

If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN _____ TYLENOL _____ OTHER (Specify) _____

Nature's Classroom

HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: _____ Date of Session: _____

The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.

1. Is this your child's first prolonged stay away from home? _____

2. Is this your child's first sleep away experience? _____

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

4. Does your child have a bed wetting problem? _____

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). _____

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

8. Does your child have any sensory, physical or cognitive disabilities? ☐ Yes ☐ No If yes, explain.

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

10. Additional information:

Nature's Classroom

MEDICATION ADMINISTRATION FORM

All medications (including prescription, non-prescription and vitamins) must come in original containers.

Please complete *all parts* of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page.

CHILD'S NAME: _____

I hereby give permission for the staff of Nature's Classroom to administer to my child the following medication(s):

Medication	Dose (mg, tsp)	Time Medication Taken				
		Breakfast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): _____

Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use.

Signed: _____ Dated: _____

Relationship: _____

SUGGESTED EQUIPMENT LIST FOR NATURE'S CLASSROOM, INC.

Our "dress code" when exiting the dorms, to participate in program, is long pants and closed-toed shoes.

Check the weather forecast for the days of your student's trip. A change of clothes per day is usually sufficient. Inclement weather (rain and snow storms) requires more pairs of socks, shoes, undergarments, and clothing in general. **Items to send:**

- Water Bottle
- Backpack ("day pack")
- Sleeping bag or sheets and a blanket (twin size)
- Pillow and pillowcase
- Toiletries: soap (and container), shampoo, toothpaste, toothbrush, deodorant, towels, washcloths, etc.
- Pajamas
- Underwear
- Socks
- Jeans/pants
- Shirts (short and long sleeve)
- Warm outer layer
- Gloves or mittens, scarf, winter hat (activities do take place outside after dark. Suggested early Oct.- late April)
- Closed-toed shoes. 2 pairs are recommended. More if a lot of rain is in the forecast (Ex: sneakers, rain boots, broken-in hiking boots, etc.)
- Raincoat or rain poncho (suggested even if rain is not in the forecast)
- Sunscreen
- Insect repellant (no aerosols please)
- Laundry bag or extra pillow case

Please **do not send** the following items:

- Electronics: cell phones, tablets, portable gaming systems, kindles, etc.
- Pocket knife or multi-tools
- Food, including candy and gum
- Medicine, or medical supplies

Medications should be listed on your student's Medication Administration Form and turned over to the school group leader to be received on-site by our medical staff

***Please do not buy new clothes or shoes for your student to wear at Nature's Classroom. Send old clothes that you do not mind your student getting dirty during outdoor activities.

Suggested optional items (seasonally for comfort or recreation):

- Hat or ball cap
- Sunglasses
- Pair of slippers/flip-flops (cabin use only)
- Shorts (cabin use only)
- Pre-addressed stamped envelopes or postcards, paper and pens, etc. for writing home
- Notebook and writing utensils
- Camera (preferably disposable)
- Flashlight
- Book for reading at night
- Deck of playing cards

***Please make sure that every personal item (shoes, camera, socks, coat, etc.) are clearly labeled with your student's name.

***If your student loses any items at Nature's Classroom, contact the school or our Program Coordinator immediately.

Nature's Classroom takes no responsibility for lost or damaged items.