## 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 this date reserved, please print, and sign your contract (the other attachment to this email) and return it to us as soon as possible. You can scan and email or use 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.
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 information guides staffing and potential matching groups.
3. **Deposits**. To reserve your dates with us, a deposit of 30% of your anticipated total payment is requested by the date shown on your contract. Please call us if you need to arrange an extension. And please send a single check to our Charlton, MA address. The remaining balance is due 2 weeks before your group's stay with us.

Included in 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 **five forms required 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**
- **Behavior Agreement**

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 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 lesleigh@naturesclassroom.org

Sincerely,



Director of Leadership and Organizational Development
Nature's Classroom, Inc.

# OVERVIEW

Nature's Classroom Inc. 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 always under adult supervision, both during the day and at night. Small student-to teacher ratios are maintained to promote personal growth and to 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 NC 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. Every day with their field group, students can explore in natural surroundings while studying important ecological concepts and their connection to the world and its life support systems. Programs are designed to encourage the students to use critical thinking skills while working 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. We pride ourselves in presenting hands-on classes that are planned in conjunction with your student's

classroom teachers.

## OVERVIEW (Cont.)

Classes are selected to reinforce and build upon your school's curriculum and explore the relationships between various academic disciplines. And to provide students with the maximum opportunity for discovery and growth, a new selection of classes is available each day.

*Large Group Activities* and evening programs also 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 theater, and everything in between, large group activities are a great way to create shared experiences for all 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 group, 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, local community, 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 logbooks. 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 (NC 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 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 24-Hour EMT request 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 onsite 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.

## 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 school's 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 (mealtimes 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 (mealtimes 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 medical need will be given priority in assigning an RN on site.


# Nature's Classroom, Inc.

*STEFAN SAGE, Executive Director*
19 Harrington Rd • 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 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, partial dentures, braces, bridges, or other artificial dental restoration
- 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 **Dormitory Coverage** (overnight) and **Transition Time Coverage** (times in between scheduled activities).

As previously stated, your role at Nature's Classroom is defined mostly 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 – Transition Times.

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. We try not to overload any 1 group with more than 2 total adults, and we remind you that this is for the students. At times they will struggle. This is part of the process.

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. Feel free to choose activities which relate to your classroom. But please refrain

from making one or more required for everyone because we often need to revise certain activities depending on weather, group size, etc. Please be prepared and accepting of some changes when you arrive at NC. We are constantly trying out new activities often in regard to an NC teacher's new interest, best ability, or sudden creativity.

4) If you wish to participate in classes taught by NC teachers, you are more than welcome. 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 NC 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 lesson. 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 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 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.

Forms\ECCONSENT

# NATURE'S CLASSROOM STUDENT REGISTRATION

***Please print all information, and please complete all the blanks.***

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

Age Sex Weight Height

Address

(# & Street) (Town) (State) (Zip)

Parent's Name(s)

Email Address

Home Telephone ( ) Alternate Phone ( )

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 Inc. has my permission to use my child's image, voice, and/or likeness for promotional purposes.

Date Signature Relationship

## PART II – 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 NC staff?

YES NO

Date Signature Relationship

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

IBUPROFEN TYLENOL OTHER (Specify)

Can your child take Benadryl? YES NO

*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!

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 an issue with bed wetting?

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 hospitalization, 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 away from home. If yes, please explain.

10. Additional information:

*Nature's Classroom*

## MEDICATION ADMINISTRATION FORM

**All medications** (including prescription, non-prescription and vitamins) must arrive in their **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 | | | | |
|---|---|---|---|---|---|---|
| | | Break fast | Lunch | Dinner | Bed | Other |
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Comments (reason for taking medications, special considerations):

*Your child will not be allowed to keep any medication in his/her dorm. 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: Date:

Relationship:

At Nature's Classroom we strive to create a caring and supportive community. We want all students to feel safe, welcomed and accepted. Following and abiding by the rules and guidelines ensures a memorable experience. All students are expected to respect themselves, others, and the environment (both natural and man-made). Inappropriate behavior negatively affects everyone.

In addition to NC rules, all school rules also continue to apply. Since the NC experience passes so quickly, we try to utilize a preventative approach and correct issues before they snowball. We have developed clear 4 strike system of consequences for inappropriate behavior. It is used when a child has gone beyond acceptable limits. In other words, if your words or actions take time away from the community, you will be using your free time to help give back to the community.

1. **Strike ONE: Student gets a verbal Warning**
2. **Strike TWO: Student sits out of a session and has a disciplinary meeting with NC coordinator and School teacher.**
3. **Strike THREE: A phone call home**
4. **Strike FOUR: The student will be picked up by their guardian.**

The severity of the offense may demand a second, third or fourth strike remedy. This progressive discipline system, combined with positive reinforcement, is designed to put behavior decisions in the student's hands. It is meant to give a student plenty of chances to change. The goal is to change negative behavior in order to prevent a child from being sent home early.

*I know that how I act affects the experience of people around me. I have read and understand this behavior agreement. I know that proper behavior is expected of me and that if I act badly, I could be sent home. I pledge that I will follow the rules and treat others with respect and dignity.*

Student Signature

Date:

## SUGGESTED EQUIPMENT



**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 snowstorms) requires more pairs of socks, shoes, undergarments, and clothing in general.

**ITEMS TO SEND:**

--- Water Bottle

--- Backpack ("day pack")

--- Sleeping bag or twin sized sheets and a blanket

--- Pillow and pillowcase

--- Toiletries: soap (and container), shampoo, toothpaste, toothbrush, deodorant, towels, washcloth

--- Pajamas

--- Underwear

--- Socks (at least 2 per day)

--- Jeans/pants

--- Shirts (short and long sleeve)

--- Warm outer layer

--- Gloves or mittens, scarf, winter hat --- 2 pairs of closed-toed shoes. More if a lot of rain expected (Ex: old sneakers, rain boots, broken-in hiking boots, etc.)

--- Raincoat or poncho

--- Sunscreen & Insect repellent (no aerosols)

--- Laundry bag

**DO NOT SEND**:

- Electronics: **cell phones**, smart watches, tablets, portable gaming systems, kindles, nooks, 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 child to wear at Nature's Classroom. Send old clothes that can get dirty.

**Please make sure that every personal item (shoes, camera, socks, etc.) is clearly labeled with your child's name. Sharpie everything!

*If your child loses any items contact the Program Coordinator immediately. **Nature's Classroom takes no responsibility for lost items.**

**Optional Items to Send:**
Hats ~ Sunglasses ~ Slippers/Flip-Flops (dorms only) ~ Shorts (dorms only) ~ Pre addressed stamped envelopes ~ Notebook and writing utensils ~ Camera (disposable) ~ Book for reading at night ~ Deck of cards