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July 2018

Dear Fifth Grade Families,

We are excited about the opportunity to get to know our new students – and to have them connect further as a full class – in a fun, experiential way at the Environmental Education Center at the University of Rhode Island’s Alton Jones Campus. We will leave Gordon on Thursday, September 6 at 8:45am and will return on Friday, September 7 by 3:00pm.

Important information about the trip is attached to this letter. We will also hold an optional meeting in the Conference Room on Wednesday, September 5, at 8:15am to tell you more about the program and answer any questions you might have.

Attached to this letter you will find the following:

1. A letter to you from the Manager of the Center;
2. URI’s Student Health History Form. This form must be filled out and returned to the front desk by **Friday, August 3.**
3. URI’s Behavior Agreement for you and your child to sign. Please also return this form to the front desk by **Friday, August 3.**
4. A packing list and information on ticks.
5. Gordon’s Student Medical Information. If your child will need to take prescription medication that are not listed in the Medical Permissions and History (completed during contract enrollment), while at Alton Jones you need to have your child’s physician fill out this form and return it to us. We will send a copy to Alton Jones.

We will also provide Alton Jones with a copy of the State of Rhode Island School Physical Form that you also should have returned to Gordon already. They are able to accept this form in lieu of their regular Medical Exam Form. If you have any questions about health services at Alton Jones, you may call the nurse there directly: Diana DelSesto, at 401-874-8200. You can also be in touch with Sandy Horton, our nurse here at Gordon.

Please be in touch if you have any questions. We look forward to a wonderful trip!

Sincerely,

The Fifth Grade Team

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS
ENVIRONMENTAL EDUCATION CENTER**

HANDOUTS FOR STUDENTS

Please duplicate and distribute the attached forms to each student who will visit the W. Alton Jones Campus. Completed health history forms must be returned to the W. Alton Jones Campus no later than one week before the school program begins. PLEASE USE THE MOST CURRENT STUDENT HEALTH HISTORY FORM. If you have old forms from prior years, please discard them.

Enclosed:

Letter to Parents
Packing List
Student Health History Form (Note: this is a two page form)
Behavior Agreement
Ticks and Your Child (Information Sheet)

TICKS AND YOUR CHILD

Blacklegged ticks, also known as deer ticks (*Ixodes scapularis*), which can carry Lyme Disease as well as the less common Human Granulocytotropic Anaplasmosis (HGA) and Babesiosis, are prevalent in Rhode Island. Disease carrying ticks have been found in 43 states and are common in many parts of the Northeast. Caution is appropriate for anyone spending time in the outdoors. Here are answers to some commonly asked questions about ticks.

What is the likelihood of my child getting a tick-borne disease at Alton Jones? Spending time outside in natural areas increases the possibility of getting a tick-borne disease. We work diligently to minimize risks and provide maximum protection for each child. We feel it is important to keep parents informed so that if a child displays symptoms, a prompt diagnosis can be made and proper treatment can be given.

What measures are taken to prevent tick bites? At W. Alton Jones we take a proactive approach. We teach children to be aware of ticks and methods of tick-bite prevention. We talk to them about ticks at their first orientation meeting. We teach them how to check themselves for ticks and frequently remind them to do so. We work to keep our trails trimmed and we make every effort to avoid high-tick areas.

What if a tick bites my child? In the event that an embedded tick is found on a child, a trained staff member will promptly remove the tick. It is possible for an infected tick to be embedded for up to 48 hours before transmitting a disease. Prompt tick removal will reduce the likelihood of disease transmission. We call parents of any child who is bitten by a tick so that they can monitor the child for symptoms once they are home.

What are the symptoms of tick-borne diseases? We encourage all parents and children to become familiar with the symptoms since a tick bite can go undetected. If any symptoms occur, contact your doctor and tell them that your child may have been exposed to ticks. Many symptoms are flu-like while tick-borne diseases are most likely to occur outside of the normal flu season.

- **Lyme Disease:** Early symptoms generally appear within a week and include an expanding (often but not always bulls-eye shaped) skin rash that can be, but is not always, near the bite site. The rash occurs in 60% to 80% of all cases, appears 3 days to 1 month after the bite, and confirms a diagnosis of Lyme Disease. Also watch for chills, fever, headache, stiff neck, fatigue, swollen lymph nodes, dizziness and aching joints and muscles. Another possible symptom is swelling and pain in the joints, especially the knees. These symptoms may not seem serious enough to warrant initial concern. Lyme Disease is the most common tick-borne disease and is treatable with antibiotics.
- **Human Granulocytotropic Anaplasmosis (HGA):** Symptoms include fever, headache, malaise, chills, sweating, muscle aches, nausea and vomiting. Symptoms may be severe and it is sometimes initially misdiagnosed as meningitis. This disease is rare but has been increasing in recent years. It is treatable with tetracycline derivative drugs (used with caution since some drugs will permanently stain children's teeth).
- **Babesiosis:** Symptoms are generally mild or go unnoticed and may require no treatment but can be severe in rare cases. Symptoms occur within 1 to 4 weeks and include a gradual onset of malaise, loss of appetite, and fatigue followed within a week or so by fever, drenching sweats, shaking chills, nausea, vomiting, headache, muscle pain, weakness, and depression. This disease is rare particularly in children, however people with impaired immune systems or those who have had their spleen removed are at risk of severe and possibly fatal reactions.

What can parents do to help prevent tick bites? Insect repellents can be sprayed on clothing or skin to help prevent tick bites. Be sure that the label says it is effective against ticks and that it contains 30% or less of the chemical DEET since that is the maximum recommended concentration. Permethrin is highly effective against ticks but can only be applied to clothing (see: www.insectshield.com). Light colored clothing helps in locating ticks. Keeping ticks off children and removing them before they bite or transmit a disease are the keys to prevention.

Assist us in tick bite prevention by helping your son or daughter thoroughly check themselves for ticks as soon as they return home. Remove any embedded ticks with tweezers. Launder dirty clothing promptly and dry at high temperatures. Know and watch for symptoms of tick-borne diseases.

Call 401-874-8141 if you have questions or if your child contracts a tick-borne disease and you believe it was from attending a program at Alton Jones (we try to keep track of cases). We welcome your comments.

Dear Parents,

The field teachers and staff at URI's W. Alton Jones Campus are looking forward to involving your child in an unforgettable outdoor adventure in learning.

I would like to help you understand this special event by answering some commonly asked questions. Please take a moment to read this letter, go over the packing list and complete the Student Health History form.

What is the W. Alton Jones Campus? URI's unique 2,300-acre wilderness area is devoted to environmental education, conservation and research. Over 40,000 acres of state parks and forests surround the Campus, making this one of the largest preserved regions in southern New England. It is home to a great diversity of mammals, birds, wildflowers and trees and serves as an outdoor school for more than 10,000 students each year.

What are the program goals? Our program is designed to increase students' appreciation, understanding and concern for the environment and each other. We do this through an active, hands-on, learning-by-doing process.

What are the accommodations like? Our kitchen is staffed with professional University of Rhode Island cooks who serve family-style meals. Our knotty pine dining lodge with fieldstone fireplaces and six meeting rooms provides a rustic, comfortable learning environment. Six winterized cabins are heated and have showers and lavatory facilities. Each cabin has bunks for sixteen to twenty students plus two to four adult chaperones.

Who Conducts the Program? The Environmental Education Center's own field teachers conduct the program. Our teaching staff includes college graduates, certified teachers and undergraduate interns.

What if medical help is needed? The Center has a nurse on-site part time and on-call 24 hours each day. Kent County Hospital in Warwick and Hasbro Children's Hospital in Providence serve the Center. All of our field teachers are trained in CPR and First Aid.

Thank you for giving your child this educational opportunity.

Sincerely,

John Jacques
Environmental Education Center

PACKING LIST

Students will spend the majority of the daytime hours outside in all types of weather.

CLOTHING:

- Daily change of light colored shirts
- Daily change of underwear and light-colored socks, including warm socks (pack extra socks)
- Sweater or sweatshirt and light jacket
- Sleepwear
- Daily change of light colored pants (such as jeans or cotton pants)
- 1 rain jacket or poncho
- Hat with visor
- 2 pairs of sneakers; or (required for programs November through March)
1 pair of sneakers and
1 pair of all-purpose shoes (such as waterproof boots, hiking boots, etc.)

NOVEMBER THROUGH MARCH:

- 2 pairs of warm gloves or mittens (wool preferred)
- 1 pair of long underwear
- 1 winter jacket plus an extra sweater or sweatshirt
- 1 wool hat and scarf
- Snow pants (if there is snow)

PERSONAL ITEMS:

- Sleeping bag or bedding (sheets and blankets)
- Pillow
- Pillowcase
- Toothpaste, toothbrush and unbreakable cup
- Soap in a soapbox and shampoo
- Bath towel and washcloth
- Sunscreen/Lip balm
- Insect repellent (stick or lotion please, no spray)
- Comb or brush
- Plastic trash bag for dirty laundry
- Water bottle

OPTIONAL ITEMS:

- Stamped envelopes, stationary, pen or pencil
- Camera (marked with name)
- Teddy bear or other familiar article to help at night
- Journal and book for quiet time
- Bandanna, Knapsack, Compass
- Waist pack (required for those who must carry inhalers and epi-pens)

LEAVE AT HOME:

Gum, candy, soda, food, toys, baseball bats, knives, weapons, toy weapons, phones, Ipods, money, curling irons, electronic games, flashlights, and other electric or battery operated devices.

HELPFUL HINTS

1. Mark ALL of your belongings with your name.
2. Please limit luggage to one piece, plus sleeping bag, as space is limited.

**UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS
STUDENT HEALTH HISTORY FORM**

School Name _____ Dates at _____
 Alton Jones _____
Return this form to school by _____ (at least 3 weeks before Alton Jones Visit).

If your child is attending an overnight program (2-5 days) at the W. Alton Jones Campus, **please complete** both pages of this form. If your child requires special treatments, injections, is immune compromised, has mobility limitations (e.g. cast, crutches or wheelchair), no spleen, food allergies, dietary restrictions or other special issues, contact Alton Jones at least **two weeks before** the program: Medical: 401-874-8148; Dietary: email altonjones@uri.edu. Some issues will require a doctor's note.

Student's Name _____ Age _____ Weight _____
 Address _____ Boy Girl
 Birth Date _____

Parent/Guardian 1 _____ email _____
 Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Parent/Guardian 2 _____ email _____
 Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Name of another person to be contacted in case of emergency if you cannot be reached: _____ Relation to student: _____
 Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Parent/Guardian's Health Insurance Company _____
 Policy Number _____

NOTES TO PARENTS:

1. URI provides insurance for up to \$10,000.00 per injury. Parent/guardian is responsible for additional costs.
2. If your child has had or has been exposed to a contagious disease or gets a serious cut, bruise, sprain, break, other injury or skin rash during the two weeks prior to coming to Alton Jones, please contact our nurse by phone.
3. All medications will be kept locked in the nurse's office **except Inhalers and Epi-pens/Benadryl which must be carried by participants at all times.** (Please pack a day pack for carrying emergency medicines).
4. **All medications** must be in original container and properly labeled, correlated with written instructions and placed in a ziploc bag.
5. **Prescription Medication:** If your child is bringing medication prescribed by a physician, the medication must be in the original container with the doctor's orders on the container. Medications will be dispensed as specified on the container unless a physician's note is attached indicating a change in dosage. The medication will be dispensed under the supervision of an R.N. or other authorized staff member.
7. If it is OK for staff to administer Tylenol, Benadryl, or ibuprofen if needed, please initial here: _____

If your child is bringing prescription medication including epi-pen please complete the following:

<u>Medication</u>	<u>Dosage/Time</u>	<u>Reason</u>

(Continue To 2nd Page)

MEDICAL BACKGROUND

If YES is checked, give **approximate dates**, **method of treatment** and or **restrictions**. If your child is under the care of a Social Worker, Psychologist, Behavioral Therapist etc., please fill in specific information concerning your child's needs.

- Bleeding Disorders Yes No _____
- Epilepsy Yes No _____
- Diabetes Yes No _____
- Asthma Yes No Will bring Inhaler? Yes No Will bring Nebulizer? Yes No
- Allergy Injections Yes No _____
- Sleep Walking Yes No _____
- Fainting Yes No _____
- Kidney Trouble Yes No _____
- Heart Trouble Yes No _____
- Bed Wetting Yes No _____
- Compromised Immune System Yes No _____
- Spleen Removed Yes No _____
- Emotional or Behavioral Issues Yes No _____
- Learning Disability Yes No _____
- Requires an Aide at School Yes No _____
- Traveled out of U.S. in last 3 mo. Yes No Country(s) _____ Dates _____
- Other Yes No _____

Does your child have any allergic or other reactions to: (Please note reaction)

- Stings: Type _____ Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Nuts Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Raw Eggs Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Eggs in All Forms Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Milk Protein Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Celiac Disease Yes No Carries Benadryl? Yes No Carries Epi-Pen? Yes No
- Gluten Intolerant Yes No Self Regulates? Yes No _____
- Lactose Intolerant Yes No Self Regulates? Yes No _____
- Other Allergies/Dietary Restriction? Yes No _____
- Vegetarian? Yes No _____
- Is child under special treatment? Yes No _____
- Any restrictions at school? Yes No _____ **A doctor's note is required.**
- Has child had a tetanus booster? Yes No Date: _____
- Are immunizations up-to-date? Yes No _____
- Bringing over the counter meds? Yes No If Yes, please complete the following:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>

Please note that photographs and other recordings may be made of program participants by the University of Rhode Island for its records or for public relations purposes and that attendance constitutes consent to any such recordings. For marketing purposes, contact information provided may be used for Alton Jones brochure mailings and camp/program notifications.

I grant permission for the student named on this form to participate in all planned activities and programs. I understand that participation in these activities can expose my child to dangers both from known risks and from unanticipated risks. I give permission to have my child treated by the W. Alton Jones Campus nurse, authorized staff or a physician in case of severe illness or emergency in which I cannot be reached. I understand that health information provided on this form will be shared with those who will be directly caring for my child. In the event of severe misconduct, if an illness or injury should arise in which a doctor's diagnosis is required, or if it is not appropriate for my child to remain on site, I authorize the campus management to dismiss my child early, in which case I will assume responsibility for arranging transportation. I authorize those listed on this form to sign out my child upon presentation of a photo driver's license for identification. I hereby assume responsibility for all medical expenses for my child not covered by the University of Rhode Island accident insurance policy.

Parent/Guardian Signature

Date

UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS
ENVIRONMENTAL EDUCATION CENTER

BEHAVIOR AGREEMENT

Student's Name _____ School _____ Date _____

At Alton Jones, 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. Students are expected to respect themselves, others and the environment. Inappropriate behavior negatively affects everyone.

In addition to Alton Jones rules, all school rules continue to apply. Since the Alton Jones experience passes so quickly we try to deal with behavior issues before they snowball. We have developed a clear four-strike system of consequences for inappropriate behavior. It is used when a child has gone beyond acceptable limits.

1. Strike One: Student gets a warning.
2. Strike Two: Student sits out of a session and has a disciplinary meeting with the Alton Jones Coordinator or schoolteacher.
3. Strike Three: The Coordinator or teacher calls home to communicate the child's behavior. The parent speaks with the child.
4. Strike Four: The parent must pick up the child.

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.

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.

Student Signature

Date

I have read and understand the behavior agreement as outlined. I understand that proper behavior is expected and that inappropriate behavior could potentially lead to my child being sent home and that no refund will be given. I understand that in addition to not following rules, a child may be sent home if they are acting or talking about acting in a way that is physically or emotionally unsafe to themselves or others. I have discussed this behavior agreement with my child and have impressed upon him/her the importance of following the rules and behaving appropriately.

Parent/Guardian Signature

Date

Medical Permission and Release Form Field Trips

Student's Name: _____ Grade: _____

Over-the-Counter (Non-Prescription) Medication Permission

___ My child/guardianship does not have the permission to take any medication on this trip.

___ I hereby authorize my child/guardianship to receive the following over-the-counter medications checked below.
(I will deliver a supply to the school nurse labeled in the original container, to be held by the chaperone for the duration of the school-sponsored trip)

___ Tylenol (Acetaminophen) ___ Advil/Motrin (Ibuprofen) ___ Benadryl

Prescription Medication Permission

Please fill out the sheet on the back of this form for the daily medication(s) that your child will be taking during this trip. ***The medication MUST be in the original container labeled with physician's prescription.***

___ I hereby authorize my child/guardianship to take prescribed medications that they take on a daily basis during this trip. *(I am aware that the medication must be in the original container labeled with the doctor's prescription.)*

___ My child/guardianship may need their inhaler during the trip *(I will provide the medication and a physician's prescription if there is not one on file with the health office.)*

___ My child/guardianship may need their Epi-pen during the trip for allergies to: _____.
(I will provide the medication and a physician's prescription if there is not one on file with the health office.)

I am aware that no medication(s) will be given if they are not in their original labeled container.

Parent/Guardian Signature

Date

Daily Prescription Medication Administration

Field Trips

My child/guardianship will need the following medication (s) during this school-sponsored field trip. I am aware that a chaperone will hold the medication for him/her and will make it available only at the designated times listed below.

Medication Name: _____

Dosage: _____

Time(s) to be given: _____

Special instructions: _____

Medication Name: _____

Dosage: _____

Time(s) to be given: _____

Special instructions: _____

Medication Name: _____

Dosage: _____

Time(s) to be given: _____

Special instructions: _____

I am aware that no medication(s) will be given if they are not in their original labeled container.

Parent/Guardian Signature

Date