



45 Maxfield Avenue, East Providence, RI 02914 401 434-3833 fax 401 431-0320 [www.gordonschool.org](http://www.gordonschool.org)

August 2018

Dear Sixth Grade Families,

The sixth grade team is excited to get to know the Class of 2021. One way we will deepen relationships and further develop a class identity will be to spend three days together at Sargent Camp in Hancock, New Hampshire, from September 12 through September 14. You can visit the Sargent Camp website for more information: <http://www.naturesclassroom.org/sargent/> Sargent Camp is a fully accredited outdoor education program run by Nature's Classroom.

Please note the attached Sargent Center Health Information and Consent Form. This form must be completed and returned to the front desk no later than **Orientation Day, Tuesday, September 4, 2018**. This Sargent Camp form asks for a physician's signature; this is not necessary, as we also send them the Gordon School Student Medical Information (completed during contract enrollment).

However, if there are medications that your child will need to bring (prescription or over-the-counter) that you did not list on your child's Gordon School Medical Permissions and History, you need to have this form completed by your child's physician again. This form (if there are changes) and any medication (in original containers) must be turned in to Sandy Horton by **Orientation Day, Tuesday, September 4, 2018**.

Your child is not allowed to bring food of any kind or electronic devices such as iPods or cell phones. Please review the list of items/clothing your child should bring. Do not over pack, as your child is responsible for carrying their own gear. Also, please note that rain gear is essential, as our schedule does not change based upon inclement weather.

The bus will leave Gordon at 7:45am on Wednesday, September 12. Please have your child arrive at school no later than 7:30am. We are scheduled to return to Gordon by 3:00pm on Friday, September 14.

We look forward to an exciting trip! Please feel free to contact your child's advisor if you have any questions.

Sincerely,  
The Sixth Grade Team

# What Students Should Bring

Hello, Parents!

We want your child to have a positive, healthy experience at Sargent Center. A way to ensure this is to pack appropriate clothing so your child is prepared to be outside, rain or shine: Much of what we do at Sargent Center occurs out-of-doors.

Waterproof raingear--a **rain coat** with a hood or **rain hat**, **rain pants** or a rain poncho that covers the torso and legs, and **water proof boots** and plastic bags to wear in the boots in case extra insulation is needed--is essential any time of the year. We do not recommend cotton clothing because when it gets wet, all insulative value is lost. **Wool, fleece, and polypropylene** are much better choices because all act as insulation and retain warmth even when wet. For winter, late fall, and early spring visits, please pack at least two pairs of wool or polypropylene socks, and at least two wool, fleece, or polypropylene shirts or sweaters. For winter, late fall, and early spring visits, please pack a **warm hat** that covers the whole head and ears. There is no need to buy your child new clothing for his or her visit to Sargent Center: Borrow the clothes or check yard sales. Labeling clothing with your child's name is helpful.

Packing proper clothes reduces chances your child will experience hypothermia, a lowering of body temperature to unsafe levels. While hypothermia can occur at any time of the year, people are at most risk when temperatures are 50-60 degrees, a gentle breeze is blowing, and people are wearing damp or wet clothes next to their skin.

## Packing for Your Child's Visit to Sargent Center

### *Essentials:*

#### *Shoes/Boots*

rain coat, pants, hat  
underwear (4+ pair)  
jeans & warm pants (3-4 pair)  
warm shirts/light shirts  
heavy sweater/sweatshirt (2)  
woolen socks (3+ pair)  
sleeping bag or 2 sheets, 2 blankets  
pillow  
pajamas & slippers  
canteen or water bottle  
waterproof boots (1 pair)  
small plastic bags to wear inside shoes & large ones for dirty clothes  
day pack  
chapstick/lip balm, sunscreen  
Toilet kit with: soap in container w/lid, shampoo, comb & brush, towels, toothbrush & toothpaste.

### *Winter Additions:*

warm, water resistant jacket (at least one)  
water resistant snow or ski pants  
insulated, waterproof boots (at least 1 pair)  
warm hat (must cover ears and whole head)  
gloves or mittens  
woolen or polypro socks (5+ pairs)  
long underwear (at least 2 pairs)  
scarf or neck warmer  
heavy wool sweater(s)

### *Spring, Fall Additions:*

rain coat, pants  
hat w/visor  
insect repellent/sunscreen

### *Optional any time of the year:*

Books, board games, flashlight, compass, bathrobe, tissues, camera & film, binoculars, sunglasses, musical instruments, notebook & pencils or pen, stamped addressed envelopes & stationery.

*Please leave money, cell phones, pagers, electronic games, knives, hatchets, gum, food, candy, radios, tape recorders, and mess kits at home.*

**Remember to give 1) your child's health form and 2) all medications to your child's teacher or school nurse.**

***Activities at Sargent Center continue, rain or shine.***

## Nature's Classroom at Sargent Center

Dear Parents,

Your child will soon have an opportunity to participate in a residential outdoor school program. This letter attempts to answer some of the questions parents usually ask. Please feel free to ask us about any other concerns you may have about the program. Outdoor environmental education uses the out-of-doors for learning experiences that cannot easily take place in the classroom. The program includes activities in three areas: Adventure, Scientific Field Investigations and Outdoor Skills. Our Adventure activities are designed to bring a group together through community and team building activities. Adventure activities include: Initiatives, low and high ropes courses and climb tower. Scientific Field Investigations immerse students in the role of a scientist and through their observations/data collected draw conclusions about our aquatic and forest ecosystems. Outdoor Skills activities include: map and compass, GPS navigation, cross country skiing, wilderness survival, and early pioneer skills.

**SUPERVISION AND STAFF:** Students are supervised 24 hours a day. In addition to the classroom teachers and chaperones accompanying each visiting group, Nature's Classroom has a permanent staff residing on site consisting of a director, environmental teachers on 1:12 ratio, and a nurse, EMT or health staff person on call at all times.

**HEALTH AND SAFETY:** There is no requirement that students undergo a medical examination before attending Nature's Classroom. The program is physically intensive, however, and you may wish to consult your physician if there are any concerns that should be brought to the attention of the NC staff. Such guidance will assist the School Program Director in planning the program of activities with the students. Please note any special health concerns on the Nature's Classroom medical forms. The forms must be completed before a student can attend. Monadnock Community Hospital is less than 20 minutes away from Sargent Center. Every student is covered by insurance while attending the program. The Health Center's phone number is 603.525.3311 x19.

**CLOTHING AND EQUIPMENT:** A clothing and equipment checklist is furnished. Particular care should be taken in supplying ample footwear and pants, as students frequently participate in activities in wet areas. Clothes should be chosen for comfort and durability, rather than style. Please add or delete items appropriate for the season (gloves, hats, parkas, etc.)

## Nature's Classroom at Sargent Center

**FOOD AND LODGING:** Meals are prepared by a permanent cooking staff and are served family style. Special dietary needs should be noted on the medical forms. Students, visiting teachers, and chaperones are lodged in winterized dormitories and cabins. Parents are welcome to visit any of our Environmental Education Centers and to view the facilities; such visits, however, should be made before or after your child's experience. Please call the School Program Director to make arrangements for a site visit.

**TELEPHONE:** The telephone is not available for the students' use, and parents are asked not to call students except in case of an emergency. The Nature's Classroom at Sargent Center Health Center's telephone number is 603-525-3311 x19.

**MAIL:** Mail is most appreciated by students, but to be safe, allow 4 days for delivery. Mail posted midweek may not reach Nature's Classroom until Friday after the group has left (please make sure there is a return address in case we need to send it back). Please include the name of both the student and the school to assist with delivery. Mail should be sent to Nature's Classroom, 36 Sargent Camp Road, Hancock, NH 03449.

# Nature's Classroom at Sargent Center Student Behavior Guidelines

## **Rights and Expectations:**

*We believe that all students should have a quality School Program experience. We believe we have the right to instruct students without being unduly interrupted because of poor student behavior. We further believe participating in School Program is a privilege, not a right.*

## Guidelines:

- Students should be attentive and actively participate.
- Students should respect the rights of others and their property.
- Fighting is not permitted.
- School Program Instructors reserve the right to use the
- Sargent Center Consequences and Procedures protocol.
- School personnel will be included in student discipline.

## **Consequences and Procedures**

1. The student is given a first verbal warning and the classroom teacher is notified.
2. The student is reminded with a second verbal warning and the classroom teacher is notified.
3. The student is given a third verbal warning and asked to sit out an activity while being supervised by School personnel.
4. On the fourth warning the student is removed from the group and School personnel are asked to directly supervise the student for the remainder of their stay. The student may be sent home or placed in a new group at the discretion of School personnel.

Fighting and stealing are automatic causes for return of the student to their home campus at their parents' expense.

# SARGENT CENTER

## HEALTH INFORMATION AND CONSENT FORM FOR SCHOOL PROGRAM (Page 1 and 2 to be completed by Parent/Guardian, Page 3 to be completed by physician. We suggest retaining a copy of this form for your files, as it cannot be released or used for any other program.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Custodial Parent's/Guardian's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

School attending with: \_\_\_\_\_ Preferred e-mail address \_\_\_\_\_

1<sup>st</sup> Parent Name \_\_\_\_\_ Phone: H (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Parent Name \_\_\_\_\_ Phone: H (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

Please list any additional parent/guardian phone numbers on a separate piece of paper and attach to this form.

Emergency Contact (other than parent) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

### 1. MEDICAL CONSENT: Must be signed by parent/guardian

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at camp. I give my consent and authorization to the camp director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child\* (See page 2 for information on Nature's Classroom supplemental insurance).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e., blood transfusions), as follows: Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: Specify

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### 2. WAIVER AND RELEASE: Must be signed by parent/guardian

I wish to enroll my child in the Program/Activity referred to above at Sargent Center, Hancock, New Hampshire. I recognize that some of the activities at Sargent Center involve physical risk, including the risk of serious injury. I hereby agree, on behalf of my child and myself, to assume all of the risks in connection with my child's attendance, including travel, except in the case of gross negligence or willful misconduct. I understand that in the event of an illness or behavioral problem, I may be required to pick up my child. The term Nature's Classroom shall include the corporation and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct Nature's Classroom is or could be legally responsible. I agree that the laws of the Commonwealth of Massachusetts shall govern this waiver and release. I affirm that I have read and understood this document.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### PROMOTIONAL RELEASE: Must be signed by parent/guardian

I authorize Nature's Classroom to reasonable use of any and all images and statements of/by/about the camper during any part of the Sargent Center experience for promotional purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**3. IMPORTANT HEALTH INFORMATION:** (To be completed by parent or guardian). To make your child's stay at Sargent Center as safe and pleasant as possible, please complete in full.

1. Allergies: Food, drug, or other allergies (insect bites, pollen)?  If yes, what? \_\_\_\_\_  
Type of reaction: \_\_\_\_\_

2. Any existing medical or behavioral conditions (physical, mental or emotional)? \_\_\_\_\_  
\_\_\_\_\_

3. Is there any factor that makes it advisable for your child to limit program of physical activity, i.e. heart condition, recent fracture, surgery, asthma or fears? \_\_\_\_\_ If yes, describe? \_\_\_\_\_  
\_\_\_\_\_

4. Is your family experiencing any stressful situation (such as divorce, serious illness, or death) that might be a concern to your child at this time? \_\_\_\_\_  
\_\_\_\_\_

5. Dietary needs? (including vegetarian and lactose intolerant) \_\_\_\_\_

If yes, call the nurse at least one week prior to attendance to discuss special needs (603-525-3311, ext 19).

6. In order to protect your child from possible embarrassment, what would you like Sargent Center staff to know? \_\_\_\_\_  
\_\_\_\_\_

7. Does your child wet the bed? \_\_\_\_\_ Walk in his/her sleep? \_\_\_\_\_

8. Is your child prone to homesickness?  If yes, what are the indicators? \_\_\_\_\_

**4. PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS THROUGH HEALTH CENTER.**

Listed below are medications available at Sargent Center for occasional use as needed. Please check those medications your child may receive and sign on parent/guardian line.

For headache/minor pain:

- Tylenol (acetaminophen)
- Advil (ibuprofen)

For cold/allergy symptoms:

- Sudafed
- Benedryl (diphenhydramine)
- Claritin (loratadine)

Other topical products:

- Insect Repellent
- Sunscreen
- Hydrocortisone Ointment
- Benadryl Anti-itch Gel
- Aloe Vera

For stomach/bowel upset

- Tums
- Maalox
- Pepto Bismol
- Milk of Magnesia

- Robitussin cough syrup
- Throat Lozenges

For Poison Ivy:

- Zanafel
- Buji Wash
- Calamine or Calagel Lotion

Does your child swallow pills?

I authorize the camp nurse or designee to assess the need for and appropriately administer the above checked medications.

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

**5. IF YOUR CHILD IS BRINGING NON-PRESCRIPTION (over the counter) MEDICATION TO CAMP, PLEASE COMPLETE AND SIGN THIS SECTION. MEDICATIONS MUST BE IN ORIGINAL CONTAINERS. SARGENT CENTER IS FORBIDDEN BY STATE LICENSING LAW TO DISPENSE MEDICATIONS THAT ARE NOT IN THEIR ORIGINAL CONTAINERS.**

Medication Name: \_\_\_\_\_ Reason for administration \_\_\_\_\_

Complete directions for administration \_\_\_\_\_

Medication Name: \_\_\_\_\_ Reason for administration \_\_\_\_\_

Complete directions for administration \_\_\_\_\_

The above information and directions for administration of all medications is complete and correct. I authorize the camp nurse or his/her designee to use his/her discretion in giving the above medications as indicated.

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

page 2

SUPPLEMENTAL INSURANCE: Any person participating in Sargent Center programs is covered by the Sargent Center Accident Policy This SUPPLEMENTAL POLICY covers only accidental injury occurring in the course of attendance at the center. The policy provides EXCESS coverage in the form of blanket accident medical reimbursement with a deductible of \$250 and/or any other valid and collectible insurance coverage. The amount of the EXCESS medical reimbursement coverage is \$25,000. Also included is a \$10,000 accidental death benefit; a \$1,000 dental benefit and \$35,000 Paralysis and Coma benefit-all of the forementioned are EXCESS coverages.

**SARGENT CENTER  
HEALTH MEMORANDUM**

(This form or its equivalent must be completed by a physician or nurse practitioner)

New Hampshire State law recommends any child attending camp will have had a physical examination within **two** years of attending camp. **Physician's orders for prescription drugs to be taken at camp must be written within the current year.**

**Name of Child** \_\_\_\_\_ was examined on the following date \_\_\_\_\_.

In addition, the health history and immunization records have been reviewed.

Any existing medical condition (chronic or recurring illnesses?) \_\_\_\_\_

Health History (Please check all that apply)

\_\_\_\_\_ Allergies:  
    Drug (specify) \_\_\_\_\_ Type of reaction \_\_\_\_\_  
    Food (specify) \_\_\_\_\_ Type of reaction \_\_\_\_\_  
    Environmental (specify) \_\_\_\_\_ Type of reaction \_\_\_\_\_  
\_\_\_\_\_ Asthma (Type) \_\_\_\_\_ Well controlled?  
\_\_\_\_\_ ADD or ADHD \_\_\_\_\_ Well controlled?  
\_\_\_\_\_ Mood or mental health disorder \_\_\_\_\_ Well controlled?  
\_\_\_\_\_ Diabetes (age of onset) \_\_\_\_\_ Well controlled?  
\_\_\_\_\_ Heart Condition (specify) \_\_\_\_\_ Any limitations?  
\_\_\_\_\_ Seizure Disorder (type) \_\_\_\_\_ Well controlled?

Are there any factors which would preclude this child from participating fully, including a high ropes course, in the Sargent Center program? ( ) Yes ( ) No Specify activities to be limited: \_\_\_\_\_

**EXCEPTION, COMMENTS, CONCERNS SPECIAL PROBLEMS, ETC.**

Date of most recent exam \_\_\_\_\_ Last Tetanus Toxoid Immunization \_\_\_\_\_

**Immunizations:** \_\_\_\_\_ copy attached or \_\_\_\_\_ verified up-to-date.

**Physician's Signature** \_\_\_\_\_ **MD Phone** ( \_\_\_\_\_ )

**Print/Stamp Name**

**PHYSICIAN ORDERS FOR PRESCRIPTION MEDICATION**

(Must be completed and signed by physician in order for Sargent Center to give medications)

**MEDICATIONS MUST BE IN ORIGINAL CONTAINER. THE DIRECTIONS ON THE CONTAINER MUST MATCH THE PHYSICIAN'S WRITTEN ORDERS. A WRITTEN ORDER SIGNED BY THE PHYSICIAN MUST BE RECEIVED TO AUTHORIZE ANY CHANGE IN DIRECTIONS.**

Is this child on any prescription medications? ( ) Yes ( ) No

1. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_

Reason to administer \_\_\_\_\_

2. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_

Reason to administer \_\_\_\_\_

3. Medication and dosage \_\_\_\_\_ Times of administration \_\_\_\_\_

Reason to administer \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **MD Phone** ( \_\_\_\_\_ )



# 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