



# GORDON SCHOOL

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August 2018

Dear Seventh Grade Families,

The seventh grade will be going to the Berkshire Outdoor Center located in Becket, Massachusetts, from Wednesday, September 12, through Friday, September 14. We will leave Gordon at 8:30am on Wednesday and return to school by 3:00pm on Friday.

The Berkshire Outdoor Center has designed an exciting program through which students will have fun while developing self-awareness and enriching their relationships with their peers and teachers. If you are interested in learning more about the site and the program, please visit their website: <http://www.bccymca.org/519>.

Enclosed please find a packing list supplied by the Center. As with all of our field trips, students are not allowed to bring cell phones, electronic games, iPods, or other music players. The lodgings in which we are staying do have electricity but do not have heat, so please pack accordingly.

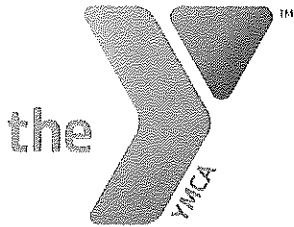
**Please also note the following enclosed items to fill out and return to the front desk by Orientation Day, September 4.**

1. Berkshire Outdoor Center Participant Health Questionnaire and Liability Waiver;
2. Gordon School Parental/Guardian Permission Slip;
3. Gordon School Student Medical Information: If your child will need to bring medications on the trip (prescription or over-the-counter) that you have **not** listed on your child's Medical Permissions and History (completed during contract enrollment) you need to complete the Gordon School Field Trip Medication Permission Release Form. Medication must be turned in to Sandy Horton in original containers by **Orientation Day, Tuesday, September 4.**

Please do not hesitate to contact your child's advisor if you have any questions regarding the trip.

Sincerely,

The Seventh Grade Team



## BERKSHIRE OUTDOOR CENTER

### PACKING LIST

Berkshire Outdoor Center operates year-round, outdoors! We want you to be comfortable and safe during your stay. Please be prepared. Preparedness is key and will drastically affect your experience.

### YOU MUST BE PREPARED

- Be Warm – The Berkshires are often 10-15 degrees cooler than surrounding areas of New England and New York
- Rustic cabins have no electricity – only the lodges and the main buildings do
- Berkshire Outdoor Center does not provide first aid supplies beyond band-aids
- Berkshire Outdoor Center does not provide bedding, unless pre-ordered by your group leader
- Don't bring your best clothing. Your clothes will get dirty, particularly in March, April and May
- Please do not bring anything of significant value to camp. Don't bring money, phones, sports equipment, electronics, pets, games or jewelry. Weapons, drugs and alcohol are not permitted at BCCYMCA. BCCYMCA is not responsible for any valuables.

### COMPULSORY PACKING – ALL SEASONS

- **Warm Bedding/Linens**  
Our cabins are not heated, only our winterized lodges are. It can be very cold at night.
- **Flashlight**  
It's very dark here at night.
- **Rain Gear**  
The weather changes a lot and rain can come in quickly.
- **Warm Clothes**  
It is colder here than elsewhere in New England and New York. Sometimes it is very cold at night. The key to dressing sensibly is wearing multiple layers – you can always take off or add on, depending on the weather.
- **Water Bottle**  
Dehydration can be a terrible thing.

### SPRING & FALL

- Warm bedding or sleeping bag (overnights)
- Pillow (overnights)
- Toiletries (overnights)
- Rain gear
- Flashlight (overnights)
- Water bottle
- Sweater/Fleece
- Windbreaker
- Winter hat
- Shorts
- Long pants
- Socks/Underwear (overnights)
- Outdoor footwear – sneakers or boots
- Tee shirts
- Long sleeved shirt
- Swimsuit
- Day pack
- Towel
- Insect repellent
- Sunscreen

### WINTER

- Warm bedding or sleeping bag (overnights)
- Pillow (overnights)
- Toiletries (overnights)
- Rain gear

- Flashlight (overnights)
- Water bottle
- Sweater/Fleece
- Winter jacket
- Winter hat
- Snow pants (for winter sports activities)
- Long pants
- Socks/Underwear (overnights)
- Winter footwear – insulated boots
- Tee shirts
- Long sleeved shirt
- Gloves (or mittens)
- Day pack
- Towel
- Sunscreen

## PERSONAL FLOTATION DEVICES

By Massachusetts law, all parents of guests aged under 18 must be informed that:

- Guests who wish to swim in deeper water must undergo a Swim Assessment and this assessment is performed in a closely-supervised environment, but without a PFD.
- Any guest is permitted to use a properly fitted PFD brought from home, provided that it is:
  - Coast Guard approved
  - Free of mold, rips or tears
  - Approved for use by the BOC Waterfront Supervisor or designated lifeguard
- PFDs provided from home will be required to be worn by Red Tag Swimmers (or the swimmer will be excluded) aged under 18.
- All other Red Tag Swimmers aged under 18 will have a PFD fitted for them and this PFD will be available (although not required) for use while swimming.
- All boaters, regardless of ability, will be required to wear a properly fitted PFD at all times.



## Participant Behavioral Contract

Student's Name \_\_\_\_\_

All of the participants in a Becket-Chimney Corners YMCA program are responsible for their conduct and must be willing to abide by the rules and behavioral guidelines established for the program. We ask that students, teachers, and parents review and discuss these guidelines. Each must be willing to support these guidelines in order for the student to be eligible for the program.

I understand the following behavior is expected of me while I am at the Becket-Chimney Corners YMCA:

1. To cooperate with fellow students, teachers, chaperones and YMCA staff.
2. To participate in the activities that I am assigned.
3. To be on time for activities and meals.
4. To remain with my group and a teacher, chaperone or YMCA staff member at all times. This includes the transition and recreation time.
5. To respect the property of others, not to enter anyone's cabin or room without their permission and not to touch anyone's property.
6. To keep my space neat and not damage YMCA property. If I damage YMCA property, I will pay for the damages.
7. To respect quiet hours between 10 pm and 7 am.
8. To take responsibility for my own safety by carefully listening to rules and instructions.

Anyone who shows that he/she cannot live harmoniously with others, endangers his/her own safety or that of their fellow students, or cannot accept the rules and regulations will be required to call his/her parents and will be removed from the group and asked to leave the Becket-Chimney Corners YMCA.

I have read and understand the above information. I agree to abide by and support the guidelines set forth.

Student's Signature _____
Parent's Signature _____

**Please  
Sign**



**Parental/Guardian Permission Slip  
For Berkshire Outdoor Center**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED ON OR BEFORE TUESDAY, SEPTEMBER 4, 2018**

Dear Parent or Legal Guardian,

Your child/guardianship is eligible to participate in a Gordon School sponsored activity, which requires transportation to a location away from school. This activity will take place under the guidance and supervision of employees from Gordon School. A brief description of the activity follows:

Destination:	Berkshire Outdoor center
Designated Supervisor of activity:	Tamar Paull
Date of Departure:	September 12, 2018
Date of Return:	September 14, 2018
Method of Transportation:	Charter Bus

In order for your child/guardianship to participate, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions by the student named below.

**Statement of Consent and Release of Liability**

I hereby consent to participation by my child/guardianship, \_\_\_\_\_ in the event described above. I understand that this event will take place away from the grounds of Gordon School, and my child will be under the supervision of the designated employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. The Gordon School is hereby released from liability for any damage or injury to my child, which may be sustained.

I understand that during this trip the designated supervisors will have on hand the Emergency Authorization form that I have previously executed. These forms provide the school authorization to obtain medical treatment for my child in the event of an emergency.

\_\_\_\_\_  
Parent/ Guardian name/signature

\_\_\_\_\_  
Date

**THIS TRIP SHOULD BE CONSIDERED PART OF SCHOOL; THEREFORE ALL MEDICINES UTILIZED ON SCHOOL DAYS SHOULD BE ADMINISTERED ON THIS TRIP. IT IS NECESSARY FOR YOU TO INFORM THE SCHOOL AS TO WHETHER OR NOT YOUR CHILD/GUARDIANSHIP WILL NEED TO TAKE PRESCRIBED OR OVER-THE-COUNTER MEDICATIONS.**

**Medication Authorization**

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

I hereby authorize my child /guardianship to take over-the-counter medication (i.e. Tylenol, Motrin/Advil, and Benadryl.) I will deliver a supply to the school nurse by **Tuesday, September 4, 2018**, labeled in the original container to be held by the chaperone.

I hereby authorize my child/guardianship to take prescribed medications that they may need during this trip. I am aware that a chaperone will hold the medication for them and will make it available only at the designated time. **PLEASE SEE ATTACHED MEDICATION PERMISSION AND RELEASE FORM. This release form (if there are changes to your child's Student Medical Information) along with the exact amount of prescribed medications in the original container, labeled with the doctor's prescription, will be delivered to the school nurse by Tuesday, September 4, 2018.**

\_\_\_\_\_  
Parent/ Guardian name/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 them 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