



Jennifer Murphy  
Principal

## MEMORIAL MIDDLE SCHOOL

*Serving the Communities of  
Middlebury and Southbury*

One Memorial Drive  
P.O. Box 903  
Middlebury, Connecticut 06762  
203-758-2496



Jennifer Bourque  
Assistant Principal

Dear Incoming Sixth Grade Families,

Spring 2024

We are excited to partake in our Nature's Classroom trip once again. This trip is an exciting part of our sixth graders' first year at Memorial. The trip is a one-week overnight experience at Incarnation Center in Deep River, CT. Nature's Classroom provides our students with hands-on, outdoor activities and programming run by the Nature's Classroom staff. This experience enables students to experience the connections between their classroom academics, their community, and their environment.

We recognize that taking our students off campus for a 5 day/4 night trip is a tremendous responsibility. Your child's physical, mental, and emotional safety are our number one priority during their time with us. During instructional activities and meal times, your child will be supervised by enthusiastic and experienced Nature's Classroom staff who have undergone background checks and training to provide your child with an inspiring and safe experience. The Nature's Classroom staff are also certified in CPR and First Aid. During free time and night time, students are in the care of their MMS teacher chaperones. Children are lodged in comfortable accommodations with bunk beds and regular bathrooms.

To register your child for our Nature's Classroom trip, **please complete all the gold forms and return with a \$150 deposit to the school by Friday, September 6th.**

If the cost of the trip is a concern, or if you have any other questions, please reach out to the Main Office at 203-758-2496 or administration at [jmurphy@region15.org](mailto:jmurphy@region15.org) or [jbouorque@region15.org](mailto:jbouorque@region15.org).

### **Important Details:**

**Date:** October 21 - 25, 2024

**Deposit:** \$150

**Total cost:** \$465

**Location:** Nature's Classroom at Incarnation Center, 253 Bushy Hill Road, Deep River, CT 06417.

**Deposit due:** Friday, September 6, 2024

**Balance due:** Tuesday, October 1, 2024

**Checks Payable to:** Memorial Middle School

### **Forms to return by September 6, 2024:**

- Region 15 Field Trip Permission Form
- Nature's Classroom Consent Form
- Emergency information form

- Medication forms - EVERYONE
- Allergies and food restriction form
- Deposit (\$150)

## Program Overview

Nature's Classroom is a residential outdoor education program that focuses on science and engineering, social and emotional learning, and team building. Each program is customized to support student learning in the classroom. Hands-on lessons focus on building critical thinking skills and Nature's Classroom works with each school group to help design a program that best fits the needs and outcomes of the group. Each program consists of Field Groups, Class Choice, Large Group Activities, Evening Programs, Meals and Free Time.

## Typical Day

Below is an example of a typical day:

7:00 AM Wake Up  
8:00 Breakfast  
9:15 Field Group or Large Group Activity  
11:30 Free Time  
12:00 Lunch  
1:15 Class Choice  
2:45 Class Assignment/Snack  
3:00 Class Choice  
4:30 Free Time  
5:30 Dinner  
6:45 Evening Activity  
8:30 Quiet Sing  
8:45 Back to Cabins

## Medications

In an effort to minimize interruptions, Nature's Classroom typically dispenses medications during meal times. If your child received daily medications outside of these times we will administer those as ordered by your child's doctor. All "scheduled" medications will be overseen and distributed to your child by a medical staff member. Children are not permitted to keep medication on their person, including prescription and over-the-counter medications; examples are Tylenol or cough drops. Emergency medications such as Epi-pens and rescue inhalers will be available to your child at all times. When possible, children are encouraged to self administer under the care and guidance of trained medics or staff members. **Please return the medical forms if your child will need any medication during the trip.**

**Please communicate with our school nurse, Mrs. Iacono with medication questions [biacono@region15.org](mailto:biacono@region15.org) or 203-758-1912**

## Food Allergies/Dietary Needs

Food Allergies / Dietary Needs  
Nature's Classroom facilities can accommodate a variety of dietary needs. There is a section in this packet where you may indicate any dietary allergies, restrictions, or preferences. If you have concerns about your student's dietary needs while at Nature's Classroom, please contact us as soon as possible.

## Visitors & Communication

We ask you not to visit your student during their field trip. Visiting parent/guardians can distract students and may make some students homesick. Students are not permitted to have cell phones at Nature's Classroom. This is to encourage them to enjoy life "unplugged", living in the moment and appreciate their surroundings. If there is an emergency and you need to reach your child, you may reach out via email to school staff on the trip, or contact Nature's Classroom at (603) 539-8053. You may always contact the MMS Main Office at 203-758-2496 if you have questions or need assistance.



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Field Trip Forms

Field Trip Permission Form for Parents/Guardians

Teacher(s): Mrs. Murphy, Mrs. Bourque, Mrs. Grieder, etc School: Memorial Middle School

Grade/Group: 6th Grade Students

Date(s) of Trip: Monday October 21, 2024-Friday October 25, 2025 Purpose of Trip: Nature's Classroom

Field Trip Destination (address and phone number): \_\_\_\_\_

Nature's Classroom at Incarnation Center, 253 Bushy Hill Road, Ivoryton, CT, Deep River CT

Time of Departure: 9:30 am 10/21/24 Time of Return (approximate): 1:30 pm 10/25/24

Transportation Company: First Student

Cost to be paid by students\*: \$465.00

(\*Please note that financial support is available by contacting your building principal and/or school counselor.)

Please make checks payable to: Memorial Middle School

Special Instructions and/or Requirement for the Trip:

Please see attached notes for all information

**MEDICATION(S):**

If your child is on medication during the school day, and needs this medication during this field trip, **the parent/guardian must contact the school nurse, no later than one week in advance** of this trip to make arrangements for the administration of the medication.



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**Field Trip Forms**

**Parents/Guardians - Please complete the following:**

1. Child's Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Parent's/Guardian's Information:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone numbers (home, cell, work): \_\_\_\_\_

If parent/guardian not available, please provide name(s) of emergency contact(s) with telephone number(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers (Home, cell, work): \_\_\_\_\_

3. Please list any medical condition(s) of your child of which the chaperone(s) should be aware

(if none, please write N/A): \_\_\_\_\_

**IMPORTANT NOTE:**

- Region 15 reserves the right to reschedule and/or cancel field trips based on travel safety at the time of the trip. If a trip has to be canceled, any deposits towards the trip may not be refunded.
- All school rules are enforced during a field trip.
- The school district is relieved of any responsibility for damage or loss to student's personal property.
- Parents/guardians may be held responsible for any damages caused by their child.
- By signing this permission form, in case of emergency, parents hereby give permission to the chaperone to select a physician or hospital and secure proper treatment for the student.

**Parent's Signature**

(Signature indicates that all of the above information is agreed to and correct.)

**Date**



**PLEASE FILL OUT AND TURN IN THE FOLLOWING PAGES**

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian and Student Contract and Waiver**

My child and I understand what is expected of us before and during Nature's Classroom New England and that we are familiar with these rules and agree to abide by the rules, procedures, and behavior expectations detailed within. I realize that no environment is risk-free and I am aware of these risks, and so I have instructed my child on the importance of abiding by the center's rules. I grant permission for my child to participate in all activities and Nature's Classroom New England programs, including but not limited to challenge-course, out-of-camp trips by foot (hiking), and out-of-camp emergency transportation by van, bus or other designated vehicle. I understand that part of the outdoor education experience involves activities and group interactions that may be new to my child and that they come with uncertainties beyond what my child may be used to dealing with at home. I also understand that during my child's participation they may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, uneven terrain, standing and moving water, forested, and other areas that may result in wildlife encounters including mammals, reptiles, and insects that could result in infections and various insect-transmitted diseases. Additionally, certain risks may be associated with activities such as field and court sports, high and low ropes elements courses, waterfront, hiking, walking, running, playing outside, as well as other activities. Other risks might include sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. Nature's Classroom New England is not responsible for lost, stolen or damaged articles. I, the undersigned, have read and understand my responsibility to complete and submit all necessary forms and fees on time (and that my child will not be allowed to attend the program if any forms in the Family Packet are incomplete). I also acknowledge that participation is entirely voluntary, and I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's outdoor education experience, or the outdoor education experience itself shall be resolved exclusively by binding arbitration in the state and county where this camp is physically located, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

**I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

**Photo Release**

\_\_\_\_ **I DO** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Nature's Classroom New England's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

\_\_\_\_ **I DO NOT** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Nature's Classroom New England's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

I acknowledge that since participation in publications is voluntary, I will receive no financial compensation. I further agree that participation in any publication format by Nature's Classroom New England confers upon me no rights of ownership whatsoever. I release Nature's Classroom New England and its employees from liability for any claims by me or any third party in connection with participation.

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



Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

## Emergency Information

\*Please Note: Nature's Classroom will not distribute the personal information contained in these forms to a third party.

**Guardian (Primary Contact) Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody agreement we need to be aware of? ☐ Yes (please attach additional information) ☐ No

NOTE: We are authorized to release the child only to the contacts listed above unless a note from the Guardian/Primary Contact states otherwise.

## Authorization for Emergency Treatment

I hereby give permission to Nature's Classroom New England to seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Nature's Classroom New England to arrange necessary transportation for my child to a nearby hospital or other medical facilities as required. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Nature's Classroom New England to secure and administer treatment, including hospitalization, for the person named above. Information in this paperwork may be given to the physician. I agree to incur all costs related to any medical emergency for the person named above.

**Parent/Guardian Name:** \_\_\_\_\_

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

## Insurance Information

The following insurance information is required if a doctor visit or admission/treatment at a hospital is necessary.

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Do you have Health Insurance Coverage? ☐ Yes ☐ No

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name Listed on Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_





Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

## Restrictions

- ☐ Participant is cleared for unrestricted activity with Nature's Classroom. They are cleared for full participation.
- ☐ Participant is cleared for participation at Nature's Classroom, but the following restrictions apply:

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- ☐ Participant is not cleared for participation at Nature's Classroom.

## Notification of Allergies and Food Restrictions

**Does your child have any food allergies, intolerances, or dietary needs?**

- ☐ Yes. Please specify type, reaction, severity, and applicable treatment.

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- ☐ No

**Does your child have any other allergies (ie. environment, bees) etc?**

- ☐ Yes. Please specify allergen, severity, reaction and treatment:

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- ☐ No.

## Health History

Are there any concerns (medical, behavioral, emotional)?

- ☐ Yes ☐ No

Please specify:

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Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

## Permission to Dispense Over-the-Counter Medications ON an AS NEED Basis

We carry all of the following medications, you do not need to send these medications with your student. Not all medications are approved for under 12 years of age. Medical staff will give according to label instructions and our Standing Orders on file. If your child takes any of the following medications on a regular schedule please DO send those medications with your child along with a physician's order or a physician's signature on page 9 to include those Over the counter medications.

☐ I give permission for Nature's Classroom to administer **ALL** over the counter medications listed in the box below.

☐ I give permission for Nature's Classroom to administer **ONLY** the over the counter medications I have **CHECKED**.

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Cough Drops (Generic)	<input type="checkbox"/> Loratadine (Claritin products)
<input type="checkbox"/> Antidiarrheal (Imodium, Kaopectate-over 12)	<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> Cetirizine (Zyrtec products)
<input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products-not for use under 12 years old)	<input type="checkbox"/> Dramamine or generic equivalent	<input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry)
<input type="checkbox"/> Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup)	<input type="checkbox"/> Guaifenesin (Mucinex" products; Robitussin Cough & Cold CF Liquid)	<input type="checkbox"/> Pseudoephedrine Hydrochloride (Advil" Cold & Sinus products)
	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Tolnaftate (Tinactin) (Athlete's foot powder)
	<input type="checkbox"/> Triple antibiotic (ie, Neosporin)	<input type="checkbox"/> Antacid (TUMS, Maalox, Mylanta)
	<input type="checkbox"/> Hydrocortisone	
	<input type="checkbox"/> Bacitracin ointment	

☐ **I DO NOT** give permission for Nature's Classroom to administer **ANY** of the over the counter medications listed.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medications** (e.g. Epi-pens and rescue inhalers) will be sent around with your child, managed by the medic on site, and administered as needed by trained staff.

Will your child be bringing an <b>EpiPen / Epinephrine injector</b> to Nature's Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify allergy: _____ _____ _____ _____	Will your child be bringing a <b>rescue inhaler</b> to Nature's Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to self-administer their emergency medications under trained supervision? ie inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

### Medications - Instructions

Send all medications in the original Pharmacy bottle / packaging with your child's name, Doctor's name, medication, strength, dosage, and usage instructions on the bottle / packaging. Place the bottle/package in a clear ziplock bag with your child's name, date of birth and school. **DO NOT Send pre-packaged pill planners, envelopes, etc.**

### Medication List

Please include emergency & "As Needed" medications, such as Epi pens or rescue inhalers.

Medication/Form	Strength	Dose	Time(s)	Reason	Special Instructions	As Needed
Example Amoxicillin liquid	125mg/5ml	250mg/10ml	8am 8pm	Infected tooth	Give after eating	No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to receive the above scheduled medications as dictated above and ordered by his/her/their Doctor while at Nature's Classroom.

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For melatonin, vitamins, nasal sprays, and other meds not listed in the over-the-counter chart on page 8 or if taken daily, **MUST be sent with a doctor's order, or the doctor can sign this form below to agree to the medications listed.** \*\*MEDICAL PERSONNEL CAN NOT ADMINISTER ANYTHING THAT DOESN'T COME WITH A DR'S NOTE/SIGNATURE.

Doctor/medical provider signature: \_\_\_\_\_ Date: \_\_\_\_\_