

2018/19

6th Grade Science Camp at Alliance Redwoods

Who: All Eich 6th graders, approx. 60 Chaperones, 12 Eich Teachers

When: Tuesday, November 13th- Friday November 16th

We will leave Eich at 8:00 AM on Tuesday and will return at approximately 4:30 PM on Friday. We will send an email out approximately 30 minutes before the bus arrives at Eich so families may arrange for pick-up.

Where: Alliance Redwoods Camp, Occidental, CA

The Alliance Redwoods Outdoor Education Program is known for its exceptional quality and affordability. The program comprises a variety of Environmental Science classes, Challenge Course activities, Team Building Initiative classes, night hikes, and campfire/skit nights—all of which are included in this trip. All of the naturalists who teach the curriculum are college graduates with extensive outdoor science and environmental education experiences.

Students will be leaving from and returning to Eich Middle School on chartered buses which is also included in the student fee. Alliance Redwoods campgrounds' amenities include cabins with beds for students, chaperones, and three meals a day. The cost for this fabulous experience will be \$345 per student.

CABIN ASSIGNMENTS AND TEACHING GROUPS:

There will be six to seven students and one chaperone to every cabin (four bunk beds) and three cabin groups for each "animal group" (1 naturalist, 3 to 4 chaperones, and 18 to 21 students).

MEDIC:

Alliance Redwoods provides a medic who is available 24 hours/day. All medications must be turned in to Eich Middle School before NOVEMBER 5, 2018. Our nursing and office staff will check in all medications and verify doctor orders before the trip.

MEALS:

All student meals are included. However, you must bring a sack lunch (or order a school lunch) for Tuesday, November 13th only.

MAIL:

Mail call is before dinner each night. Mail arriving later than school departure date will be returned. Feel free to write to your child at:

Child's Name/Eich Middle School
Alliance Redwoods Conference Grounds
6250 Bohemian Hwy
Occidental, CA 95465

DISCIPLINE:

All school rules apply at camp. If a camper chooses not to follow camp rules, there will be specific action taken:

- Step 1: Verbal Warning
- Step 2: Loss of free time for the day
- Step 3: Call made to parents
- Step 4: Sent home at parental expense

PAYMENTS

Payment Schedule:

\$115 due Wednesday, August 29

\$115 due Wednesday, September 26

\$115 due Wednesday, October 24

All payments for Science Camp will be handled by Michael Larsen. Please DO NOT give payments to any other teacher. On collection days, your child will come to Mr. Larsen's room during their Science class. For cash payments, a receipt will immediately be given to the student for their payment. For check payments, please write your student's name on the memo line so the payment is matched up with the correct account. All checks should be made payable to Eich Middle School. If money is an issue, please contact Mr. Larsen at mlarsen@rcsdk8.org or 916-771-1770 x23200.

Cookie Dough Fundraiser: For each box sold, that student's account is credited \$6.50. This is a great way to bring down the cost of science camp! Sell that cookie dough!

SWEATSHIRTS

Sweatshirts are included with the cost of camp. These will be ready to go for your student prior to camp.

CAMP PHOTOS

All photos will need to be ordered and paid for online. There is a link to the ordering page on the Eich 6th Grade Information page off of the Eich homepage.

PAPERWORK/PERMISSION SLIPS

It's that time!!! We have color coded the paperwork for you to make things easier.

ONLINE forms: ALL STUDENTS MUST COMPLETE.

Alliance Redwoods is doing all of their paperwork online this year. The link is on the Eich 6th Grade Information page off of the Eich homepage. **If your child has dietary restrictions, you will need to input that information on the online form.**

WHITE Permission Slip: ALL STUDENTS MUST RETURN. PLEASE RETURN BY WEDNESDAY, AUGUST 29.

YELLOW Lunch Request Form: ALL STUDENTS WHO WISH TO HAVE A SACK LUNCH ON TUESDAY, NOVEMBER 13 MUST RETURN. PLEASE RETURN BY WEDNESDAY, AUGUST 29.

BLUE Medical Form: ONLY STUDENTS WHO TAKE MEDICATIONS/WILL BE TAKING MEDICATIONS AT CAMP NEED TO RETURN.

If your child will be taking medications at camp, a doctor's signature is required to allow Alliance Redwoods to administer this medication. BLUE FORMS ONLY get turned in to the main office.

CHAPERONES

At this point, we have enough chaperones signed up. If you are still interested in going as a chaperone, please fill out the interest form on the 6th Grade Information webpage. This will add you to our waiting list.

QUESTIONS?

If you have any questions, please contact either Andrew Padilla at apadilla@rcsdk8.org or Michael Larsen at mlarsen@rcsdk8.org.

Thanks,
Andrew Padilla and Michael Larsen

WHAT TO BRING TO CAMP

(All items should be clearly marked with camper's name)

Sack lunch for arrival day (Tuesday only)

RAINGEAR (poncho)

Water bottle for hikes

Day pack

Pen and pencil

Small flashlight

Shoes (2 pairs closed-toed)

Sleeping bag

Pillow with case

Toiletries and towels

Warm jacket

Warm clothes

NO shorts

Plastic bag (for wet clothes)

WHAT NOT TO BRING TO CAMP

Electronics such as radios, video games, MP3 players, cell phones, skateboards, etc. Any form of weaponry or cigarettes. Clothing that advertises, promotes, or has overtones involving alcohol, tobacco, drugs, sex, violence, and inappropriate language. Snacks are not allowed in the cabins, and will be confiscated.

Roseville City School District

PARENT PERMISSION FOR SCHOOL-RELATED FIELD TRIPS AND CONSENT FOR MEDICAL TREATMENT

STUDENT NAME _____ has been selected to take part in school activities away from school. Participation in these events is voluntary and requires your written permission. If you approve of the following arrangements, please complete all requested information, sign, date, and return this form to the faculty sponsor or coach.

DESCRIPTION OF ACTIVITY: 6th Grade Science Camp

DESTINATION: Alliance Redwoods Conference Grounds, Occidental, CA

DEPARTURE: (Date & Time): 11/13/18 @ 8:00 AM

RETURN: (Date & Time): 11/16/18 @ approx. 4:30 PM

METHOD OF TRANSPORTATION: (Sponsor or Coach please check)

- A. School Bus
B. Walking
C. Private Vehicle

- D. Commercial Transportation Vehicle
Name of Company: ALL WEST
E. Other (please specify):

FACULTY SPONSOR OR COACH IN CHARGE: Larsen/Padilla

PARENT MUST COMPLETE THE FOLLOWING INFORMATION AND RETURN THE ENTIRE FORM IN ORDER FOR STUDENT TO PARTICIPATE

STUDENT NAME: _____ Date of Birth: _____ has my permission to attend the above stated activity(ies).

- Please check if you would be able to attend the trip as a supervising adult assistant, if needed:
If it is necessary for your child to be removed from this trip, it is required that you pick up your child upon teacher request. Siblings or children not enrolled in the class are not allowed on the field trip.

PARENT SIGNATURE HOME ADDRESS DATE

In case of an emergency, the family can be contacted by:

(Home/Message Phone) (Work Phone) (Hours) (Other phone, i.e., neighbor, friend, relative, etc.)

EMERGENCY MEDICAL INFORMATION:

The faculty sponsor or his/her designee has my consent to take this student to an emergency medical facility to receive emergency treatment in the event of illness or injury. The district does NOT provide insurance coverage for injury or accidental death during the trip.

Does this student have any known toxic reaction to medication, or are there any other medical conditions of which the faculty sponsor or coach should be aware? NO YES

A brief description is as follows:

Insurance Carrier/ID number: Family Physician:

Phone No. Hospital Preference:

PARENT SIGNATURE: DATE:

IF YOU DECLINE TO SIGN THIS SECTION, PLEASE CONTACT THE SPONSOR OR SCHOOL PRINCIPAL AND ATTACH IN WRITING THE REASONS FOR THE EXCEPTION.

TEACHER - PLEASE CHECK ONE:

- This field trip will NOT affect the lunch period.
Field trips involving the lunch period must fill out form # RCSDe125

**Roseville City School District
Field Trip Lunch Information**

Generally, if a student is gone all day from school on a field trip, he/she will need a sack lunch. Our district cafeteria can provide a sack lunch for your child at the regular student lunch price of \$3.25. If your child prepays for lunches, indicate his/her lunch card or student ID number below to be debited.

Students participating in the free/reduced lunch program will not be charged. Indicate your child's lunch card or student ID number below.

School: _____

Teacher/Grade: _____

Date of Trip: _____

Lunchtime Destination: _____

Child's Name: _____

Parents – Please check one of the following:

_____ Please provide a sack lunch for my child. His/her lunch account number [if known] is _____.

_____ Enclosed is \$3.25 cash to purchase a sack lunch

_____ My child will bring a sack lunch from home.

Parent Signature

Please return this form to school by: _____

TEACHERS: THESE FORMS NEED TO BE TURNED INTO THE OFFICE AT LEAST TWO WEEKS PRIOR TO YOUR TRIP.

Distrito Escolar de la Ciudad De Roseville
Información Sobre el Lonche Habiendo Paseo

Generalmente, si un estudiante anda de paseo todo el día, el/ella van a necesitar un lonche en bolsa de papel. La cafetería del distrito puede proveerle a su hijo/a un lonche en bolsa de papel al precio regular de \$3.25 por un lonche de estudiante. Si su hijo/a paga por sus lonches por adelantado, favor de indicar aquí abajo el número de la tarjeta de lonches o el número de estudiante, de su hijo/a donde se debe cargar la suma de el lonche

No se les cobrará a aquellos estudiantes que esten en el programa de lonches gratis o reducidos. Favor de indicar aquí abajo el número de la tarjeta de lonche o el número de estudiante de su hijo/a

Maestro/Grado: _____

Fecha del Paseo: _____

Destino a la hora de comer: _____

Nombre del Niño/a: _____

Padres – Favor de señalar uno de los siguientes:

_____ Favor de proveerle a mi hijo/a un lonche en bolsa de papel. El número de su cuenta de lonches (si lo saben) es: _____

_____ Adjunto estan \$3.25 en efectivo para comprar un lonche en bolsa de papel.

_____ Mi hijo/a traerá de casa su lonche en bolsa de papel.

Firma del Padre/Madre

Favor de regresar esta forma a la escuela antes/o el día: _____

MAESTROS: ESTAS FORMAS SE DEBEN REGRESAR A LA OFICINA POR LO MENOS DOS SEMANAS ANTES DE SU PASEO.

FIELD TRIP MEDICATION PROCEDURE :

There are two medication forms for the Alliance Redwoods field trip (blue forms or online). They are:

- a. Alliance Redwoods Medication Procedures—this form needs to be filled out by parents/guardians.
- b. RCS D Field Trip Medication Authorization Form—this form is filled out by parents/guardians and the child’s physician.

If your child will need medication administered on the field trip, please follow the instructions below:

1. If you would like your child to have access to the non-prescription (over-the-counter) medications kept on site at Alliance Redwoods, you will need to have your child’s physician fill out **PART 1** of the RCS D medication form and sign where indicated. Parent/guardian will need to sign approval.
2. If your child has prescription medications (or other non-prescription medications not addressed in PART 1) that need to be administered on the trip, please have your child’s physician fill out **PART 2** of the RCS D medication form and sign where indicated. Parent/guardian will need to sign approval. **Be sure to fill out the Alliance medication form as well.**

If your child already has medication at school:

1. If there are changes to the medication administration procedure already in place at school (e.g. if additional doses need to be administered on the field trip), please have your child’s physician fill out **PART 2** of the RCS D medication form with the new administration instructions. The physician needs to sign where indicated. Parents will need to sign approval. **The Alliance medication form will need to be filled out as well.**
2. If there are no changes to the administration of the medication already on file at school, **please fill out the Alliance medication form only.** We will transfer the current medication and parent/physician forms already on file at school to Alliance Redwoods.

Medication Drop-Off Procedure:

- Parents must check all medications into the school office. DO NOT send medications to school with your student.
- Medication drop-off times are M-F 1:00 pm-4:30 pm. If you cannot make this time, please call the school office to arrange another drop-off time.
- Medication **MUST** be in original prescription bottle or original over-the-counter box. Please label the over-the-counter box with the student’s name
- Bring the medication and completed medication forms to the office together.

ROSEVILLE CITY SCHOOL DISTRICT FIELD TRIP MEDICATION AUTHORIZATION FORM

Student's Name: _____ Date of Birth: _____ School: _____

Teacher: _____ Grade: _____ Allergies: _____

Parent/Guardian Name: _____ Contact number: _____

Parent/Guardian Name: _____ Contact number: _____

Administration of Medicine: When it is necessary for students to take prescription medication, non-prescription medication, vitamins, etc. during school hours or on school-sponsored field trips, the following procedure must be followed: 1) Medication(s) must be listed on tables below. Dose, frequency, route, and side effects must be indicated for **ALL** prescription **ALL** other medications not listed in the "Non-Prescription Medications" table. 2) Parents/Guardians and Physician must sign permission where indicated 3) Medication must be brought to school in prescription bottle or original container by **PARENT/GUARDIAN**. **IMPORTANT:** For students to be given medication(s) both PARENT/GUARDIAN and PHYSICIAN signatures are required.

PART 1: NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION:

Over-the-counter medication will **NOT** be administered without the parent AND physician signatures below. The above named student is approved to take the following medications, as needed, in accordance with directions on the packaging.

Student's Age: _____ Student's Weight: _____

Medication	As needed for	Yes	No	Medication	As Needed For	Yes	No
Ibuprofen (Advil/Motrin)	Pain			Cough Drops/Throat Lozenge	cough/sore throat		
Acetaminophen (Tylenol)	Pain			Decongestant	Stuffy nose		
Diphenhydramine (Benadryl)	Allergic reaction/Rash			Antacid/Pepto Bismol	Upset stomach		
Antibiotic Cream	Minor scrapes, etc.			Hydrocortisone	Itch relief		

Comments: _____

PART 2: OTHER MEDICATION:

MEDICATION NAME	DOSE	ROUTE (Oral, injected, inhaled, etc)	FREQUENCY (Time to be given)	SIDE EFFECTS:

Student has been instructed on the correct use of epinephrine auto-injector and/or inhaler and may self carry/self-administer:

Epinephrine auto-injector Inhaler Physician's initials: _____

PHYSICIAN CONSENT AND AUTHORIZATION: My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to the CA state laws and regulations. In the event there is no school nurse or other licensed person to administer medication, I authorize a trained unlicensed assistive person/trained health care aid to administer this prescribed medication to the above student.

PHYSICIAN'S SIGNATURE: _____ DATE: _____ STAMP: _____

PARENTAL CONSENT AND AUTHORIZATION: In agreeing to have the school (or school-sponsored agency) administer my child's medication, I voluntarily agree to release, discharge, and hold harmless Roseville City School District and its officers, agents and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which cause my child's illness, injury, death, and damages of any nature in any way connected with the administration of medication. As the parent/guardian of the above student, in the event there is no school nurse or other licensed person to administer medication, I give consent for a trained unlicensed assistive person/trained health care aid to administer the prescribed medication to the above students. I understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time. I authorize RCSD to communicate with the physician above regarding my child's medication condition and/or medication prescribed for it.

Parent/Guardian Signature: _____ Date: _____

MEDICATION ADMINISTRATION

MEDICATION ADMINISTRATION: Medication will be administered pursuant to the information provided above as verified by both student's physician and parent. Medication and all administration of medication will be logged and any excess or unused medication will be returned to parent at the conclusion of the field trip. In some instances, students will be allowed to self-carry the medications. Trained personnel will administer medication to students.

-----**FOR SCHOOL OR FIELD TRIP STAFF USE ONLY**-----

MEDICATION INTAKE: (To be completed at the school site, prior to the field trip)

Student's Name: _____ Date of Birth: _____ School: _____

Intake Date	Medication Name	Expiration Date	Dose	Time(s)	Route (oral, injected, inhaled, etc)	Amount	Meds checked: in or out?	Staff initials	Parent signature

MEDICATION ADMINISTRATION LOG: (Table to be filled out by person administering medication on the field trip)

Please indicate the time of administration and initial. If multiple doses are given on the same day, please indicate **all** doses in daily box provided.

Medication	Dose	Monday	Tuesday	Wednesday	Thursday	Friday

Name: _____ Initials: _____ Signature: _____
 Name: _____ Initials: _____ Signature: _____
 Name: _____ Initials: _____ Signature: _____

Medication Pick-Up after the Field Trip: Parents, please sign below when you pick up your child's medication after the field trip.

 Parent's Signature Printed Name Date