# DERBY PUBLIC SCHOOLS School Trip Proposal / Request Form Travel / Study Approval for Out of State and or Overnight Trips

| School: Irving School Principal: Jen 01500                                                           |
|------------------------------------------------------------------------------------------------------|
| Date(s) of Trip: 5/16 - 5/18/2018 Trip Organizer(s): Jen 0/500                                       |
| Destination of Trip: Nature's Classon - Lakeside CT                                                  |
| Grade level of student participants: 5 No. of Students: 40                                           |
| Educational Objectives including related classroom activities prior to / following the trip:         |
| Students will learn about various science related                                                    |
| Themes while participating in team-building                                                          |
| activities w students from Both elementary school                                                    |
| Funding Source(s): Straint - Funded Fundraising; Alliance                                            |
| Complete if students are paying for all or part of the trip.                                         |
| Total fees required from each student: Transportation Cost: Event Fee: Who Meals                     |
| Lodging:                                                                                             |
| Source(s) of funds for students who qualify for fee waiver: PTO /Stvdent Activit                     |
| Cost of Nurse (if applicable): Funding source: No students are identified with health concerns       |
| Name of travel agent (if applicable): N/A                                                            |
| Name of transportation service vendor: All Star Transportation  No. of buses required: Cost per bus: |
| Date / Time of trip: Departing Derby: 5/16 100m Returning to Derby: 5/8 - 1:30 pm                    |
| Number of chaperones on trip: (see attached)                                                         |
| Completed forms should be submitted to the principal who, if the trip is approved, will              |
| forward this to the Superintendent of Schools and Board of Education for final approval.             |
| Include the information below when submitting this approval form. (Place a check mark by each item   |
| indicating its inclusion in the approval packet.)                                                    |
| Information outlining parental financial responsibility should there be an emergency cancellation    |
| Parent / Guardian letter explaining the trip and travel itinerary                                    |
| / Parent / Guardian Permission and Acknowledgment of Risk for Student Travel Form                    |
| Emergency Plan (Includes arrangements for medical needs, parent / guardian contact information,      |
| access to communication devices, and procedures for general potential emergency situations)          |
| List of Chaperone Names and Phone Numbers with MPS employees noted                                   |
| / Telephone Tree in the event of an emergency                                                        |

I / We certify that this trip proposal is in accordance with Derby Public Schools policies and corresponding regulations: Signature, Trip Organizer(s) NTTrip approved Date Signature, Superintendent or Designee Trip Denied Reason: Signature, Superintendent or Designee Date Out-of State / Overnight Trips Checklist Obtained approval at least three (3) weeks prior to the trip. Submitted list of participating students submitted to Principal and Health Office at least two (2) weeks prior to the trip. Submitted an updated list of participating students to Principal and Health Office on day of trip (No students should be added to the original list on the day of the trip.) Arranged substitute teacher with the Principal / designee if needed Arranged instructional and supervisory assignments for students not participating Arranged appropriate number of chaperones and provided orientation Clearly explained expectations of students Received parent permission forms and emergency medical forms No students are identified with health concerns

Be sure the school administrator has a list of those students participating in the activity and a copy of the

**Teacher Directions:** After your *School Trip Proposal / Request Form* has been approved, you are required to complete this form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip: 2) complete the school portion (top half) of form; 3) duplicate one form per student; and 4) send a copy home for parent and student signatures.

Revised: March 2018

emergency contact numbers.

| -          |            |              |              |
|------------|------------|--------------|--------------|
| First Name | Last Name  | Contact 1    | Contact 2    |
| Kayla      | Adams      | 203-734-2900 | 203-305-4052 |
| Faith      | Anderson   | 317-807-2852 | 917-721-6389 |
| Stacey     | Andramunio | 203-278-2051 | 203-737-0664 |
| Chelsea    | Ayala      | 475-439-5567 | 203-343-5313 |
| Jayzair    | Barbera    | 203-513-0885 |              |
| Samantha   | Barillas   | 203-751-6694 |              |
| Kharanya   | Black      | 203-516-5158 |              |
| Ethan      | Bond       | 860-975-7018 |              |
| Marcos     | Bond       | 860-975-7018 |              |
| Nazier     | Boyd       | 203-522-3237 |              |
| Melanie    | Caicedo    | 203-751-2338 | 475-228-2045 |
| Dontae     | Carter     | 203-516-1920 | 203-892-1238 |
| Alexis     | Cavallaro  | 475-243-9923 | 203-922-2040 |
| Ruben      | Coleman    | 929-444-0180 | 631-703-4992 |
| Giana      | DaSilva    | 203-570-1957 |              |
| Cailyn     | Edwards    | 203-735-5902 | 203-231-2999 |
| Faith      | Gallishaw  | 203-736-9295 | 203-892-8303 |
| Isaiah     | Goodrich   | 203-615-4945 |              |
| Raelynn    | Harris     | 203-954-6070 | 203-512-8238 |
| Shaliyah   | Howell     | 203-751-9232 | 203-751-4673 |
| Joseph     | Izquierdo  | 203-326-0511 | 203-554-0568 |
| Маѕоп      | Izquierdo  | 203-326-0511 | 203-554-0568 |
| Tyler      | Izquierdo  | 203-326-0511 | 203-554-0568 |
| Jennay     | Jimenez    | 203-545-5845 | 203-449-5120 |
| Preston    | Layfolde   | 203-954-7396 | 203-906-6384 |
| Tina       | Lin        | 646-409-5008 | 917-971-5384 |
| Sofia      | Maidonado  | 203-928-8474 |              |
| Nikko      | Marinelli  | 203-734-2124 | 203-954-8454 |
| Aiden      | Martinez   | 203-954-8123 |              |
| Rashiya    | McNeil     | 203-444-3033 |              |
| Nathan     | Melin      | 203-751-9633 | 203-231-7188 |
| Aliyah     | Morales    | 203-997-4949 | 203-997-4947 |
| A'nyrah    | Penn       | 203-360-4814 | 203-929-7831 |
| Jacob      | Prutting   | 203-308-7390 | 475-777-8449 |
| Briana     | Quiles     | 203-507-7724 | 203-507-9578 |
| Quintin    | Simjouw    | 203-892-8877 | 203-927-0891 |
| Shamir     | Smith      | 203-687-3129 | 330-942-4498 |
| Danica     | Strickland | 203-571-4337 | 203-333-1115 |
| Asion      | West       | 413-517-4357 | 203-317-3673 |
| Savana     | Wint       | 203-751-9305 | 347-583-3184 |

|  |  |  |   | · |
|--|--|--|---|---|
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  | • |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |

| Chaperone Names    | Sontact#     |
|--------------------|--------------|
| Jacqueline Nathman | 203-823-0223 |
| Jori Pirritino     | 203-954-7191 |
| Stacey Wasilnak    | 203214-0366  |
| Nicholas Bartoli   | 576-704-6892 |
| Jennifer Olson     | 203-558-7010 |
| Elise Chambers     | 203-906-6731 |

•



## **Nature's Classroom Final Cost**

| Dear |  |      |      |    |
|------|--|------|------|----|
|      |  | <br> | <br> | _, |
|      |  |      |      |    |

We are so excited you have decided to join our Nature's Classroom field trip! Get ready for three days of unforgettable fun and learning. The final cost for the trip is due by Thursday, May 10th. Your cost for the trip is listed below. Some important information to remember:

- Buses will depart from Irving School on Wednesday, May 16th promptly at 10

   a.m. It is imperative that students arrive to school on time that day to make sure
   we can pack the bus and review medications with our school nurse.
- We will arrive back at Irving School on Friday, May 18th at 1:30 p.m. Parents will be able to pick their child up from school at that time.
- There are no electronics allowed on the trip. This includes, phones, tablets or game consoles. If we find any electronics then they will be confiscated and returned to you when we arrive back at school. All teachers will have a phone and we will provide you with our number, if you would like to reach us. We will also post pictures on Class Dojo during the trip.
- Do not bring any snacks or food with you. There will be plenty of food available for all dietary needs. If there is something specific you cannot have, please let us know!
- Make sure to pack plenty of long pants. There is a no shorts allowed rule to prevent the students from getting ticks or poison ivy while outside. Shorts are only allowed inside the cabins.
- Have fun!!! This is an amazing trip that many passed students say is their favorite part of fifth grade.

| Your total cost for the Nature's Classroon This is due on Thursday, May 10th. All ch PTO. | · · · · · · · · · · · · · · · · · · · |
|-------------------------------------------------------------------------------------------|---------------------------------------|
| If you have any questions please contact                                                  | your child's classroom teacher.       |
| Thank you,                                                                                |                                       |
| The Fifth Grade Team                                                                      |                                       |

### 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. Students and teachers learning outdoor awareness in this extended classroom can use the experience to help in their understanding of the natural environment, their school subjects, and the way people live. The program includes activities such as examining life in lakes and swamps, investigating weather, Colonial and Native American skills, and confidence building group challenges. A variety of field walks, classes in all subjects, and evening activities insure an exciting, stimulating experience.

**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 staff. Such guidance will assist them 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. Health and safety are our most important objectives! A fully staffed and equipped hospital is less than 30 minutes away from all of our facilities. Every student is covered by insurance while attending the program.

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.)

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, preferably midweek. The physical facilities are always open, so a weekend visit might be possible. You must call the site and make an appointment with the Program Coordinator before coming.

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 telephone number is 860-567-8403.

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 delivery. Mail should be sent to Nature's Classroom, 190 Kenyon Rd, Lakeside, CT 06758.

## SUGGESTED EQUIPMENT LIST FOR NATURE'S CLASSROOM

This list is for a three day program and dependent upon seasonal weather. Plan for everything!

- --- Water Bottle \*\*\* Super important!
- --- 1 Sleeping bag or bedroll (sheets and blanket)
- --- 1 Pillow and pillowcase
- -2 Pairs of jeans/pants
- --- Multiple shirts (short and long sleeve)
- --- 1 Sweatshirt/hoodie or sweater
- ---Pajamas
- -1 Pair of slippers/flip-flops for cabin
- ---Shorts for cabin use only
- ---Many changes of underwear (for 3 days at least 4)
- --- Multiple pairs of socks (at least 2 per day)
- --- 1 Warm jacket/coat
- ---Hat(s): warm hat and/or ball cap
- ---Gloves, scarf
- ---Shoes (2-3 Pairs): old sneakers, rain boots, well-broken-in hiking boots, etc.
- --- 1 Raincoat or poncho
- ---Toiletries: soap (and container), shampoo, toothpaste, toothbrush, deodorant, towels, washcloths
- ---Laundry bag or extra pillow case
- ---Pre-addressed stamped envelopes or postcards, paper and pens, etc. for writing home

- ---Notebook(s) and writing utensils
- ---Sunscreen
- ---Insect repellant (no aerosols please)
- --- "Day pack" or backpack
- --- Camera: preferably disposable
- ---Flashlight (optional)
- ---Book for reading at night
- --- Deck of playing cards (optional)

### DO NOT SEND:

- Electronics: <u>cell phones</u>,
   I-pods, MP3 players, portable gaming systems, kindles, nooks, tablets, etc.
- Pocket knife, candy/gum/food
- \*\*\*Please do NOT buy new clothes or shoes for your child to wear at Nature's Classroom. Send old clothes that you do not mind your child getting dirty during outdoor activities.
- \*\*\*Please make sure that every personal item (shoes, camera, socks, etc.) are <u>clearly labeled</u> with your child's name. Sharpie everything!
- \*\*\*If your child loses any items at Nature's Classroom, contact the Program Coordinator immediately. NATURE'S CLASSROOM TAKES NO RESPONSIBILITY FOR LOST ITEMS.



### NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

| Child's Name                                  |                                                            | Date of Birth                                                                                               |                                                       |                                                   |  |  |  |
|-----------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|--|--|--|
|                                               | ast)                                                       | (First)                                                                                                     |                                                       |                                                   |  |  |  |
| Age                                           | Sex                                                        | Weight _                                                                                                    | Height                                                |                                                   |  |  |  |
| Address                                       |                                                            |                                                                                                             |                                                       |                                                   |  |  |  |
|                                               | (No. and Street)                                           | (Town)                                                                                                      | (State)                                               | (Zip)                                             |  |  |  |
| Parent's Name(s)                              |                                                            |                                                                                                             |                                                       |                                                   |  |  |  |
| Email Address                                 |                                                            |                                                                                                             |                                                       |                                                   |  |  |  |
| Home Telephone (                              |                                                            | Alternate Telephone (                                                                                       | )                                                     |                                                   |  |  |  |
| Family Physician                              |                                                            | Telephone ()                                                                                                |                                                       |                                                   |  |  |  |
| I give permission for                         | (Name)                                                     | · · · · · · · · · · · · · · · · · · ·                                                                       | to                                                    | attend Nature's Classroom                         |  |  |  |
| for the period of                             | ,                                                          |                                                                                                             | as part of the o                                      | outdoor education program                         |  |  |  |
| his/her conduct or in<br>reasons. Nature's Cl | nfluence is not in the best i<br>assroom has my permission | or school leaders may dismiss my interest of the entire group. No return to use my child's image, voice and | refund is given if such a<br>d/or likeness for promot | ction is taken for discipline<br>tional purposes. |  |  |  |
|                                               |                                                            |                                                                                                             |                                                       | ,                                                 |  |  |  |
|                                               | •                                                          | MEDICAL PERMISSION SL                                                                                       | IP                                                    | ,                                                 |  |  |  |
|                                               |                                                            | atch a cold or have other minor m<br>cretions of the Nature's Classroom                                     | •                                                     | ms, do you give permission                        |  |  |  |
|                                               |                                                            | Yes No                                                                                                      |                                                       |                                                   |  |  |  |
| Date                                          | Signature                                                  |                                                                                                             | elationship                                           |                                                   |  |  |  |
| If Ibuprofen or Tylend                        | ol needs to be administered                                | l, do you prefer:                                                                                           |                                                       |                                                   |  |  |  |
| IBIIDDOCEN                                    | TVIENO                                                     | OTHER (Engrish)                                                                                             |                                                       |                                                   |  |  |  |
| IBURKUFEN                                     | HECNOL                                                     | OTHER (Specify)                                                                                             |                                                       | 2011                                              |  |  |  |

|  |  | • |  |
|--|--|---|--|
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

## HOME AND HEALTH INFORMATION QUESTIONNAIRE

| Ch  | ild's Name: Date of Session:                                                                                                                                                                                                                                                                                                                                         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| adc | e questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to<br>I whatever information you think will be helpful — attach additional sheets if necessary. We will share this information with your<br>Id's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation. |
| 1.  | Is this your child's first prolonged stay away from home?                                                                                                                                                                                                                                                                                                            |
| 2.  | Is this your child's first sleep away experience?                                                                                                                                                                                                                                                                                                                    |
| 3.  | Has your child ever had a problem with homesickness? If yes, please explain briefly.                                                                                                                                                                                                                                                                                 |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
| 4.  | Does your child have a bed wetting problem?                                                                                                                                                                                                                                                                                                                          |
| 5.  | Date of last tetanus booster shot (not a tetanus shot given after an injury).                                                                                                                                                                                                                                                                                        |
| 6.  | Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
| 7.  | List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.                                                                                                                                                                                                                                                    |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
| 8.  | Does your child have any sensory, physical or cognitive disabilities?   Yes  No If yes, explain.                                                                                                                                                                                                                                                                     |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
| 9.  | Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.                                                                                                                                                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
| 10  | Additional information:                                                                                                                                                                                                                                                                                                                                              |
| 10. | Additional information:                                                                                                                                                                                                                                                                                                                                              |
|     | ·                                                                                                                                                                                                                                                                                                                                                                    |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                                      |

|  |  | ÷ |
|--|--|---|
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

### MEDICATION ADMINISTRATION FORM

<u>medications</u> (including prescription, non-prescription and vitamins) <u>must come in original</u> <u>mainers.</u>

Please complete all parts of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page. CHILD'S NAME: \_ I hereby give permission for the staff of Nature's Classroom to administer to my child the following medication(s): Time Medication Taken Medication Dose (mg, tsp) Breakfast Lunch Dinner Bed Other Comments (reason for taking medications, special considerations): Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use. Signed: \_\_\_\_\_\_ Dated: \_\_\_\_\_

Relationship:

|  |  |  | , |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |



### Itinerary for Grade 5 Nature's Classroom Field Trip

### Wednesday 5/16/18:

- We are leaving Bradley School between 9:45 and 10:00 am.
- Students should leave their luggage/bags in the front hallway outside of the foyer.
- Parents/guardians have the option of sending students to school their normal way but depending on how many bags they have that may be challenging.
- We recommend dropping students off to school with their bags.
- If you decide to have your student stay with you in the morning they must be at Bradley no later than 9:30 am to allow for time to help load the bus.
- We should arrive at Lakeside around 11:00 am.
- · We will unload the bags from the bus and follow the directions of the camp staff.
- Lunch will be served at noon.
- Dinner will be served at 5 pm.
- Lights out by 10 pm (subject to discretion of adult supervising cabin).

### Thursday 5/17/18:

- Breakfast at 8 am
- Lunch at 12 pm
- Dinner at 5 pm

### Friday 5/18/18:

- Breakfast at 8 am
- Lunch at 11:30 am
- Depart for Bradley School by 12:30 pm
- Arrive at Bradley School by 1:30 pm students to go home with parent pick-ups

If you have any questions please feel free to call the main office or email Mr. Ciccarini at molecarini@derbyps.org

### **OVERVIEW OF NATURE'S CLASSROOM**

Nature's Classroom offers a unique educational experience to students and their teachers. The goal of Nature's Classroom is to create a living-learning community that integrates the social development of that community with academic experiences. Common goals that are woven throughout the experience are for the student to improve his/her self-concept; to work together with others for the positive benefit of all members of the community; to recognize that the community is comprised of individuals with their own individual needs; to appreciate the individuality and uniqueness of each other; and to gain an understanding of what education can offer him/her. The process begins when teachers volunteer to bring their students to Nature's Classroom. Each Nature's Classroom program is developed in consultation with the classroom teachers in order to create an experience that is connected to the school's curriculum and goals.

The typical daily schedule at Nature's Classroom consists of a morning Field Group experience, two afternoon Special Interest class periods, and an evening activity. Meals and an evening snack are provided, and to close each day a Quiet Sing is presented.

The goal of the **field group** is for the student to understand and recognize the concept of dynamic equilibrium – constant upsetting influences being re-adjusted to maintain balance – in the natural world, in social interactions, and within him/herself. Each child is assigned by the classroom teacher to a field group and each group is assigned a single Nature's Classroom teacher. They focus on concepts and themes and their connection to the total life support system as they explore the natural environment. For example, the field group might examine producer, consumer, and decomposer concepts, predator-prey relationships or life cycles. The theme of "changes through time" may be an approach taken by a field group.

During the afternoon **Special Interest classes**, Nature's Classroom's academic environment, the emphasis is on learning motivation. The goals of the afternoon classes are for the student to choose the classes in which he/she is interested; to actively learn by doing; to understand and recognize the relationships between the major subject areas; to understand the importance of goal setting and work toward an attainable goal; and to gain an understanding of the personal value he/she can gain from education. The classroom teachers may request particular classes be offered from our two volume set of lesson plans and/or allow our teachers to teach classes of special interest to them.

**Evening activities** may be done by the full community together or by the smaller field group. The activity's emphasis may be academic or social. Large group academic activities may include an Environmental Hearing, Alpha Beta, a Science Exposition, or Back to Basics. The Environmental Hearing, set in a town meeting format, gives students a chance to role-play in a simulated hearing over land usage. Groups are assigned roles

as representatives of corporations, public interest groups, local citizens, and conservationists. Each group expresses their opinions and viewpoints as they negotiate and seek support for their positions. The Science Expo provides students a chance to experience a variety of chemical and physical science demonstrations. Stopping at multiple stations staffed by Nature's Classroom teachers, students observe and assist in experiments and discuss the principles involved. Back to Basic teaches students about Colonial and Native American crafts. A Folk Dance, a Mingle, or a Campfire are examples of social experiences. A Night Hike, with a focus on astronomy and vision, may be taken by the field group. Not all of these activities are done consistently at every site. Working with the Nature's Classroom Program Coordinator, classroom teachers can select those activities which best suit the goals they have for their students.

What the students learn in relation to community awareness and group cohesiveness in field groups and classes is applied in other activities. Mealtimes provide a chance to interact and to share experiences with others. The diversity within field groups, classes and other activities facilitates conversation among the students and adults allowing them to share their excitement. To be of service to the community, students take on the responsibility of helping as waiters.

The Nature's Classroom teaching staff is composed of individuals with a minimum of a bachelor's degree. We maintain a teacher to student ratio of one to twelve or less. There is a nurse, EMT, or medical person on site or on call at all times. The children are provided with 24-hour adult supervision. The responsibilities for supervision are shared by the classroom teachers and the Nature's Classroom staff.

Having spent a week at Nature's Classroom, living and learning together, students develop a sense of community, a confidence in themselves, and an appreciation for others that carries over to the schoolcommunity. They see their classroom teacher as a person and friend in the learning process. The strengthened peer cooperation and expanded student-teacher relationships have an influence on the cognitive growth of the students throughout the school year. Together, they return to the classroom united through this shared experience to achieve the common goal of the pursuit of knowledge.

at Lakeside, CT



### **DIRECTIONS**

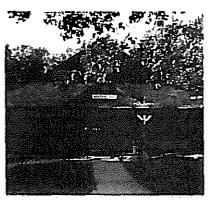
From I-84 in Waterbury, CT: Take exit 20 (Route 8) north towards Torrington. Take exit 38 (Route 6, Route 109). Bear left at the end of the ramp and go under the overpass. Turn left at the first light and follow signs for Route 6 and Route 109. In about 0.5 miles, at the stop sign, continue diagonally across the intersection onto Route 109. Black Rock School will be on your left. Continue on Route 109 through East Morris stop sign to the stop sign in Morris (intersection of Route 61). Continue straight on Route 109 for 3 more miles. Pass a cemetery, lake, and go up a hill. At the top of the hill, turn left onto Kenyon Road (this is a tricky turn, look for the Episcopal Camp sign). Camp entrance is about 0.5 miles on the left.

From southbound Route 8: Take exit 38 (Route 6, Route 109). Continue straight through the light onto Route 6 and Route 109. In about 0.5 miles veer right onto Route 109. Black Rock School will be on your left. Follow directions in bold above.

### **FEATURES**

This property features eight recently renovated cabins sleeping 14 to 16 students each. Each cabin has a private adult room and an attached bathroom.

The property also contains about 400 acres of woodlands, a historic family cemetery, and rock walls dating back to the 1600s.



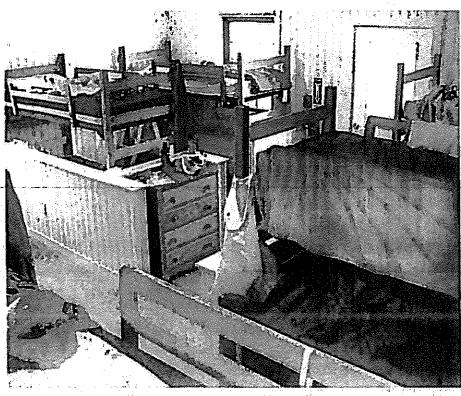
### Clockwise from top left:

- Each cabin sleeps 14 to 16 students. Adults sleep in a private room in the cabin. Each cabin has its own bathroom with several sinks, toilet stalls and shower stalls.
- Students find a wide variety of creatures from yellow-spotted salamanders to crayfish. With such a densely rich property, there is a wealth of wildfile to find.
- Lucky students may have the chance to

find several species of reptile, including this ring-necked snake. They may also run across turtles, garter snakes, and deer tracks.

- Eight cabins ring the large field in front of the dining hall.

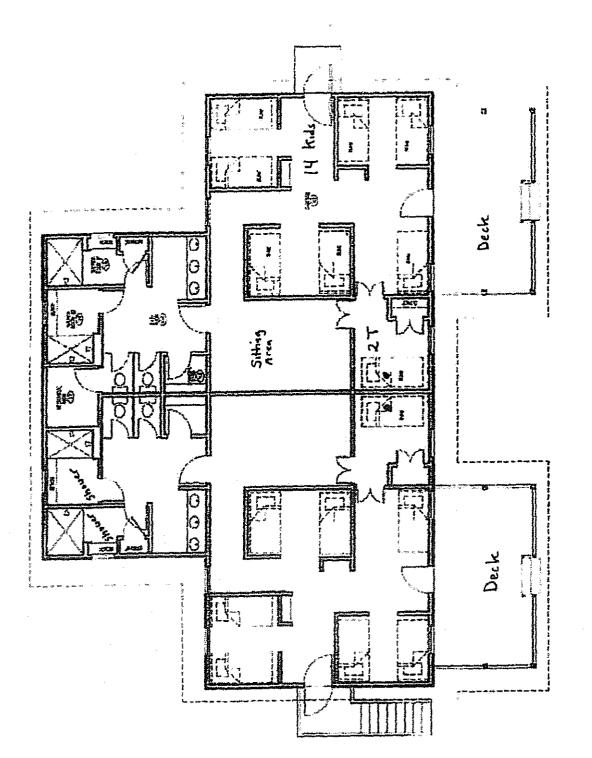
## Lakeside, CT





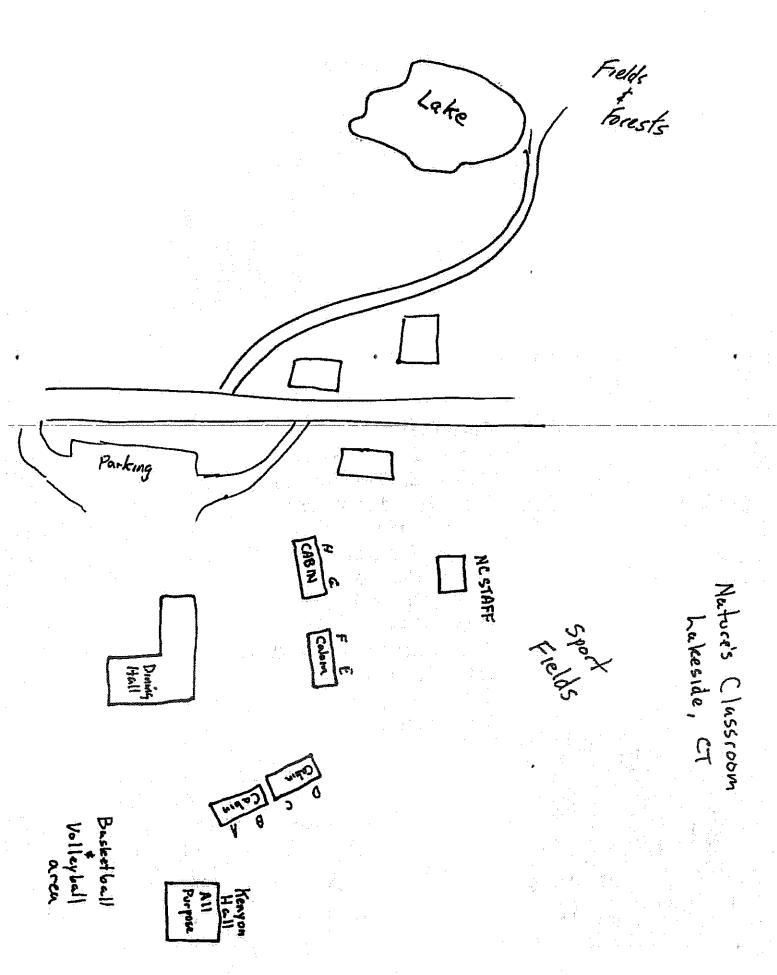






CABIN FLOOR PLAN

CABIN CAMP WASHINGTON MORRIS, CONNECTICUT



## Sample Basic Schedule

## First Day

11:00 Arrival & Settling In

12:00 Lunch

Orientation

Field Experience

4:00 Special Interests

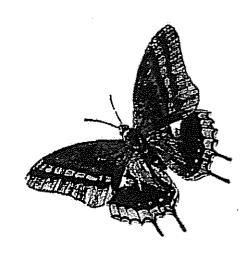
6:00 Dinner

7:30 Quest

Sing Down

9:00 · Snacks

9:15 Quiet Sing



### Second Day

7:15 Rise and Shine!

8:00 Breakfast & Clean Up

9:30 Field Experience

12:00 Lunch

Free Time

**New Games** 

2:00 Special Interests

4:00 Special Interests

6:00 Dinner and Free Time

7:30 Night Walk

9:00 Snacks

9:15 Quiet Sing



## Third Day

7:15 Up and At 'Em

8:00 Breakfast

Final Clean Up Scavenger Hunt/

Field Experience

Evaluation

12:00 Lunch

Departure

## Sample of Special Interest Programming

The two volume curriculum text for **Nature's Classroom**, *AND THIS OUR LIFE*, and its unpublished appendices contain over 500 hands-on science, math, humanities, and social studies lesson plans with follow-up activities for use in the schoolroom as well as references for further investigation.

## FIRST CLASS

SC Double Bubble (Chemistry of Soap)

Just Plane Fun (Flight and Aerodynamics)

Jelly-Belliology (Taxonomy)

Incredible Edibles (Edible Plants)

MA Geodome (Geodesic Dome Construction)
Get Lost (Map and Compass, Orienting)

HM Feed Your Face (Natural Cosmetics)

SS The Oil Game (Sharing a Limited Resource)
Revolution (Historical Simulation)

### SECOND CLASS

SC Go with the Flow (Heart and Blood)
Terrarium Construction (Cycles)
Egg Drop (Package Design)
Go Fly a Kite (Wind, Atmosphere)
MA Countryside Measuring (Geometry)

MA Countryside Measuring (Geometry)
Up and Away (Hot Air Balloons)

HM On the Air (Radio Broadcast Writing)

SS Native American Games
It's the Law (Criminal Justice)

## THIRD CLASS

SC Crystals (Chemistry)
Hot Air Balloons (Air)
Pollution Solution
Oh Rats! (Dissection)
MA Polling (Graphs)

MA Polling (Graphs)

Speed Boats (Stream Power)

HM Woods Words (Poetry)

SS Egg Babies (Responsibility)
Dyeing Naturally (Dyes)

The preceding is a SAMPLE outline of courses for a group size requiring nine of our instructors. The specific courses offered vary with the time of year, location, current **Nature's Classroom** instructors, and goals the visiting school wishes to achieve.

SC: Science MA: Math HM: Humanities SS: Social Studies

### 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. Students and teachers learning outdoor awareness in this extended classroom can use the experience to help in their understanding of the natural environment, their school subjects, and the way people live. The program includes activities such as examining life in lakes and swamps, investigating weather, Colonial and Native American skills, and confidence building group challenges. A variety of field walks, classes in all subjects, and evening activities insure an exciting, stimulating experience.

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 staff. Such guidance will assist them 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. Health and safety are our most important objectives! A fully staffed and equipped hospital is less than 30 minutes away from all of our facilities. Every student is covered by insurance while attending the program.

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.)

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, preferably midweek. The physical facilities are always open, so a weekend visit might be possible. You must call the site and make an appointment with the Program Coordinator before coming.

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 telephone number is 860-567-8403.

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 delivery. Mail should be sent to Nature's Classroom, 190 Kenyon Rd, Lakeside, CT 06758.

### NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

| Child's Name                                                                                                  | Date of Birth                                                                            |                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (La                                                                                                           | st)                                                                                      | (First)                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Age                                                                                                           | Sex                                                                                      | Weight                                                                                                                                      | Hei                                                                        | ght                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Address                                                                                                       |                                                                                          |                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                                               | (No. and Street)                                                                         | (Town)                                                                                                                                      | (State)                                                                    | (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Parent's Name(s)                                                                                              |                                                                                          |                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Email Address                                                                                                 |                                                                                          |                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Home Telephone (                                                                                              | <u> </u>                                                                                 | Alternate Telephone (                                                                                                                       |                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                                                               |                                                                                          |                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Family Physician                                                                                              |                                                                                          | Telephone ()                                                                                                                                | -dissilarinanishimmista rurum v dim ristilajan dijesitationis              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| l give permission for (                                                                                       | Name)                                                                                    |                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                      | to attend Nature's Classroom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| for the period of                                                                                             |                                                                                          |                                                                                                                                             | as part of the                                                             | ne outdoor education program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| care. I also understa<br>his/her conduct or in<br>reasons. Nature's Cla                                       | nd that the director and/o<br>ifluence is not in the best i<br>assroom has my permission | hild's health, have him/her hosp<br>r school leaders may dismiss my<br>nterest of the entire group. No<br>to use my child's image, voice an | child from Nature's (<br>refund is given if suc<br>id/or likeness for pror | Classroom if, in their opinions, haction is taken for discipline motional purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Date                                                                                                          | Signature                                                                                |                                                                                                                                             | Relationship_                                                              | ONCESSAS MALERALORE CONTROL MALERA HOSTORIO DE MALERA MALERA DE MALERA M |  |  |  |
| දියිගේ දිනුවෙනු ( පුම් අයිත අතුරු මෙම මෙම වෙන්ව දින් ( ) කිරීමේ ( ) කිරීමේ දිනුවේ දිනුවේ දිනුවේ දිනුවේ දිනුවේ |                                                                                          | MEDICAL PERMISSION SI                                                                                                                       |                                                                            | 33897 (55965) (45975) -1-379-00-100-100-2569430+0-553-5594000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                                                               |                                                                                          | atch a cold or have other minor r<br>cretions of the Nature's Classroon                                                                     |                                                                            | blems, do you give permission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                                                               | er en                                                | Yes No                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Dinto                                                                                                         | Signatura                                                                                |                                                                                                                                             | Iolotianuhia                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                                               |                                                                                          |                                                                                                                                             |                                                                            | and the second s |  |  |  |
|                                                                                                               | ol needs to be administered                                                              |                                                                                                                                             |                                                                            | The state of the s |  |  |  |
|                                                                                                               |                                                                                          |                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| IBUPROFEN                                                                                                     | TYLENOL                                                                                  | OTHER (Specify)                                                                                                                             |                                                                            | ** P 4 *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |

## HOME AND HEALTH INFORMATION QUESTIONNAIRE

| Lni | ld's Name: Date of Session:                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| ada | he questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to<br>dd whatever information you think will be helpful - attach additional sheets if necessary. We will share this information with your<br>hild's classroom teachers prior to histher arrival at camp. Thank you for your cooperation, |  |  |  |  |  |  |  |
| l.  | Is this your child's first prolonged stay away from home?                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| 2.  | Is this your child's first sleep away experience?                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| 3.  | Has your child ever had a problem with homesickness? If yes, please explain briefly.                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| 4.  | Does your child have a bed wetting problem?                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
| 5.  | Date of last tetanus booster shot (not a tetanus shot given after an injury).                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
| 6.  | Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.                                                                                                                                                                                                    |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 7.  | List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 8.  | Does your child have any sensory, physical or cognitive disabilities? (3 Yes (5 No 1f yes, explain.                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 9,  | Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp?  If yes, please explain.                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| 10. | Additional information:                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |

## **MEDICATION ADMINISTRATION FORM**

All medications (including prescription, non-prescription and vitamins) must come in original containers.

| Medication  Dose (mg, tsp)  Time Medication Taken  Breakfast  Lunch  Dinner  Bed  Otl  Annual Control of the co | Medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dose (mg, tsp)                                                                                                 | Breakfast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Othe                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | And the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ження жене в применент в п                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | AMERICAN STATE OF THE STATE OF  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | **************************************          |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Whiteleforces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Saturnovumment 1444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mary more and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | :                                               |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | - The state of the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e de la companya de l |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | . Statement of the stat | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . *<br>*                                        |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en e                                                                       | Trecourse we see state of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | bellon/asewia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Weisterline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |
| nments (reason for taking medications, special considerations):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Variable Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | * * *                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ments (reason for taking med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lications, special cons                                                                                        | iderations): .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | paratetering consistent of the paratetering of | nangan dinangan mengebahan dan pangan dan bermanak dan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SOCIAL CONTROL SOCIAL CONTROL | D.OUTSPASSAGESAACOSSIANOONIO AANOO              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | * * *                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | alianamente de la companya del companya de la companya del companya de la companya del la companya de la compan | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the second and th | - Participan de estra fragilisment de projection de Participa (C. S. Andréide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del>o y godinat y j pour mongo, a Mon</del> on |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | alamanin 2 salamanin 1993 salam salam salam 2002 salam s | an and the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne management de la companya del companya del companya de la compa | Time and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nomicano sumbeno cui a secono de mento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ninesonies esperantianies                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *.                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nterprocessivinamente nasurum: makkasuntensuntis vuonnaisi ja irjan, onamannistaisi vuonnisiöinen opeilämmetyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | reneral meningkan period period and security and activity and a security distribution of the contract of the a | MATTER OF STREET STREET, SANSON STRE | THE RESERVE AND PROPERTY OF THE PROPERTY OF TH | picolesiones (auditivienistis (representationessesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NICHTONIA MARKETTANI CONTRACTOR CONTRACTOR CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tronsmicalminaminamiaetomenia                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |
| r child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be it<br>final container with pharmacy label containing Rx number, the name of the medication, the dosage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tions for administration, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of the doci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tor's prescr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iption                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |

### SUGGESTED EQUIPMENT LIST FOR NATURE'S CLASSROOM

This list is for a three day program and dependent upon seasonal weather. Plan for everything!

- ---Water Bottle \*\*\* Super important!
- ---1 Sleeping bag or bedroll (sheets and blanket)
- --- 1 Pillow and pillowcase
- --- 2 Pairs of jeans/pants
- -- Multiple shirts (short and long sleeve)
- --- 1 Sweatshirt/hoodie or sweater
- ---Pajamas
- ---1 Pair of slippers/flip-flops for cabin
- ---Shorts for cabin use only
- --- Many changes of underwear (for 3 days at least 4)
- --- Multiple pairs of socks (at least 2 per day)
- ---1 Warm jacket/coat
- ---Hat(s): warm hat and/or ball cap
- ---Gloves, scarf
- ---Shoes (2-3 Pairs): old sneakers, rain boots, well-broken-in hiking boots, etc.
- ---1 Raincoat or poncho
- ---Toiletries: soap (and container), shampoo, toothpaste, toothbrush, deodorant, towels, washcloths
- ---Laundry bag or extra pillow case
- ---Pre-addressed stamped envelopes or postcards, paper and pens, etc. for writing home

- ---Notebook(s) and writing utensils
- ---Sunscreen
- --- insect repellant (no aerosols please)
- —"Day pack" or backpack
- --- Camera: preferably disposable
- ---Flashlight (optional)
- -- Book for reading at night
- -- Deck of playing cards (optional)

### **DO NOT SEND:**

- Electronics: <u>cell phones</u>,
   I-pods, MP3 players, portable gaming systems, kindles,
   nooks, tablets, etc.
- Pocket knife, candy/gum/food
- \*\*\*Please do NOT buy new clothes or shoes for your child to wear at Nature's Classroom. Send old clothes that you do not mind your child getting dirty during outdoor activities.
- \*\*\*Please make sure that every personal item (shoes, camera, socks, etc.) are <u>clearly labeled</u> with your child's name. Sharple everything!
- \*\*\*If your child loses any items at Nature's Classroom, contact the Program Coordinator immediately. NATURE'S CLASSROOM TAKES NO RESPONSIBILITY FOR LOST ITEMS.

