***Shomrei Adamah***

**Logistical Manual**

**Fall 2016**

# 

*A program of Hazon*





Teva

116 Johnson Road

Falls Village, CT 06031

Phone: (860) 824-5991 x401

hazon.org/teva



**Dear Parents,**

Your child will soon have the opportunity to participate in an award-winning experiential Jewish environmental education program with the Teva, a program of Hazon at the Isabella Freedman Jewish Retreat Center. This letter answers some of the questions parents have asked us in the past. Please feel free to check out our website ([hazon.org/teva](file:///\\srv-t320\teva\Fall%20&%20Spring%20Seasons\Program%20Documents\SA%20SC%20Manual\Logistical%20Manual%20-%20Fall\hazon.org\teva)) or contact us (212-644-2332 x322, [teva@hazon.org](mailto:teva@hazon.org)) with any additional questions or concerns you might have.

**Goals:** Teva integrates outdoor environmental education with Jewish concepts and values through exciting hands-on activities in a cooperative, non-competitive residential setting. Teva students develop a greater sense of responsibility, independence, and self-esteem. Students will come away from this experience excited about the natural world and more knowledgeable about what Judaism has to contribute to our understanding of the environment.

**Curriculum:** Over the course of four days and three nights, students participate in two types of daytime classes: *Limudei Chutz* (outdoor learning) and two *Chuggim* (electives). In *Limudei Chutz,* students study earth sciences, plant and animal life, and the connections between them that allow ecosystems to function. Through experiential activities, they will also explore Jewish wisdom on humanity’s role in Creation. They also participate in group challenges, which promote communication, trust, and creative problem solving. In *Chuggim,* students are able to choose from electives relevant to Teva’s mission. Chuggim options often include drama, music, arts and crafts, cheese making, movement, survival skills, meditation, and more. One of the two *Chuggim* slots is a hands-on *Beit Midrash* (Jewish text study) where students learn that Torah is not only studied on a page but is brought to life in practical application in the world. Evening programs include a night walk and an exciting interactive presentation. New songs are taught daily and journal writing is strongly encouraged. Also, the students lead *shacharit* services, with input from the Teva Learning Alliance educators. *Brachot* (blessings) are said before and after eating, and taught for other natural events, as a means of heightening awareness and expressing wonder and gratitude.

**Facilities:** Teva is based at the Isabella Freedman Jewish Retreat Center, in Falls Village, CT. It offers comfortable winterized lodging and strictly kosher food. The forest, lake, and fields serve as the outdoor classroom. Isabella Freedman is also host to the Adamah program which includes a farm, goats and chickens, a pickling and cheese making operation, and a farm-to-table kitchen.

**Safety:** All staff have first aid and CPR certification. A Teva medic will be in residence during daytime hours and there is a hospital within 15 minutes of the center, for any medical emergencies.

**Staff:** The on-site Teva administrative team includes a director, two program staff, a medical professional, and a teaching staff of qualified field group leaders and specialists. Schools also bring teacher chaperones.

With this letter, you should receive from your school a Packing List, Permission Slip, Medical Form, Medical Authorization and Release, and Participant Behavioral Contract. The last four items all need to be completed, signed, and returned to the school in advance of your child’s attendance.

We hope you are as excited about the program as we are! We look forward to meeting your child.

Best,

**Lauren Greenberg**

**Teva Program Manager**

116 Johnson Road

Falls Village, CT 06031

[lauren.greenberg@hazon.org](mailto:lauren.greenberg@hazon.org)

**Suggested Clothing and Equipment List**

Please send students with clean but old clothing. New clothing may look like old clothing when children get home. Clothing should be marked with the student's name. Students should be prepared for cool nights, and in general our **weather is unpredictable, and students should be prepared for all possible conditions.**

Clothing Outerwear

|  |  |  |
| --- | --- | --- |
| * 4 t-shirts * 1 heavy shirt\* * 1 sweater or sweatshirt\* * 2 pairs of pants *(Jeans are not ideal because, once wet, they retain water for a long time.)* * 6 pairs hiking socks (no ankle socks) * 4 changes underwear * 1 pair of long underwear * Pajamas   Footwear   * 1 pair sneakers that can get dirty * 1 pair sturdy, well-broken-in hiking boots *(waterproof ideal)*   Bedding   * **Warm sleeping bag or Blankets** * **Pillow & pillowcase** * **Sheets** |  | * Warm winter hat * Brimmed hat or baseball cap * Gloves * Scarf * Winter jacket * Raincoat or poncho with a hood ***(a must!)*** * Rain pants (*highly recommended*)   Miscellaneous   * **Two Water Bottles for the trail** *(make sure the lids closes tightly – bottles with straws often leak)* * Toiletries (incl. Toothbrush, Toothpaste, Floss, Soap, Shampoo & Conditioner) * Towel * Laundry bag * Pens, pencils * Daypack/knapsack/school book bag * *Kippah* (Required according to your school's custom) * **Empty Cereal boxes** – as many as possible, but at least 1\*\* |

\* Wool, fleece and synthetic materials are recommended due to their ability to retain warmth while wet and dry quickly.

Students will spend extended periods of time outdoors, and may not have the opportunity to change immediately after getting wet.

\*\*Teva uses cereal boxes to make the covers for our Student Field Guides

|  |  |
| --- | --- |
| **OPTIONAL EQUIPMENT**   * binoculars * compass * flashlight * camera (*As per Teva policy, you will not be able to use your cell phone as your camera)* * books * games | **DO NOT BRING (\*\*very important\*\*)**   * money * cell phones * knives of any kind, firearms or archery equipment * electronic games, mp3 players, or ipods * candy, gum, soda or any food * firecrackers, fireworks, matches, lighters * curling iron or blow-dryers |

**SOME SUGGESTED PLACES TO SHOP:**

* Campmor – discount outdoor gear: 800.226.7667 www.campmor.com
* Sierra Trading Post – discount outdoor gear: 800.713.4534 www.sierratradingpost.com
* EMS, REI or other local outdoor and sporting goods stores

**TEVA MEDICAL FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ (Age \_\_\_\_\_\_\_)

Last First

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_ Weight \_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_

Parent or Guardian \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency, notify the following if a parent cannot be contacted:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home and Health Questionnaire**

1. Is this the student's first overnight camp experience? \_\_\_\_\_\_\_

2. The date of the student's last diphtheria-tetanus or tetanus booster or Tdap is \_\_\_\_\_\_\_ (required, this must be current)

3. List any current activity restrictions or special health concerns (such as recent sprains or fractured bones, recent hospitalizations, special diet, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List allergies (including food, environmental, medication), degree of severity, and treatment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List any chronic or recurring illnesses (ear/throat infections, asthma, diabetes, etc.) and explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Additional information (including sleep habits, bedwetting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Insurance Information:

Is your child covered by a health or accident insurance policy? Yes\_\_\_\_\_ No \_\_\_\_\_\_\_

If "yes," name of insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Address of Insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Insurance Company (address to submit claims)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of Company ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the program staff in advance at 860-612-8382 or [teva@hazon.org](mailto:teva@hazon.org) with any major food allergies, or any other medical concerns that may require special advanced arrangements.

**Medication Authorization and Release**

IMPORTANT: Must read and sign below.

Should my child sustain or incur any accident or illness while attending the Teva program, a program of Isabella Freedman Jewish Retreat Center, I hereby authorize the Director of the program, or his agent, to execute any and all documents, including necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that the child has an accident or illness during the program which requires a visit to the doctor or a hospital, the existing family or school policies will represent the primary insurance coverage.

In the event that a tick is found on a student, the medic will remove the tick and send it home to parents with a chaperone so that you have the option to get it tested for Lyme disease.

Should my child become ill, get a headache, catch a cold or have other minor medical or dental problems, I **(please check one) DO ­­ DO NOT** give permission for the administration of non-prescription medication at the discretion of the program’s medical personnel and the school’s chaperone.

In the event my child sustains a minor injury that requires basic on-site medical attention please

**DO \_\_\_\_\_\_\_ Do Not \_\_\_\_\_\_\_** call me to apprise me of the situation.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Behavioral Contract**

**For students:**

As a participant of Teva’s *Shomrei Adamah* Program, students get the unique opportunity to attend an overnight trip to Isabella Freedman Jewish Retreat Center. We expect to have a great time while we learn a lot. We will depend on you to use good judgement so that everyone enjoys this experience. Please read the following guidelines and sign and date the contract below.

🞏 I understand that while I am at Isabella Freedman I am still expected to follow the normal school rules.

🞏 I will follow the directions given by teachers, parent helpers, and Teva staff members.

🞏 I realize that my attitude will affect my ability to learn, so I will maintain a positive attitude, participate in the activities, and look forward to having fun while learning.

🞏 I will remain attentive and quiet during instruction times.

🞏 I know that I will be expected to use good judgment before taking any actions.

🞏 I will use good self-control to help keep me safe and to make it safer for my classmates.

🞏 I will treat others with respect in the same way that I wish others to treat me.

🞏 If I have a disagreement with another student, I will ask for assistance from an adult if needed to help solve the problem.

🞏 I know that inappropriate language is not acceptable and will not be allowed.  I will keep my hands, feet, and other objects to myself.

🞏 I will respect the property of others and leave their belongings alone.

🞏 I will respect the site property and Teva’s property by not damaging or taking anything.

🞏 I understand that IF is a kosher facility and I will not bring in food or gum.

🞏 I will not bring or use firearms, knives, fireworks, drugs, alcohol, tobacco, matches and/or lighters.

If you violate this contract, you will be asked to do some form of Teva community service. Since disruptive behavior hurts our community, community service allows students to contribute back to it. Should you choose to continue to be disruptive after doing community service, or if you break a rule that makes Teva unsafe for anyone, you will be dismissed from the program and a parent/guardian will be required to come pick you up.

If you choose to follow these guidelines, expect to have an enjoyable experience and receive the gratitude and admiration of our educators.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Date \_\_\_\_\_\_\_          
  
E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Date \_\_\_\_\_\_\_\_       
  
E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For parents:**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is currently in \_\_\_\_\_ grade to participate in the Teva Shomrei Adamah Program, a residential Jewish environmental education program.

I understand that there are inherent risks involved in any outdoor activity.  I agree to hold harmless the Isabella Freedman Jewish Retreat Center and their employees for any injury or illness experienced by my child that is not the result of negligence.  I understand that I am responsible for all expenses related to any medical treatment both during Teva and after the program.

Teva uses photographs, videotapes, etc., of students taken during the program for publication, display or other promotional purpose. I will be in contact with Teva through [teva@hazon.org](mailto:teva@hazon.org) or my child’s school if I have reservations regarding my child being photographed.

I understand that the director or school leaders may dismiss my child from the Teva program if, in their opinions, his or her conduct is not in the best interest of the entire group.  I also understand that I am responsible for transporting my child in the case of a discipline problem or medical problem where the school leaders deem it necessary for the student to return home during the program.

Student’s Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**

Teva CD Order Form

Please submit this form to the school with your child’s medical forms



**Teva Tunes CD - $20**

This 2-CD set features all the Teva favorites including p’solet, decomposition, Adamah V’Shamayim, Deep Inside my Heart, tefillah tunes, and many more! Performed and recorded by Teva musicians, educators and students.

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***---- Please make checks payable to Hazon---***

**Total number of Teva Tunes CD Sets x $20 per CD Set= $\_\_\_\_\_\_\_\_\_\_**

**Total $\_\_\_\_\_\_\_\_\_**

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**