

Camp Orkila: The Basics

Dear 6th Grade Families,

Welcome to 6th grade at Salmon Bay School! We're looking forward to a fantastic year, and one event that helps set that tone is camp. Camp provides us all with an opportunity outside of the classroom to get to know each other and begin to build the close-knit community in which we will be spending so much of our time this year.

Please use the checklist below to make sure you complete all the necessary forms for your child to attend camp this fall. All items listed below are due by ***Wednesday September 13, 2017.***

- ☐ Complete *Medical Form and Authorization for Overnight Field Trip* (Attached)- **return to homeroom teacher**
- ☐ Complete *Logistics Form* (Attached)-**return to homeroom teacher**
- ☐ Make Your Camp Payment of \$230 with Cash or Check. We understand camp is a large cost but ask that all families to contribute what they can.
- ☐ Complete the Orkila Liability Online. This will be emailed home ASAP. (Hard copies are available if needed, please let homeroom teacher know if needed)
- ☐ Complete the Health Registration Form (Sent over summer)- **return to Salmon Bay office**
- ☐ IF APPLICABLE- Complete Authorizations for Medications Forms (Sent over summer)- **return to Salmon Bay office/nurse**
- ☐ IF APPLICABLE- Turn in all medications to be taken at camp to school nurse- **return to Salmon Bay office/nurse**

Travel Plans:

Departure: Wednesday September 27th, 8:00 a.m.: Please drop students off on the east side of the lower playfield on Wednesday. Students should load their gear on the 6th grade truck. Then report to their Homeroom teacher on the upper playfield with their lunch and their backpack. **We will start loading the buses at 8:00, so plan accordingly!**

Return: Friday September 29th: Make arrangements to pick your child up Friday September 29th. Depending on traffic, we will arrive back between 3:30 and 4:00 pm which means we might not arrive in time for students to catch the after-school bus. All students will need a pre-arranged ride home from school by 4:00 pm.

Transportation:

We will be taking school buses to and from school to the ferry in Anacortes. Once we arrive on Orcas Island, Camp Orkila buses will transport us to camp.

The Basics

Who

- All 6th Graders – This is an incredible opportunity to get to know your classmates, their families and your teachers. We will provide partial and full scholarships as needed to make sure all can participate.
- Salmon Bay Staff – Drew, Joel, Jon, Ticely, Jaclyn
- Chaperones - Camp couldn't happen without our committed families! Thank you to all who have already expressed interest in chaperoning! We're looking forward to working with you. If you would still like to chaperone, please let us know!

Chaperone Meeting- We will have a meeting for chaperones on Monday September 18th from 7:00-8:00 in Joel's room, 207.

- Orkila Staff - Camp Orkila is operated by talented staff members who are dedicated to building community.

Where: Camp Orkila, a YMCA Camp on Orcas Island in the San Juan Islands

When: September 27th- 29th (Wednesday-Friday)

How: On Wednesday, we take school buses from school to the ferry in Anacortes, walk on the ferry, get picked up by camp buses and head to Camp Orkila.

How much: \$230.00 includes the cost of outstanding educational and team-building courses, supervision, transportation, food and lodging. We have made every attempt to provide a high-quality outdoor educational experience that is safe at the lowest cost possible.

Scholarships: Please indicate on the "Logistics Form" if you need a full or partial scholarship.

Student Name: _____

HR: _____

Logistics Form: Please return this to your homeroom teacher.

Cost: \$ 230.00- can be paid by check or cash

- ☐ Full amount of \$230.00 is attached
- ☐ I would like to arrange for a payment plan. I have attached \$ _____ today, and will pay \$ _____ on November 9th
- ☐ Amount attached \$ _____ I am requesting a scholarship for \$ _____
- ☐ We would like to make a donation of \$ _____ to help someone else attend camp

I. Special Dietary Needs While At Camp

- ☐ My student is a vegetarian and does not eat the following: _____
- ☐ My student has a food allergy and can NOT eat: _____ **
- ☐ For religious reasons, my student does not eat: _____
- ☐ My student does not have any special dietary needs.

** To help us direct the Orkila staff, please be specific regarding any foods that your child CANNOT eat. Also, it would be helpful if you suggest alternatives. Families of students with severely restricted diets should contact their Homeroom teacher and/or our school nurse to discuss how we best accommodate your student's nutritional needs while at camp.

Describe any additional dietary concerns Orkila should be aware of:

II. Transportation Home (from School) After Camp

Please select from the choices below:

- ☐ I will pick up my student at school (outside on lower playfield) on Friday September 29th after school.
- ☐ My student will be carpooling home with _____
- ☐ My student will be walking home.

III. Any Additional Information to Help Us Support Your Student At Camp:

return to homeroom teacher

6th GRADE CAMP ORKILA: MEDICAL FORM & AUTHORIZATION FOR OVERNIGHT FIELD TRIP

STUDENT NAME: _____ HR: _____ DOB: _____

PARENT/GUARDIAN & Non-Family Emergency Contact Information

Parent/Guardian #1: _____ Email: _____

Contact #: _____ Cell # _____ Work#: _____

Parent/Guardian #2: _____ Email: _____

Contact #: _____ Cell # _____ Work #: _____

Emergency Contact 1: _____ Phone #: _____ Relationship: _____

Emergency Contact 2: _____ Phone #: _____ Relationship: _____

Primary Doctor: _____ Phone #: _____

HEALTH INSURANCE: _____ POLICY #: _____

Phone # and special instructions: _____

REQUIRED MEDICAL INFORMATION:

List any medications (prescription and over-the-counter) your child will need for the duration of camp. All medications to be taken **MUST** be turned in to the nurse at SB in the original container(s), along with a MEDICATION AUTHORIZATION FORM for EACH medication signed by the student's health care professional.

Medication at CAMP	Dose	Time to be Given	Any Instructions/Side Effects:

2) CIRCLE ALL ITEMS BELOW THAT APPLY TO YOUR CHILD:

ASTHMA INHALER FOOD ALLERGIES* OTHER ALLERGIES* EPIPEN SEIZURES**

3) *Allergies? Please Describe: _____

Care to be given for allergic reaction: _____

4) **Seizures History? Describe: _____

5) **LIST OTHER MEDICAL CONDITIONS THAT STAFF and MEDICAL PROVIDERS SHOULD KNOW ABOUT WHEN ASSISTING YOUR CHILD, or that might impact/limit child's ability to participate fully, including recent illnesses, injuries, chronic conditions, disorders (anxiety, ADHD, Autism, etc.), or health concerns:**

I authorize the release of the information given above to other school staff in order to coordinate services.

Parent/Guardian Signature _____

Date _____

Section 1: TO BE COMPLETED BY SCHOOL:

School Name: Salmon Bay School - Fall Camp	Student Name:
Dates: SEPT. 27th-29th, 2017	Destination: Camp Orkila, Orcas Island, Wa
Purpose: Outdoor Education: Fall Camp	
List of Activities: Possible activities include: group team building (initiatives), ropes course, archery, arts & crafts, row boats, zipline	

Supervision:

☒ Students will be directly supervised by adult chaperones on this trip at all times.
☒ Students will be directly supervised by Salmon Bay adult chaperones on this trip, except when:
supervised by Camp Orkila Staff

Mode(s) of Transportation:

☒ School Bus ☒ Ferry other: _____

Departure from: SALMON BAY UPPER FIELD at 8:00 am 9/27/17 Return to: SALMON BAY SCHOOL at 3:00pm 9/29/17

Section 2: TO BE FILLED OUT BY STUDENT

STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' Code of Conduct.

Student Signature _____ Date _____

Section 3: TO BE FILLED OUT BY PARENT/GUARDIAN

AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my child's participation in this field trip is voluntary and may expose my child to some risk(s). I have read and understand the description of the field trip (above) and authorize my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under Seattle Public Schools (SPS) supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my child's supervision during such periods of time when my child may be absent from SPS supervised activity. Such occasions are noted in the "Supervision" section in Section 1 of this agreement.

I state that my child has read and agrees to abide by the terms and conditions set forth in the SPS *Student Rights & Responsibilities-Code of Conduct* and to abide by all decisions made by teacher, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my child's participation in this field trip may at any time be terminated by SPS in the light of my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

MEDICAL AUTHORIZATION

I certify that my child is in good physical and mental health and my child has no special medical or physical conditions, which would impede participation in this field trip. I agree to disclose to SPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip. In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care if, in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones listed to act on my behalf of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

_____ **NO, my child DOES NOT require medication during this trip**

_____ **YES, my child DOES require medication during this authorized trip**

If you checked YES, please describe the medication (prescription or over-the-counter) and its administration on the front side of this form.

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: _____ **to participate in all aspects of this trip.**

Parent/Guardian: _____ **Date:** _____

return to homeroom teacher