



PEAK

EXPERIENCE THE LEARNING

5TH GRADE EXPLORATION TRIP APRIL 21-23, 2010

March 23, 2010

Dear Parents,

The Fifth grade class trip is just over the horizon. The dates are Wednesday-Friday, April 21-23.

On Wednesday, students participate in a hands-on workshop and tour at Phinizy Swamp Nature Park located near downtown in Augusta, Georgia. Our workshop at Phinizy exposes students to the unique natural wonders that the Nature Park has to offer, including habitat diversity, water quality issues, and organisms adapted to wetlands.

After the Phinizy Swamp visit, students travel just a short way to the Gravatt Adventure and Discovery Center, a member of the Episcopal Camps and Conference Centers, Inc., located near Aiken, where they begin a 2-night stay.

While at Camp Gravatt, students participate in a variety of events. Activities like archery, tracking, fishing, stone tool craft and native folklore relate to the 5th grade curriculum by bringing to life elements crucial to the development of human history in the western hemisphere. Students also engage on low and high ropes course elements designed to foster trust, communication, leadership, and self-reliance.

Cost for the Fifth Grade Trip is \$230. A limited amount of financial aid is available; those interested in applying should contact Mr. Donnie Bain. Payment for the trip, along with paperwork, is due on or before **Friday, April 16**. All paperwork is being posted on Edline. Please access the 5th grade page and print the forms, fill them out, and return them with your check to your child's advisor. *Let us know by phone or email (231-7723 or woods@heathwood.org) if you prefer hard copies of the forms.*

Sincerely,

Stan Wood
Director of Outdoor Education
Heathwood Hall Episcopal School

PS Please refer to the letter below to learn about a PARENT-CHAPERONE opportunity for the 5th Grade Trip.

Parent Chaperone Opportunity for the 5th Grade Trip

In an effort to enhance this class trip experience for our students and your children, we would like to extend an invitation to parents to participate in the trip in a limited but very valuable role as a chaperone. Parents would be responsible for providing direct supervision for students at nighttime in cabins beginning after evening activities have ended and continuing through breakfast the following morning. Parents may arrive before dinner and help provide indirect supervision during dinner and evening activities before assuming a more assertive role in cabins at bedtime and during the nighttime and morning hours.

Having a group of very competent adults provide supervision during evening, nighttime, and morning hours offers an invaluable opportunity for teachers to relax and take advantage of a solid night's rest after spending an eventful day leading and supervising activities with the class. Additionally, teachers will be able to begin the following day refreshed and energized.

Obviously, this opportunity for active parent involvement is a new one. It is offered after much discussion among faculty members, PEAK staff, and administrators, and research regarding similar programs offered by other independent schools. Parents who are willing to participate must provide their own transportation to and from the class trip site and only need to assume chaperone duties for one of the two nights of the trip. Parents who are interested in chaperoning during both nights may feel free to pursue their own interests during the daytime hours after breakfast.

Parents who wish to attend the trip must attend an orientation meeting at 2:30pm on Monday, April 12 in the Conference Room in the Nord Intermediate/Middle School Building at which time trip protocols and expectations will be defined clearly by the trip leaders. The cost for parents is \$35 (\$65 for both nights) and covers the fee charged by Camp Gravatt for adults (dinner and breakfast are included). If you are interested in attending the trip as a parent chaperone during evening, nighttime, and morning hours, please complete the form below and return it with your child's registration paperwork. If you have questions regarding this new opportunity, please feel free to call me at 231-7723.

Thank you!

Stan Wood
Director of Outdoor Education and the PEAK Program

Parent-Chaperone Opportunity

Parent Name _____

Phone Number _____ Email _____

I am interested in participating as a parent chaperone and would like to attend the trip on the following date:

_____ Wednesday evening through Thursday morning, April 21, 22

_____ Thursday evening through Friday morning, April 22, 23

_____ I will be able to attend the Parent-Chaperone Trip Orientation meeting on April 12 at 2:30pm

TRIP LOGISTICS

MEDICATIONS

All MEDICATIONS should be accompanied by the school Physician's Medication Authorization form and should be placed in a large ziplock bag with specific instructions for each medication. The medications bag should be given to one of the 8th grade teachers before boarding the bus on Tuesday morning. Please be aware that students are not allowed to keep any medications, prescription or over-the-counter, in their personal belongings.

GEAR LIST

The majority of activities on this trip will take place outdoors, so please bring clothing that can handle a little abuse -- it may get wet, it may get dirty, it may even get snagged on a briar. You're not out to make a fashion statement; you'll need clothing that is functional and rugged. Because the weather may be unpredictable at this time of year, it is important to pack for warm weather as well as cool, and for wet weather as well as dry. Lightweight "layers", that can be put on or taken off as weather changes during the day, are what will be described in the following list:

CLOTHING

- 2 pairs of shoes -- must be closed-toed shoes. No flip flops please (except for use in the shower)
- 2 pairs of long pants
- 2 pairs of shorts
- 2 or 3 t-shirts (a mix of short and long-sleeved shirts is good)
- 1 fleece sweater
- a good quality raincoat
- a fleece or pile stocking cap -- something that will cover the ears if gets cool
- underwear and socks

SLEEPING BAG

- sleeping bag or sheets and a blanket -- If you don't have a sleeping bag, we may be able to provide one for you. Don't go out and buy one for the trip before calling us.

OTHER NECESSARY ITEMS

- WATER BOTTLE
- bathroom articles - towel, washcloth, soap, toothbrush, toothpaste, shampoo, deodorant
- sunscreen and lip balm
- flashlight

OPTIONAL ITEMS

- sunglasses
- camera
- baseball cap or broad brimmed hat
- fishing gear

FORBIDDEN ITEMS - *these items will be confiscated*

- food of any kind, including gum and candy
- CD player, tape player, radio or iPod, cell phone
- electronic games

PACKING

All items should be packed in **one** large duffel bag. Please do not bring large suitcases as space is limited. All medications should be packed in a large zip lock bag with specific instructions and will be kept and distributed by Heathwood teachers. Please, clearly list all specific instructions.

DEPARTURE and RETURN

All students should report to the Adventure Base Camp parking lot located on the right after passing the pond and the boathouse on Wednesday morning, April 21, at 8:20am. We intend to return to Heathwood before the end of the school day on Friday, April 23.

Registration Form

Program 5th Grade Trip

Date Wednesday-Friday, April 21-23, 2010

Participant _____ **Teacher/Advisor** _____

Parents _____ **Home Phone** _____ **Work Phone** _____

Address _____ **Cell** _____ **Email** _____

ALL fees DUE PRIOR to Program/Event (Make checks payable to HEATHWOOD HALL)

Cost \$230 **Paid** _____ **Date** _____ **Check #/Cash** _____

ASSUMPTION of RISK

- > There are significant elements of risk in any adventure activity associated with paddling, biking, camping, backpacking, hiking, mountaineering, climbing, (referred to herein as the "Activity") and the use of any equipment related thereto (collectively referred to herein as "Activity"). Although the School has taken reasonable steps to provide appropriate gear and instruction, the School acknowledges that this Activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the Activity. The same elements that contribute to the unique character of the Activity can be causes of loss or damage to equipment, accidental injury, illness, and in extreme cases, permanent trauma or death.
- > The School does not want to frighten or reduce enthusiasm for this Activity, but it is important to know in advance what to expect and to be informed of the inherent risks in participating in the Activity. The following describes some, but not all, of those risks:
 1. Fall from heights that may result in personal injury.
 2. Heat related illnesses including heat exhaustion and heat stroke.
 3. River crossings, trail travel, or travel to or from the Activity.
 4. Cold weather related injuries, including hypothermia, frost-nip/frostbite that may result in loss of limbs, digits and/or permanent scarring.
 5. Loss of sense of balance, physical coordination, and ability to follow instructions and actions of instructors and other participants
 6. Altitude related sicknesses, including acute mountain sickness, pulmonary edema, cerebral edema and/or retinal hemorrhage.
 7. Acts of nature that may include avalanche, rock fall, crevasse fall, inclement weather, high winds, and severe cold.
 8. Equipment failure.
 9. Accidents or illnesses that occur in remote places where there are no available medical facilities.

- > In consideration of Heathwood Hall Episcopal School, their administrators, employees, and all other persons or entities associated with Heathwood, (hereinafter, collectively referred to as the School), I agree as follows:

I am aware that the Activity entails risk of injury or death to the participant. I understand the description of these risks is not complete and that other unknown or anticipated risks may result in injury, illness or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. Participation in the Activity is purely voluntary. No one is forcing me/my child to participate. I elect to participate/have my child participate in spite of the risks inherent in the Activity. I/my child possess(es) at least the following qualifications, which I understand are prerequisites to participate in this activity.

* I/my child am/is physically and mentally capable of participating in the activity and/or using the equipment.

* I/my child am/is safety conscious and acknowledges that wearing an UIAA approved helmet may be a basic safety precaution with respect to preventing head injury.

I acknowledge that if, during the activity, I/my child experience(s) fatigue, chill and/or dizziness, my/his or her reaction time may be diminished and the risk of accident increased. I certify that I/my child am/is fully capable of participating in this activity. Therefore, I assume full responsibility for myself/my child for bodily injury, accidents, illness, death, loss of personal property and expense thereof as a result of participation in the Activity.

I further agree to hold the School, including its directors, officers, employees, agents and servants, harmless from any and all claims, damages, expenses or other losses of any nature that may arise as a result of my/my child's participation in the Activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representatives, and estate and for all members of my family.

Furthermore, I do NOT give permission to use my/my child's photo in any PEAK Outdoor Center/Heathwood Hall publication.

Signature of parent/guardian

Signature of participant

Signature of witness

Date

Return completed form to the PEAK Outdoor Center at Heathwood Hall
3000 South Beltline Boulevard Columbia, South Carolina 29201

Trip-Specific Authorization

- WHO:** 5th Grade Class
- WHAT:** 5th Grade Class Trip
- WHERE:** Phinizy Swamp (Augusta, Georgia) and Camp Gravatt (Aiken, SC)
- WHEN:** Phinizy Swamp and Camp Gravatt, Wednesday - Friday, April 21-23
Depart Wednesday at 8:20am; Return Friday at 2:30pm
- TRANSPORTATION:** Students travel to and from the event via Heathwood transportation driven by a qualified driver.
- LODGING:** Cabins at Camp Gravatt near Aiken, SC on Wednesday and Thursday, April 21-23
- ACTIVITIES:** Trip related activities including ropes course initiatives
- COST:** \$230
- CHAPERONES:** Stan Wood, Becca Reynolds, 5th grade teaching team, and parent chaperones

*Please sign all statements and return this form to the Upper School office.
Medical forms must accompany students.*

I acknowledge that I have been provided the opportunity to discuss and/or review the rules, policies, and supervisory procedures of Heathwood Hall Episcopal School designed to assure the safety of my child on this trip. I, therefore, grant permission for my child, _____, to participate on this trip and to travel to and from the trip location. I understand that the School assumes no costs due to sickness, accident, or other trip related activities.

Parent Signature: _____ Date: _____

FOR THE STUDENT:

I, _____ understand and agree to all travel arrangements outlined herein. I also agree to adhere to all rules and policies of Heathwood Hall Episcopal School while participating in this trip.

Student Signature: _____ Date: _____

*Heathwood Hall Episcopal School * 3000 South Beltline Boulevard *
Columbia, SC 29201-5199 * 803/765-2309*

**Gravatt Adventure & Discovery Center Release
Participant Information**

Name _____ Date of Birth _____

Address _____ Telephone # _____

City/State _____ Zip _____

Parent/Spouse/Legal Guardian _____ Phone(work) _____ (hm) _____

In case of emergency, if parent/spouse/legal guardian cannot be reached, notify the following:

Name _____ Phone(work) _____ (hm) _____

Name _____ Phone(work) _____ (hm) _____

If you are currently taking any medication prescribed or otherwise, i.e. cold medicine/aspirin/etc., please list.

If you have any allergies, reaction to medications, and/or other medical limitations, please explain:

Name of medical/hospital insurance carrier _____ Policy or group # _____

Release of Liability

I understand that parts of the Gravatt Adventure & Discovery Center Ropes Course may be physically and emotionally demanding. I affirm to the best of my ability that my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants.

I recognize the inherent risk of physical injury that could result from any of these activities. I, therefore, release, discharge, and hold harmless Gravatt, their employees and agents from any and all liability from any injury to me from participation in the Gravatt Adventure & Discovery Center Ropes Course program.

Also, I give Gravatt staff permission, in case of accident or injury, to administer standard first aid and/or arrange transportation to a medical facility.

I have read and fully understand this release and hereto sign my name this ____ day of _____, 2010

Participant's signature

Parent or legal guardian's signature (Required for minors)

REQUEST FOR MEDICATION ADMINISTRATION ON A FIELD TRIP

It is the policy of Heathwood Hall Episcopal School that any prescription or over-the-counter medication required by a student during a school-sponsored field trip must be secured and transported by a Heathwood Hall staff member designated by the headmaster.

Heathwood Hall requires that parents of a student needing any prescription or over-the-counter medication during a field trip present the following:

- 1) **A medication administration form signed by a parent and the prescribing physician.**
- 2) Medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law. The student's name and the physician's name must be on the label of prescription medications. **NO OTHER CONTAINERS WILL BE ACCEPTED.**

A parent, **NOT THE STUDENT**, must deliver and pick up medicines, and inform the school of medication, dosage, student conditions, or restrictions.

Name of Student: _____

Grade: _____ Teacher: _____

Medication and Dosage:

1) _____
Time of day to be given: _____ Number of days to be given: _____
Purpose of medication: _____
Possible side effects: _____
Student restrictions, if any, and length of time: _____

2) _____
Time of day to be given: _____ Number of days to be given: _____
Purpose of medication: _____
Possible side effects: _____
Student restrictions, if any, and length of time: _____

3) _____
Time of day to be given: _____ Number of days to be given: _____
Purpose of medication: _____
Possible side effects: _____
Student restrictions, if any, and length of time: _____

4) _____
Time of day to be given: _____ Number of days to be given: _____
Purpose of medication: _____
Possible side effects: _____
Student restrictions, if any, and length of time: _____

Prescribing Physician: _____

I hereby give permission for _____ to take the above medication on a school-sponsored field trip. I will not hold Heathwood Hall Episcopal School or the person designated by the headmaster liable for an adverse reaction experienced by the student.

Signature of Parent: _____ Date: _____

Signature of Physician: _____ Date: _____

Heathwood Hall Fax: 803-748-4755