



Sixth Grade Low Country Discovery Trip

Wednesday-Friday, November 4-6

The entire sixth grade class travels to a camp near Awendaw, SC where they begin their search for the answer to the essential question:

“How does natural history influence human culture?”

Throughout the year, sixth graders study South Carolina history. During the trip, students learn about coastal ecology that has shaped the low country of the state by traveling by ferry through the Cape Romain National Wildlife Refuge to Bull Island, and visiting Sewee Environmental Education Center.

Students also learn of low country human culture by visiting Charles Towne Landing and Fort Sumter in Charleston, and Hampton Plantation, the boyhood home of Archibald Rutledge, the author of many stories read during sixth grade humanities class. A troupe of African dancers and drummers share their talent interactively with the group, and a native basketweaver teaches students how to weave sweetgrass baskets while they learn about the historic significance that basketweaving and African dance continues to play in the culture of the low country.

The PEAK staff, along with the teachers on the 6th grade team, plans the curriculum and activities. Cost for the Low Country Discovery Trip is \$245. A limited amount of financial aid is available; those interested in applying should contact Mr. Donnie Bain. Payment for the trip is due on or before Friday, October 30.

Specific Objectives for this event are:

- To promote an understanding and appreciation of the natural world by studying ecological connections through a series of hands-on learning experiences (including day hikes, freshwater paddles, initiative activities, and environmental education programs) in a pristine coastal environment;
- To foster feelings of self-confidence and self-reliance (both personal and group) in a semi-wilderness environment by engaging students intellectually, socially, and emotionally in an outdoor arena.
- To reinforce classroom themes in real life settings with hands-on experiences.
- To create and experience that gives the 6th grade class an opportunity to engage socially outside of the classroom.

Logistical Information

On Wednesday, November 4, students meet in the new parking lot at Adventure Base Camp at 8:20am with all luggage. We intend to return to Heathwood between 4-5pm on Friday afternoon, November 6. Students should be picked up by 5pm at the Nord IMS Building.

Sixth Grade Low Country Discovery Trip 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 is very unpredictable on the coast 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 – one pair is extra in case the other pair gets wet, which they probably will -- hiking boots, teva sandals or just another pair of tennis shoes are all good options. No flip flops please!
- 2 pairs of long pants: - one pair should be light weight, nylon wind pants (nylon "warm up suit" pants); the other pair may be jeans
- 2 pairs of shorts: - one pair should be a pair of gym shorts (nylon or nylon mesh), or swimming trunks; the other pair may be cotton shorts
- 2 or 3 t-shirts (a mix of short and long-sleeved shirts is good)
- 1 fleece sweater
- 1 warm coat
- 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 good outdoor 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
- BUG SPRAY
- day pack or book bag
- flashlight

Optional Items

- sunglasses
- camera
- baseball cap or broad brimmed hat

Forbidden Items

these items will be confiscated

- food of any kind, including gum and candy
- mp3 player, CD player, radio, game boy, cell phone or any other electronic device

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.

Trip-Specific Authorization

- WHO:** Sixth Grade Class
- WHAT:** Low Country Discovery Trip
- WHERE:** the Low Country of SC, including McClellanville, Awandaw, Charleston, and surrounding areas
- WHEN:** Wednesday-Friday, November 4-6, 2009
- TRANSPORTATION:** Students travel to and from all sites via Heathwood school bus driven by a qualified driver.
- LODGING:** Bishop Jerdan Conference and Retreat Center in Awandaw, SC
- ACTIVITIES:** Class trip activities
- COST:** \$245/student
- CHAPERONES:** Stan Wood, Becca Reynolds and Sixth Grade Teaching Team

*Please sign all statements and return this form to the PEAK Outdoor Center.
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*

Registration Form

Program 6th Grade Trip

Date Wednesday-Friday, November 4-6, 2009

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 \$245 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, frostnip/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 give permission to use my/my child's photo in any PEAK Outdoor Center/Heathwood Hall publication.

Signature of parent/guardian

Signature of participant

Date

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: _____