



## IMS Expeditions Program Camping and Backpacking

*The Intermediate/Middle School (IMS) Expeditions program is a series of month-long events designed to offer challenge, adventure, and personal growth through activities that require skill and practice and take place in natural venues, sometimes in remote locations.*

The Camping and Backpacking Expedition is a program designed specifically for IMS students who are serious about camping and backpacking. Students learn camping and backpacking skills including campsite selection, tent set up, cooking, route finding, selecting and packing a backpack, and basic wilderness first aid. Intermediate and Middle School students each participate in their own expedition: Intermediate School students (5/6th grades) go to Harbison State Forest; Middle School students (7/8th grades) go to Asbury Hills United Methodist Camp, located in the foothills of Upstate SC, for their expedition. Cost for the Camping and Backpacking program is \$75 for Intermediate School students and \$150 for Middle School students.

### SCHEDULE

- **Intermediate School Trip to Harbison State Forest**  
FS, December 4,5  
Cost \$75
- **Middle School Trip to Asbury Hills**  
SSu, December 12,13  
Cost \$150

### SPECIFIC OBJECTIVES for the Camping and Backpacking Expedition program

In fulfilling the PEAK mission and related values, the Camping and Backpacking Expedition program specifically addresses the following objectives:

- To foster a tangible appreciation for natural venues through participation in camping and backpacking activities that take place at Heathwood and other sites in the Southeast.
- To introduce, develop and enhance skills related to camping and backpacking that include campsite selection, tent set up, cooking, route finding, selecting and packing a backpack and basic wilderness first aid.
- To provide opportunity for meaningful growth in the areas of self-confidence and self-reliance by challenging limits of physical and emotional comfort and ability.
- To provide opportunity for the development of leadership qualities including the ability to communicate effectively, problem solve, and work cooperatively within a small team of campers and backpackers.

### LOGISTICAL INFORMATION

Camping and Backpacking Expedition members meet immediately after school according to the Expedition schedule. All camping gear (except personal clothing) is provided by PEAK. Students may use their own gear if it is appropriate and meets PEAK standards.

# Registration Form

**Program** IMS Camping and Backpacking Expedition      **Dates** as per Expedition schedule

**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 \$75(IS)/\$150 (MS)      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.
- 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

## Trip-Specific Authorization

- WHO:** IMS Camping and Backpacking Expedition
- WHAT:** IMS Camping and Backpacking Expeditions Program
- WHERE:** Harbison State Forest (IS)  
Asbury Hills United Methodist Camp(MS)
- WHEN:** (IS) FS, December 4,5, 2009  
Depart Heathwood 4pm on 12/4; Return 10am on 12/5  
(MS) SSu, December 12,13, 2009  
Depart Heathwood on 12/13 at 8am; Return on 12/14 at 4pm
- TRANSPORTATION:** Students travel to and from all sites via Heathwood school bus driven by a qualified driver.
- LODGING:** Remote campsites at Harbison State Forest and Asbury Hill United Methodist Camp
- ACTIVITIES:** Backpacking and Camping
- COST:** \$75 (IS)  
\$150 (MS) (plus money for 2 fast food lunches on the road)
- CHAPERONES:** Stan Wood, Becca Reynolds, and additional PEAK Staff

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

# 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: \_\_\_\_\_