

Sixth Grade Outdoor School Dates and Fees 2019-20

The fee for Sixth Grade Outdoor School at Camp Lakewood in Potosi, MO is \$275.00. A down payment of \$100, all medical forms and permission slips are due by October 4, 2019. To inquire about Outdoor School financial aid for free or reduced lunch candidates please email Mrs. Burger or the Sixth grade counselor. A good faith payment of \$50 is required with the financial aid application in order to be processed.

August 27, 2019

Southwest Middle Curriculum Night - Forms given to students on this day, more information will be presented at Curriculum Night.

September 11, 2019

SWM Outdoor School Parent Meeting - Information about Outdoor School will be presented, forms can be turned in prior to the meeting at 5:30pm and down payments can be made at that time with cash, money order or check. The meeting will begin promptly at 6:00pm.

October 4, 2019

All forms due to team leader and \$100 down payment due at the school store or the Parkway finance office.

October 29 - November 1, 2019 - Explorers to Outdoor School

November 12 - 15, 2019 - Navigators to Outdoor School

September - October - Outdoor School TJs pizza fundraiser - Information will be presented at the Parent Outdoor School meeting. .

January, 2020

Outdoor School Balance Due



If you have any questions at all please contact:

- Navigator's Outdoor School Director: Shannon Burger sburger@parkwayschools.net
- Explorer's Outdoor School Director: Katy Phillips kphillips@parkwayschools.net
- Parkway Finance Department: (For billing questions or to set up a payment plan)
Maggie Kline (314.415.8056 mkline@parkwayschools.net)

For more information about the Parkway Sixth Grade Outdoor School program, visit the [Parkway OS Website](#).

PAYMENT Frequently Asked Questions

Outdoor School fee \$275.00

Do I need to pay the outdoor school bill all at once?

No, you do not need to pay this amount in one payment, although a down payment of \$100 is due along with all forms by **OCTOBER 4, 2019** or make a payment at the parent meeting. You can make smaller payments, but the balance is due in **January 2020**. Parkway will send out a bill monthly with your balance due. Tear off the top part of the bill and mail this in with your payment.

Is there any financial assistance?

There are two forms of financial assistance; fundraising and financial aid.

- **Fundraiser** - Southwest Middle offers a fundraising opportunity to all Sixth grade families. Students can sell TJ pizzas and desserts to offset the cost of outdoor school. Information about the fundraiser will be given at the parent meeting.
- **Financial Assistance** – Financial assistance is limited and reserved for students on the Free or Reduced Lunch program and families with financial hardships on a first come, first serve basis. You will need to complete an Outdoor School Financial Aid Application form. You can get the application from Shannon Burger, Building Camp Leader or the Sixth Grade Counselor at Southwest Middle. The maximum amount of the Financial Aid is up to \$100.00 and a 50.00 good faith payment is required to process the application. For more information please contact Mrs. Burger or the Sixth Grade School Counselor.

Who do I make the check payable to and where do I mail my payment?

Make your check payable to: Parkway School District

Send payment to: Parkway School District
Attn: Finance Dept. / OS Payment
455 N. Woods Mill Rd.
Chesterfield, MO 63017

Can I pay by credit card, instead?

Yes, you can make a credit card payment through RYCOR starting in September. If you have any questions, please call **Maggie Kline in the Parkway finance department at 314-415-8056**.

Southwest Middle Outdoor School

STUDENT CLOTHING AND SUPPLY LIST

All medications must be given to SWM nurse.
Please watch the weather closely and pack accordingly.

All gear must fit into **ONE** suitcase

- ___ 5 changes of outer clothing (**old**)
(at least one pair of pants for horseback riding)
- ___ 8+ pairs of socks
- ___ 6 changes of underwear
- ___ 2 pairs of shoes (**comfortable**)
- ___ jacket/coat, gloves (seasonal)
- ___ sweater, sweatshirt, or windbreaker
- ___ pajamas
- ___ **flashlight & extra batteries**
- ___ **rain apparel/poncho**
- ___ deodorant
- ___ shampoo
- ___ **sun-screen, chapstick**
- ___ **water bottle**
- ___ **soap**
- ___ toothpaste, toothbrush, hair brush
- ___ plastic bags for wet & dirty clothes

The following items are **optional**:

- ___ disposable camera and film
- ___ book to read
- ___ games (**not** electronic)
- ___ hat
- ___ sunscreen

Students **MAY NOT** bring:

- candy, food, or gum
- weapons of any kind including knives
- first aid kit
- anything in an aerosol can
- curling irons, flat irons, hair dryers
- radio, CD players, boom boxes
- matches
- jewelry (girls may wear post earrings)
- money
- electronic games
- tablets, cell phones**

***All bedding and pillow should be put in a large trash bag labeled with name.

- ___ Towel
- ___ Twin size sheets
- ___ Blanket or sleeping bag
- ___ Pillow
- ___ Wash cloth

CAMP LAKEWOOD MAILING ADDRESS:

Your child's name
Camp Lakewood/SWM Middle
13528 State Highway AA
Potosi, MO 63664

EMERGENCY PHONE NUMBER:

Nurse's cabin (TLC)
314-241-9622 ext. 13

**IMPORTANT INFORMATION FROM THE SCHOOL NURSE REGARDING
6TH GRADE OUTDOOR EDUCATION**

Dear Parents/Guardian:

Please complete your student's information forms promptly. It is essential that you provide your home and work **phone numbers**, your physician's/clinic's name and **phone number**, and the phone number of an emergency contact in case you cannot be reached in the event of an emergency. If you have insurance, you must also provide your student's **health insurance program** and the **policy number**.

It is important that the nurse be notified of potential problems which might occur during the residential camp period, such as bedwetting, sleep walking, particular fears, allergic reactions, etc. The nurse will discuss these with you to determine what preparations should be made. All matters are kept confidential and every effort will be made to protect your student's privacy.

Tetanus Booster: Please check with your student's physician if necessary. **Dates of last tetanus immunization must be included** on the Health form. If your student did not have a physical examination during the last year that included an evaluation of his/her immunizations, please check with your student's physician/clinic.

MEDICATIONS FOR SIXTH GRADE OUTDOOR SCHOOL

All medication, prescription and over-the-counter, needed during the week will be kept and administered by the camp nurse. Medicines cannot be kept in the cabins.

All medication AND administration permissions **MUST** turned in to the school nurse **NO LATER THAN 2 WEEKS** prior to camp unless prior arrangements are made with your school nurse. (Explorers October 14th, Navigators October 28th)

Prescription Medication

The students' medications must be in the current prescription-labeled container. The label must contain the following information:

Name of student
Name of drug
Dosage
Frequency of administration
Route of administration
Prescribing physician's name

A parent/guardian must also provide a written request that the student receive the prescribed medication while attending the sixth grade resident camp. These forms are available on the Parkway website at <https://www.parkwayschools.net/Page/3149> and from the school nurse. Prescription inhaler medications that are "rescue" medications for students with asthma may be carried with the student to the various camps sites. Students with prescribed emergency epinephrine will have them with them as they go to various sites at camp.

Over-the counter Medications

The medication **MUST** be in its original container. The student's physician shall provide a written request that the student be given the medication while at the resident camp. A parent/guardian must also provide a written request that the student receive over-the-counter medication while attending the sixth grade resident camp. The request shall contain all of the information as requested above for the prescription medication.

Per school district protocol, homeopathic and naturopathic medications, vitamins and supplements will not be administered at camp.

If there is a need to contact the nurse at camp quickly, call the YMCA of the Ozarks at (314) 241-9622 and ask for TLC. Every effort is taken for your child to experience a well-planned, healthy, and safe week at the resident site.

If you send an EpiPen or inhaler to camp, please remember to collect these from the bus teacher as your child gets off the return bus home.

School Nurse Shanda Jacobs, RN Phone Number: 314-415-7329 Fax Number: 314-415-7311

SIXTH GRADE CAMPER PERMISSION AND EMERGENCY INFORMATION

Student's Name _____

_____ Last _____ First _____
Date of Birth _____ Weight _____ Age _____ Teacher _____

Student resides with: Both parents _____ Mother _____ Father _____ Other _____

Parents or legal guardian names _____

Complete Address _____

Home Phone _____

First Parent's Work Phone _____ Cell/Pager Number _____

Second Parent's Work Phone _____ Cell/Pager Number _____

Emergency Contact (in case parent/guardian can not be reached)

Name _____ Relationship _____

Home Phone _____ Cell/Pager Number _____

Student's Physician _____

Office Phone _____ Exchange _____

Student's Dentist _____

Office Phone _____ Exchange _____

*Health Insurance _____ Phone Number _____

*Policy Holder Name _____

*Policy # _____ *Group # _____

If your student does not have health insurance, please check _____

The following medications are available at camp by standing orders and may be administered by the camp nurse in order to relieve minor pains and discomforts. **Please check the medications that you will allow to be administered to your student while at camp.** No additional paperwork is needed to administer these medications.

Saline eye solution _____ Cough drops _____

Hydrocortisone Cream _____ Honey _____

Acetaminophen/Tylenol _____ Mylanta II _____

Caladryl _____ Benadryl _____

Chloraseptic throat spray _____

I hereby authorize a member of the resident administrative staff to transport my son/daughter _____ to the hospital for emergency treatment if such action is deemed necessary in the judgment of the person in charge. Furthermore, I hereby authorize the physician or physicians to carry out any diagnostic procedure or emergency care pertinent to the immediate injury or illness that is deemed imperative in the treatment of my student.

Signature of Parent or Guardian

Date

**PARKWAY 6th GRADE OUTDOOR EDUCATION
CONFIDENTIAL STUDENT HEALTH INFORMATION**

Student's Name _____

Please check if the following information is applicable.

1. Does your student have asthma/allergies? Yes _____ No _____

If yes, please describe: _____

2. Is your student unusually susceptible to poison ivy? Yes _____ No _____

3. Exact date of last tetanus vaccine (DPT, Dtap, Td, Tdap). _____
(This information is available through the parent portal in Infinite Campus.) month/day/year

4. Is the physical activity of your student restricted by physician's order? Yes _____ No _____
(If yes, the physician's order is required.)

5. Does your student have dietary restrictions? Yes _____ No _____

If yes, please describe: _____

6. Other information that will help us to meet the needs of your student: past surgeries, seizure disorder, diabetes, ear or eye problems, heart conditions, orthopedic conditions, and specialized health care needs:

7. Has your student attended a resident camp before? Yes _____ No _____

Has your student spent the night away from home? Yes _____ No _____

Does your student experience car sickness? Yes _____ No _____

Does your student sleep walk? Yes _____ No _____

Does your student wet the bed? Yes _____ No _____

8. Will you be sending prescription or over the counter medications? Yes _____ No _____

If yes, please read the attached information regarding medication to be administered at camp.

Physician and parent medication authorization forms are required and available from the school nurse.

What prescription medication will you be sending? (Must be in current pharmacy container)

What over-the-counter medicine will you be sending? Per school district protocol, homeopathic and naturopathic medications, vitamins and supplements will not be administered at camp.

**PLEASE SEE SCHOOL NURSE FOR SPECIFICS ON MEDICATION ADMINISTRATION
WHILE AT CAMP**

Southwest Middle

Sixth Grade Outdoor School Parental Permission Form

***Two Signatures Required**

Child's name (please print clearly) _____

Circle yes **OR** no for each permission listed below.

Permission to attend Outdoor School

YES I give permission for my child to attend Southwest Middle Outdoor School at Camp Lakewood AND the **Outdoor School fee of \$275 will be paid in full by January 2020** or I will contact the Parkway Finance Department to start a payment plan.

Parent/Guardian Signature

Date

NO My child will not be attending Southwest Middle Outdoor School. I understand that my child will have a supervised curriculum at SWM during the week. Please write a brief explanation below.

Parent/Guardian Signature

Date

Permission to Horseback Ride

YES I give permission for my child to participate in a horseback Trail Ride at Camp Lakewood.

NO My child will not participate in a horseback Trail Ride at Camp Lakewood. Please write a brief explanation why your child will not participate in this activity.

Parent/Guardian Signature

Date

BEHAVIOR CONTRACT FOR OUTDOOR SCHOOL

1. I will listen and follow the instructions of my teachers and cabin leaders.
2. I will speak politely and use civil tones with my teachers, counselors, and cabin mates. I will not call people names or use profane or vulgar language or gestures.
3. I will take special care of Camp Lakewood property and be careful not to damage the property of others.
4. I will walk to and from all activities, while I am outdoors, and inside all buildings. I understand that there is to be no running, unless permission has been given.
5. I will use my best table manners in the dining hall. I will talk quietly during the meals. I will listen to the announcements. I will be respectful when cabin awards are given out. I will not stomp, whistle, or pound the table.
6. I will not throw rocks or any other objects, unless permission has been given.
7. I will stay out of all bodies of water on the campgrounds, except during water units as specified by teachers.
8. I will participate in all field lessons and cabin activities. I understand that I am responsible for learning and completing field guide lessons.
9. I will help clean up my cabin, the campgrounds, the dining hall and serve my turn as dining hall hopper cheerfully, willingly, and as efficiently as I can. I will cooperate and handle my responsibilities with a positive attitude at all times.
10. I will stay with my cabin group, teacher, or cabin leader at all times. I will not go off on my own at any time unless given specific, special permission by a teacher, and I will take a partner with me. I understand that this is for my own safety and protection.
11. I will conduct myself appropriately inside the cabin. I will not engage in any wild, rough, or rowdy behavior, games, or "outside" play, including pillow and towel fights.
12. I will stay in my own cabin with my cabin group and cabin leader during rest periods and quiet activity time. I will stay in my cabin at all times after "lights out."
13. I will enter ONLY my own cabin area, except for specific occasions as directed only by a teacher.
14. I will bring only the items specifically named on the supply list to Outdoor School except for items receiving prior written approval from the Outdoor School director.
15. I will not bring any electronics including my phone, food, candy, or gum with me to Outdoor School.

I have read the above statements and I understand them. Furthermore, I agree to conduct myself according to these rules during my stay at Outdoor School including the bus ride to and from Camp Lakewood. I understand that if I cannot live up to this contract, it could result in my missing out on some of the planned activities. I also understand that a general lack of cooperation, acts which seriously damage Camp Lakewood property, or a major infraction which could endanger my welfare or that of my classmates will result in my being sent home from Outdoor School. I, also, understand I forfeit my Outdoor School fee.

Student Signature: _____ Date: _____

I have read and discussed these rules **with my child**. S/he understands that I support the enforcement of these rules so that Outdoor School can be a safe and pleasant learning experience for all students. Should s/he be generally and continually uncooperative (frequent minor or repeated infractions requiring missing out on activities), cause serious property damage, or engage in behaviors which jeopardize his/her safety or that of the other students, I agree to provide transportation home for my child.

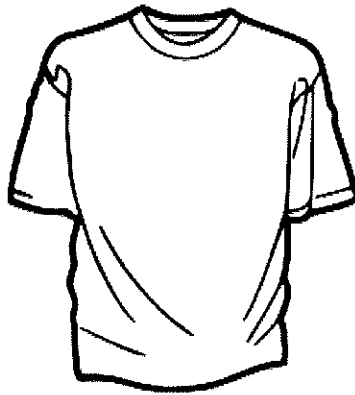
Parent Signature: _____ Date: _____

OUTDOOR SCHOOL

LONG SLEEVE T-SHIRT ORDER FORM

\$10.00

Please return this order form with payment to the Southwest Middle school store by **OCTOBER 4, 2019 -- NO EXCEPTIONS!**



Design to be determined!

FIRST & LAST NAME: _____

TEAM: **NAVIGATOR** **EXPLORER**

ADULT SIZE: **SMALL** **MEDIUM** **LARGE** **XLARGE**

PAID \$10: **CASH** **OR** **CHECK #** _____

(Make check out to: Southwest Middle)

Please return this order form with payment to the Southwest Middle school store by **OCTOBER 4, 2019 -- NO EXCEPTIONS!**