



Cody Outdoor Classroom

*Where Learning
Comes Naturally*

Dear Family,

Greetings from all of us at Cody Outdoor Classroom. We're thrilled that your child is joining us at Cody. This Family Packet has been developed to help students and families get ready for the Cody experience. In this packet you will find answers to frequently asked questions and a wealth of other important information.

Your child's physical, mental, and emotional safeties are our number one priority during the time they spend with us. Your child will be supervised at all times by enthusiastic, experienced staff who have undergone background checks and extensive training to prepare them to give your child an inspiring and safe experience. All staff is also certified in CPR and First Aid. To provide a safe experience, we also need some information from you. Please **complete the information on pages 5 – 8** and return it to your student's teacher by the designated deadline (set by the school teachers).

If you have any questions, please feel free to contact us at kristen@codyoutdoorclassroom.com or (603) 539 4997. We can't wait to work with your student.

Thank You,

The Staff of Cody Outdoor Classroom

Overview of the Program

Cody Outdoor Classroom programs emphasize concepts taught in the classroom and provide an opportunity for students to further explore these through experiential learning. We take an inquiry-based (concepts and processes are explored by the students, rather than told to them by the instructor) approach to help students understand interactions among systems in the natural and manmade world. We are committed to providing a curriculum that addresses a variety of learning needs and builds community among peers and adults.

We work with each school group to help design a program that best fits the needs and outcomes of the group. Although we customize the learning opportunities for each group, each program is rooted in the following components: Science Lessons, Team building, Evening Programs, and Meals and Transitions.

Below is an outline of a typical day at Cody:

| | |
|----------|-----------------------------------|
| 7:00 am | Rise and Shine |
| 8:00 am | Breakfast |
| 9:00 am | Transition |
| 9:30 am | Team building |
| 12:00 pm | Lunch |
| 1:00 pm | Transition |
| 1:30 pm | Engineering Lesson |
| 3:00 pm | Life Science Lesson |
| 5:00 pm | Recreation time |
| 6:00 pm | Dinner |
| 7:00 pm | Transition |
| 7:15 pm | Evening program |
| 8:45 pm | Back to cabins, get ready for bed |

Students at Cody are always supervised by adults. During daytime and evening lessons, the Cody staff teach all lessons and handle all behavior management / group dynamics. At meals, the Cody staff, chaperones, and school teachers dine with the students. Overnight cabin supervision, as well as transition and rec time supervision, is provided by the school's chaperones and teachers. Cody's medical staff member is available on site 24/7.

Medications

All medications will be distributed by a qualified Cody staff member. Children are not permitted to keep medications on their person (Epi-pens and inhalers are the **ONLY** exceptions to this). This includes prescription and over-the-counter medications (Tylenol or cough drops). All medications need to be sent **in the original bottle / packaging with the Doctor's name, dosage, and usage instructions on the bottle / packaging**, if applicable. Please place the bottle / package in a clear ziplock bag with your child's name and instructions for administration on it. School teachers will **collect medications prior to departure** so please do not pack medications in your child's bag. We do have basic medicines (Tylenol, cough drops, tums, etc) and first aid supplies for students who may need them throughout the trip.

Food Allergies / Dietary Needs

We cater to a number of dietary needs. Our facility is nut free and also accommodates gluten, wheat, dairy, soy, shellfish, egg and lactose allergies, intolerances and restrictions. Vegetarians and vegans can also be accommodated. We know firsthand the stress/worry parents experience when planning for the dietary needs of their children and are here to help. There is a section in this packet for you to indicate any dietary needs and feel free to contact us so we can create a safe dining experience for your child.

Visitors and Communication

We ask you not to visit Cody during your child's field trip. This is an opportunity for her or him to develop a sense of independence. Visiting parents can distract students and may make some students homesick. Students are not permitted to have cell phones at Cody. This is to encourage them to enjoy life "unplugged" - live in the moment and appreciate their surroundings. If there are any concerns during your child's stay, we will contact you immediately. If there is an emergency and you need to reach your child, please contact us at (603) 539 4997. When preparing your child to be away from home, we encourage you to be positive! Let them know homesickness is normal, but focus on raising excitement about the memorable experiences they will have at Cody.

Cody Outdoor School Merchandise

Each cabin group will have a designated time during the week to purchase Cody merchandise. The purchase of merchandise is optional. Students can pay by check (made payable to "Cody Outdoor Classroom") or cash (exact change is preferred). Please visit www.codyoutdoorclassroom.com to view our merchandise.

Items: hooded sweatshirt (\$30.00), t-shirt (\$12.00), baseball hat (\$15.00), sticker (\$2.00).

Behavior Expectations

Cody is committed to providing a safe, positive experience for all students. As part of the Cody community, students are expected to be familiar with and follow Cody's behavior expectations. Students who are unable to follow them may be disciplined and sent home at the discretion of the Program Director. Parents are then expected to pick up their child. Please discuss these expectations with your child prior to the field trip.

- Students must remain with their group and Cody instructor or teacher/chaperone at all times. Students should never be alone on camp or leave the property alone.
- Students must remain in the cabins with chaperones after lights-out.
- Students may not have in their possession any prohibited items (please review the Packing List to view the complete list).
- All medications should be given to the school teacher or Cody medical staff.
- Students are asked to take care of the property and report any damages. There are no pranks or graffiti permitted at Cody.
- Students should use equipment for its intended purpose and in a safe manner.
- Students should ask before using or borrowing items that belong to the program or another student, teacher or chaperone.
- Students should listen and follow directions from Cody instructors, teachers, and chaperones.
- Students are expected to respect the plants and animals that also live at camp. Students should not litter or act to harm the natural world.
- Physical fighting or altercations are not tolerated at Cody and will be dealt with firmly, decisively, and at the discretion of Cody and the school teachers and may result in immediate separation or dismissal without refund of tuition.
- Bullying is not tolerated at Cody and all suspected bullying instances will be dealt with firmly, decisively, and at the discretion of Cody and the school teachers and may result in immediate separation or dismissal without refund of tuition.
- All school rules also apply and will be enforced at Cody.

Cody Outdoor Classroom Packing List

Please note:

Mark all items with your child's name.
 Please send old / play clothes (students will get dirty).
 Adult chaperones and teachers should bring the same items as students.
 Laundry facilities are not available for general student use.

Arrival day: Students should be ready to participate in activities when they get off the bus. They should be wearing closed toed shoes and have a day pack ready with sunscreen, a water bottle, and an extra layer.

Weather: Please check the weather for Freedom, NH and pack according to expected precipitation and temperatures. Students will be outside (unless there is thunder and lightening).

Important! Prohibited items include:

- Cell phones
- Other electronics - iPods, iPads, portable video games or movie devices
- Candy, gum, or food of any kind
- Swiss army knives / leathermans or any other weapons
- Illegal substances, drugs, or alcohol
- Lighters / matches
- Personal sports equipment
-

Quantities: Adjust the quantity of clothing items based on the length of the field trip.

| | |
|--|--|
| <p>Clothing</p> <ul style="list-style-type: none"> • Long pants / jeans • Shorts • 1 pair of pajamas • T-shirts • Long sleeved shirt • Sweatshirt or fleece • Warm jacket • Socks (pack a few extra) • Underwear • Hat and gloves • 2 pairs of sneakers (All footwear must be closed toed) • 1 raincoat or poncho <p>Bedding / Linens / Toiletries</p> <ul style="list-style-type: none"> • Sleeping bag or bed roll (sheets and a blanket) • Pillow • 1 towel • Laundry bag / trash bag for dirty clothes | <p>Toiletries</p> <ul style="list-style-type: none"> • Toothbrush and toothpaste • Soap, shampoo, conditioner • Deodorant • Comb or brush • Lip balm / chapstick <p>Miscellaneous</p> <ul style="list-style-type: none"> • 1 day pack / backpack • 1 reusable water bottle (1 Liter) • Flashlight • Sunscreen <p>Optional Items</p> <ul style="list-style-type: none"> • Flip flops for the shower • Book • Stuffed animal • Bandana • Ball cap • Bug spray • Travel game / deck of cards • Camera (cannot be cell phone) • Twin sized fitted sheet for mattress • Money for Cody merchandise (visit www.codyoutdoorclassroom.com for items and pricing) |
|--|--|

Cody Outdoor Classroom is not responsible for items left behind.

Please complete the following information carefully and return it to the school teachers by _____.

Student's Name: _____ **Birth date:** _____

Teacher's Name: _____ School name: _____

Parent/Guardian and Student Contract and Waiver

I have read and completed the Cody Family Packet in its entirety. My child and I understand what is expected of us before and during Cody Outdoor Classroom and we agree to abide by the rules and procedures detailed within. I grant permission for my child to participate in all activities and Cody Outdoor Classroom programs, including but not limited to challenge course, out-of-camp trips by foot (hiking), and out-of-camp emergency transportation by van, bus or other designated vehicle. In the event of a medical emergency, I grant permission for my child to be transported to one of two nearby hospitals: Memorial Hospital in North Conway, NH or Huggins Hospital in Wolfeboro, NH, or other medical facilities as required.

I also understand that during my child's participation at Cody Outdoor Classroom, she/he may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running/playing outside; ticks, snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I am aware of these risks, and I assume them on my child's behalf. Cody Outdoor Classroom is not responsible for lost, stolen or damaged articles. I, the undersigned, have read and understand my responsibility to complete and submit all necessary forms and fees on time (and that my child will not be allowed to attend the program if any forms in the Cody Family Packet are incomplete).

I authorize Cody Outdoor Classroom to have and use photographs, slides, video, writing, artwork and/or testimonials created by my child and submitted to Cody Outdoor Classroom without seeking remuneration. These shall become the property of Cody Outdoor Classroom, and may be used by Cody Outdoor Classroom for marketing and/or advertising purposes. As a condition of my child's participation in the Cody Outdoor Classroom program, I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail. I voluntarily agree to release and hold harmless Cody Outdoor Classroom to the fullest extent permitted by law. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court in the state of New Hampshire and shall be construed in accordance with the laws of New Hampshire. I authorize Cody Outdoor Classroom to add my email to their mailing list.

I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Student name: _____ Student Signature: _____ Date: _____

Parent/Guardian name: _____ Parent/Guardian Signature: _____ Date: _____

Behavior Expectations

I have read the **Behavior Expectations**. I fully understand them and agree to be bound to them.

Student name: _____ Student Signature: _____ Date: _____

Parent/Guardian name: _____ Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Treatment

I hereby give permission to Cody Outdoor Classroom to seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Cody Outdoor Classroom to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Cody Outdoor Classroom to secure and administer treatment, including hospitalization, for the person named above. Information in this paperwork may be given to the physician. I agree to incur all costs related to any medical emergency for the person named above.

Parent/Guardian name: _____ Parent/Guardian Signature: _____ Date: _____

Student name: _____ School name: _____

Emergency Information

*Please Note: Cody will not distribute the personal information contained in these forms to a third party.

Guardian (Primary Contact) Name: _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Secondary Contact Name: _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

NOTE: We are authorized to release the child only to the contacts listed above unless a note from the Guardian/Primary Contact states otherwise.

Is there a custody agreement we need to be aware of?

- Yes (please attach additional information)
- No

Insurance Information

Doctor's Name: _____ Doctor's Phone Number: _____

Insurance: The following insurance information is required if a doctor visit or entry into a hospital is necessary.

Do you have Health Insurance Coverage?

- Yes
- No

Name of Insurance Company: _____

Address: _____

Name Listed on the Insurance: _____ Policy Number: _____

Restrictions

- Participant is cleared for unrestricted activity with Cody. He/she is cleared for full participation.
- Participant is cleared for participation at Cody, but the following restrictions apply:

- Participant is not cleared for participation at Cody.

Student name: _____ School name: _____

Medications

Will your child be bringing an inhaler to Cody?

- Yes
- No

Will your child be bringing an EpiPen / Epinephrine injector to Cody?

- Yes. Please specify allergy: _____
- No

Are there any other concerns (medical, behavioral, emotional) that Cody should be aware of?

- Yes. Please specify: _____
- _____
- No

Will your child be taking prescription and/or over-the-counter medication for a specific diagnosis at Cody?

- Yes
- No

If yes, please complete the information below. Attach additional pages if necessary.

| |
|--|
| Name of medication: Dosage: Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ Additional information: |
|--|

| |
|--|
| Name of medication: Dosage: Time: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ Additional information: |
|--|

Student name: _____ School name: _____

Permission to Dispense Over the Counter Medications

- I give permission for Cody to administer ALL over the counter medications listed below.
- I give permission for Cody to administer ONLY the over the counter medications I have CHECKED below.
- I DO NOT give permission for Cody to administer ANY of the over the counter medications listed below.

| | | |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup) | <input type="checkbox"/> Loratadine (Claritin products) |
| <input type="checkbox"/> Antidiarrheal (Maalox) | <input type="checkbox"/> Cough Drops (Generic) | <input type="checkbox"/> Pediculosis Treatment (Nix) |
| <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products) | <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry) |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Guaifenesin (Mucinex™ products; Robitussin Cough & Cold CF Liquid) | <input type="checkbox"/> Pseudoephedrine Hydrochloride (Advil® Cold & Sinus products) |
| <input type="checkbox"/> Chamomile tea | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Tolnaftate (Tinactin) |

Notification of Food Allergy/Intolerance/Needs/Diseases

Our facility is nut free and also accommodates gluten, wheat, dairy, soy, shellfish, egg, lactose, vegetarian, and vegan allergies, intolerances and restrictions. Please contact us with any concerns (603) 539 4997.

Does your child have any food allergies, intolerances, or dietary needs?

- Yes. Please specify allergy or intolerance: _____
- No

Does your child have any food related diseases (such as Chron's, celiac, diabetes)?

- Yes. Please specify: _____
- No

Acknowledgement

I hereby certify that the above information provided in the Family Packet regarding _____ (student's name) is true and correct to the best of my knowledge.

Parent/Guardian name: _____ Parent/Guardian Signature: _____ Date: _____