

Ms. Cynthia Dillon
Principal

Mr. Michael Cometa
Assistant Principal

September 5, 2017

Dear Parents and Guardians:

The Outdoor Education Program for our sixth grade class is planned for October 9 – 11, 2017 at NorthBay Environmental Learning Center in North East, Maryland. NorthBay is a facility located one-hour north of Baltimore on the Chesapeake Bay. Students study science in an exciting and hands-on outdoor setting where there is also a focus on adventure, life skills and character development. The lessons take place away from school and are primarily taught outdoors; therefore, we are making special plans to prepare students, teachers, parents, and guardians for the trip. **Students are to be dropped off on the morning of October 9th at Patapsco Middle and are to be picked up from school early in the afternoon on October 11th.** The cost for each student is **\$175.00**, which covers all meals, activities, commemorative T- shirt, and transportation costs. This fee is payable via Online School Payments (see Patapsco website), check, or money order). The following materials accompany this letter:

- **Outdoor Education permission slip and supplementary permission form**
- **NorthBay health information form**
- **NorthBay consent/release form**
- **NorthBay medication form/physician's order – should be completed as needed for each medication**
- **Outdoor Education Chaperone Interest Form**
- **"What Parents Need to Know" a brochure that details this 3-day/2-night experience.**

The above items must be **completed** and returned to your child's homeroom teacher **by September 15th**. Please read through and discuss all materials with your child, as the safety and enjoyment of all who attend is of the utmost importance. Additional Forms and Information can be found on our website (pms.hcps.org/Outdoor Ed) and the NorthBay website (www.northbayadventure.org).

SOME THINGS YOU SHOULD KNOW ABOUT OUTDOOR EDUCATION:

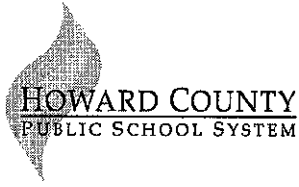
- Students will be spending the majority of their time outside. It is imperative that your child has proper clothing and footwear and any preventative steps for students with allergies should be put into place.
- Some activities will be physically strenuous but alternate activities can be arranged for students for whom this will be a problem.
- Adults will closely supervise all activities. Students should not leave their group for any reason, unless accompanied by an adult.
- Activities on or near the water will be monitored closely and strict water safety rules will be enforced.
- Parent chaperones will be expected to stay the entire 3 days and 2 nights.
- Parents/Guardians may be asked to pick up their child if his/her behavior jeopardizes their own or the group's safety. Refunds will not be provided in the event a student is removed from the trip.

Outdoor Education has traditionally been the highlight of the sixth grade year. Accordingly, we would like to take as many sixth graders as possible. If the cost of the trip presents a burden, please contact Ms. Sherry Brengle, Principal's Secretary, at 410-313-2848, as soon as possible so arrangements can be made on behalf of your student.

Should you have any questions or concerns about the trip, do not hesitate to contact us. Check the school website (pms.hcps.org/Outdoor Ed) and the Patapsco Knight, our school newsletter, for important updates. **More detailed information will be provided during our Back to School Night on September 14th at 6:30pm, as well as a room dedicated to answering specific questions provided throughout the evening.** Please save the date! We are counting on the cooperation of the students and the assistance of the parents and guardians to make the trip a success and thank you in advance for your interest and support.

Sincerely,

The Sixth Grade Team



PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Patapsco Middle School		
Destination:	NorthBay Environmental Learning Center		
Objective of the trip:	Science in a hand-on outdoor setting		
Class/Group:	Sixth Grade		
Departure date:	10/09/2017	Time:	8:30 a.m.
Return Date:	10/11/2017	Time:	12:30 p.m.
Bus Company:	Tip Top Bus Co. (410-379-2100) Bowen Bus Co. (410-489-9501)		
Public Transport:			
Cost per student:	\$ 175.00		
Checks payable to:	Patapsco Middle School		
Due Date:	September 15, 2107		
Meal Arrangements:	Family style (breakfast/lunch/dinner)		
Appropriate Attire:	Regular school attire/packing list provided		
Total # of Students:	220		
Anticipated Ratio of Chaperones to Students:	1:11		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight <input checked="" type="checkbox"/>	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: Regular School Day

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Ryan Pfoutz

Contact number: 410-313-2848

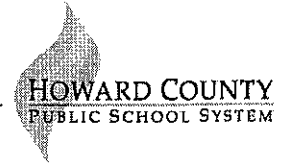
THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR _____ TO GO TO _____
(PRINT Student Name) (Destination)
 ON _____ I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.
 I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME _____ SIGNATURE _____

CHAPERONE PHONE NUMBER _____ CHAPERONE EMAIL: _____
 IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge



OUTDOOR EDUCATION PERMISSION SLIP SUPPLEMENT

I give permission for _____ to attend the Patapsco Middle School Outdoor Education Program at NorthBay Environmental Learning Center in North East, Maryland. I have read and understand all the information in the packet. I have discussed the information with my child and we support the need for our student to follow all rules and regulations at the facility. I understand that if my child's behavior interferes with the safe completion of the program, I will be contacted to pick him/her up at camp and a refund will not be provided.

Student Signature Date

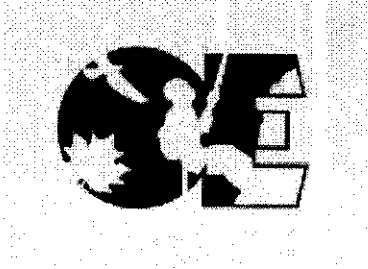
Parent/Guardian Signature Date

Did you include:

- A signed permission slip and parent/guardian request?
• NorthBay health information form?
• NorthBay consent/release form?
• Medication form/physician's order (if needed,)
• T-Shirt Size - (Select ONE and they are adult sizes)

___Small ___Medium ___Large ___X-Large

ALL FORMS ARE DUE ON OR BEFORE September 14th!



Outdoor Ed. Chaperone Interest Form

Due to overwhelming interest, chaperones will be selected using a lottery system. The lottery will take place after all student forms have been collected in order to know how many male/female chaperones are needed.

Please note the specifics of this commitment:

Dates: October 9 – 11, 2017
Attendance for all 3 days and 2 nights is required

Selection Criteria: Chaperones may be subject to a background check and must attend all training meetings

If you are interested in being a chaperone for this trip, please complete the form below and return to your child's homeroom teacher by Wednesday, September 13, 2017. Interest does NOT guarantee you will be a chaperone. All interested parties will be notified of lottery results as soon as student forms have been collected on September 13. There is no cost for chaperones.

Please print:

Name of parent/guardian _____ Gender _____

Student (s) name _____ Gender _____

E-mail: _____

Phone #: _____

Patapsco Middle School

September 5, 2017

Parents/Guardian of Patapsco 6th graders:

In preparation for the upcoming 6th grade outdoor education trip, we are sending home the NorthBay Health Information Form/Health Consent and Liability Release form. It is vitally important that these forms be completed in their entirety and signed. Please be sure to include ALL contact information. This is very important should the camp need to contact you for a medical emergency. This information form needs to be returned to the school by September 15th, 2017, so these forms can be submitted to NorthBay before the campers arrive.

If your child takes medication on a regular basis or needs emergency medication available to them (i.e. Epi-Pens & inhalers), there is a separate medication form that needs to be completed AND signed by your child's physician. The medication form has room for four (4) medications to be put on a single form. The camp can give your child a single dose of seven (7) over the counter stock medications each day during camp. Those OTC medications are listed at the bottom of the liability release form. If your child needs an OTC medication more often than one daily, the medication order form must be completed. Please visit <http://pms.hcpss.org/OutdoorEd> to download your medication form. A separate form is needed for each medication (you will find one enclosed in this packet). After the medication order form is complete, please bring it and the medication to the health room at PMS by Monday, October 2, 2017. Medications must be in original packing with appropriate and current pharmacy labels (if prescription). *We must* have the orders *and* medications at this time – No exceptions. A legal guardian must deliver medication to the health room.

If your child is prescribed a last minute medication (i.e. antibiotic), please let us know immediately so that we can arrange to obtain the proper orders from the doctor.

At NorthBay and as always with HCPSS, health and safety are of the utmost importance. Being informed and prepared will help your child have the best possible outdoor education experience.

We are providing you with this information early to permit ample time for you and your family to schedule an appointment and obtain signed medication orders, as needed, from your physician. Should you have any questions or concerns about medications or specific health related needs for your child during the outdoor learning experience, please contact our cluster nurse, Sally McCoy (sally_mccoy@hcpss.org).

Sincerely,

Cynthia Dillon
Principal



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: _____ **DATES AT CAMP:** _____

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address: City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted) Relationship to Camper:			Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery _____ <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> Allergy to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ <hr/> <div style="text-align: center; background-color: #e0e0e0;">Diet/ Nutrition</div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ <hr/>		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				



NORTHBAY HEALTH INFORMATION FORM

NorthBay At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Health Information Form be signed as a requirement to attend camp.

I represent that I am the parent or legal guardian of _____ (the "Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Information Form. I assert the information given on this Health Information Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.

In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.

I understand that my child will participate in outdoor and environmental education activities including but not limited to: ropes course, zip line, climbing wall, kayaking, canoeing, wading, fishing, and hiking.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

<input type="checkbox"/> Acetaminophen (generic for Tylenol)	<input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes)
<input type="checkbox"/> Ibuprofen (generic for Advil and Motrin)	<input type="checkbox"/> Loratadine (generic for Claritin)
<input type="checkbox"/> Calamine Lotion (for itching)	<input type="checkbox"/> Diphenhydramine (generic for Benadryl)
<input type="checkbox"/> Hydrocortisone Cream (for itching)	

I do not want over-the-counter medications given to my child

VIDEO/PHOTO CONSENT

I represent that I am the parent or legal guardian of _____ ("Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.

Signature of parent/guardian:	Date:
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Signature of parent/guardian:	Date:
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Persons authorized to pick up child other than parent or guardian:

I also understand and agree to abide with the restrictions placed on my camp activities as listed above.

Signature of minor/adult camper/staffer:	Date:
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(If camper is emancipated, proof must be provided prior to camp)

NORTHBAY ADVENTURE CAMP
MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication **MUST** be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ **Date:** _____

Prescribers Printed Name/Title: _____ **Telephone:** _____ **Fax:** _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

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

Signature of Camp RN: _____ **Date:** _____

Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS: THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
 2. Parent/guardian signature at the bottom of the Medication Authorization Form
 3. Physician signature at the bottom of the Medication Authorization Form
 4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
 5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
 - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
 - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
 - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
 - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
 - Please call the staff at the Wellness Center if you have any questions – (443) 674-9035

NorthBay

**What parents
need to know!
and other stuff...**

NorthBay Environmental
Learning Center
11 Horseshoe Point Lane
North East, MD 21901

(phone) 443-967-0500
(fax) 443-967-0501
www.northbayadventure.org

Things to know...

CABINS

Lodging is provided in one of 18 different cabins. Each cabin consists of 2 rooms, with 5 bunk beds each, for a total sleeping capacity of 10/room and 20/cabin. Inside the cabin, next to each room is a bathroom. Our cabins are heated and air conditioned, and separated by gender. **Males and females are NEVER allowed to be in or around a cabin of the opposite gender!** Students are NEVER allowed in the cabin without adult supervision. Each cabin will have at least one adult chaperone who will move throughout the week with that group from one activity to another.

***Bed linens are provided by NorthBay!**

***Towels and washcloths are NOT provided**

Introducing NorthBay

THE SCHOOL PROGRAM

At NorthBay, the outdoors is the classroom and it is spectacular! An education center devoted to hands-on environmental science in the field, the program will serve 350+ (primarily middle school) students, teachers and adult chaperones each week of the school year. The 5 day/4 night experience will combine exposure to exceptional leadership, character, and discovery in a high adventure setting. Class offerings are extensive and integrate the **Maryland Voluntary State Curriculum**.

OUTSTANDING LEARNING AND ADVENTURE OPPORTUNITIES...

✓ Enormous Waterfront	✓ Wet Lab on the Bay
✓ Kayaks and Canoes	✓ Weather Station
✓ Bird Platform	✓ Game Room
✓ Snack Bar	✓ Gymnasium
✓ Art Studio	✓ Zipline Tower
✓ 5+ miles of Hiking Trails	✓ High Ropes Course
✓ Camp Store	✓ Indoor and Outdoor Climbing Walls
✓ Sand Volleyball Courts	✓ Live feed aquariums

MEALS

Classes meet all over camp. On average, students spend 75% of their class time outside. Dressing in layers is recommended and boots are always a good idea as feet will be in wet areas during every season. **Students are expected to come to class dressed appropriately for any and all weather conditions.** During winter months, a warm jacket, hat, and mittens or gloves are essential to provide adequate warmth. Some form of rain gear is another essential during warmer months. Chaperones will know their schedule before the day begins and help students to prepare accordingly.

NorthBay takes time with meals and serves them family style to make them fun, full of surprises, relationship oriented, nutritious, and tasty. We can also accommodate special dietary requirements for your child assuming they are communicated in advance.

ACCESSIBILITY FOR ALL

The buildings, pathways, and activities at NorthBay are accessible to disabled persons. Students with special needs can participate in all activities, including our adventure courses. We encourage all students to attend and request to be informed of students with special needs.

Parents with additional questions can call NorthBay office Mon.-Thur. 8am-5pm, Fri 8am-3pm @ 443-967-0500 or visit www.northbayadventure.org

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

THOUGHTS ON POCKET MONEY...

\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$50. NorthBay recommends students bring no more than \$50 to camp, \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

MEDICAL SERVICES

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS

- The Health Information form is required for every child attending NorthBay. If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.

- All individual medications must be in their original containers, labeled for the student by the pharmacy.
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

PARENT NOTE: SAFETY & STAFF

At NorthBay safety is paramount. All of our class locations, adventure courses, and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked, & drug tested. We make the safety of your child our highest priority.

Parents are discouraged from visiting their children at camp for security reasons and because it can cause disruption and homesickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID, and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

PHONE CALLS

A NorthBay phone is available at certain times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home everyday of their stay.

NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons. Parents will be notified and children will be sent home, along with appropriate measures.

What to Bring to NorthBay...

Students and adults are responsible for bringing personal items and clothing appropriate for the season and the setting. We want your stay at NorthBay to be as pleasant and trouble free as possible. A suggested list follows...

Clothing

- 2 pairs of tennis or hiking shoes (one old)
- Shoes to wear in the water
- Sweaters/Sweatshirt
- Several changes of outer clothing
- Changes of inner clothing
- 5-6 pairs of socks
- Swimsuit (seasonal)
- Pajamas

Personal Gear

- Towel(s) & Washcloth
- Soap and Shampoo
- Toothbrush & Toothpaste
- Medications
- Writing materials
- Sunscreen
- Insect Repellent

Optional Personal Gear

- Flashlight
- Camera & film
- Store/money
- Water bottle
- Sunglasses
- Backpack
- Rain Gear and boots

Add for Winter Season:

- Winter Hat (ear muffs are not enough)
- 2 pr. mittens or gloves
- Long underwear
- Warm jacket

What NOT to Bring...

- Cell Phones **highly discouraged**
- Ipod/MP3/CD Players
- PSP/Gameboys
- Drugs, alcohol, cigarettes or weapons
- Skateboards