

## **Dear Parent**

Your child will soon have an opportunity to participate in a residential outdoor school program. Outdoor environmental education uses the natural world to give students a learning experience that can not take place in a classroom. The Natureø Classroom Institute program will help students understand the natural environment, participate in ecosystem exploration and study, and work together with their peers and teachers as a community. The program includes activities such as confidence-building group challenges, historical simulations, scientific explorations, and many more hands-on academic lessons. To learn more about us, go to our website at [www.nciw.org](http://www.nciw.org).

**Supervision and Staff:** Students are supervised 24 hours a day. Classroom teachers from your childø school accompany each visiting group. In addition, Natureø Classroom Institute has a permanent staff residing on-site consisting of the Executive Director, Education Director, and our environmental education instructors (1 for every 12 students). A medical administrative staff person is on-duty or on-call at all times.

**Health and Safety:** There is no requirement that students undergo a medical examination before attending Natureø Classroom Institute. The program is physically intensive, however, and you may wish to consult your physician if there are any health concerns that should be brought to the attention of the staff. Note any special concerns on the medical forms enclosed with this package. Please note that **signatures are required on our Medical Permission & Administration Form, whether or not your child is taking any medicines.** Medications must be turned into the school teachers before arrival at Natureø Classroom. They must be in original prescription medicine containers and must be labeled with your childø first and last name. Unidentified medicines can not be administered. The **Emergency Medical Authorization must be also be signed** as a requirement of participation in the NCI program.

**Food and Lodging:** Meals are prepared by our in-house cooking staff and are served family style. Special dietary needs should be noted on the medical forms. Vegetarian options are always available. Students, visiting teachers, and chaperones are lodged in winterized dormitories. Most rooms have private bathrooms. Parents are welcome to visit the site before or after the school visit, preferably mid-week. You must call ahead to set up an appointment. For security reasons, no unscheduled visitors are allowed on campus. All visitors must check in at the office to receive their visitorø badge and begin their tour. Please see our website for maps, directions, and other site information.

**Telephone and Mail:** The telephone is **not** available for the studentsøuse. Parents are asked not to call students **except in cases of an emergency.** The office telephone number is **(262) 363-6820.** Mail is greatly appreciated by students, but please allow **at least one week** for delivery. We will gladly hold any mail that arrives prior to the schoolø arrival. Please include the name of both the student and school to assist delivery.

**Send mail to:** Studentø Name, Schoolø Name, c/o Natureø Classroom Institute,  
P.O. Box 660, Mukwonago, WI 53149

## **Suggested Equipment List for Nature's Classroom Institute**

Please do NOT buy new clothes for your child to wear at Nature's Classroom. Send old clothes (i.e. "play clothes") that you don't mind your child getting dirty during outdoor activities. Clothes should be chosen for comfort and durability rather than style.

Particular care should be taken in supplying ample footwear and pants, as students frequently participate in activities in wet areas. Please make sure that personal items are clearly labeled with your child's last name (especially cameras). Contact us as soon as possible after your child's visit when reporting lost items.

In October to April, you may want to include winter clothing:

- gloves/mittens/scarf
- 2 winter hats (to alternate as they become wet with snow)
- good snow boots
- extra socks for double layers (or woolen socks)
- long underwear
- snow pants

Throughout the school year, please include the following:

- sleeping bag, bedroll, or sheets and a blanket
- pillow and pillowcase
- 3 pairs of jeans or durable pants
- 2 heavy shirts
- 1 light sweater (normal weight to heavy in winter)
- 1 sweater or sweatshirt (more in winter)
- 1 pair pajamas and robe
- 5 changes of underwear
- 1 light-weight jacket (heavy in winter)
- 8 pairs of heavy socks
- 1 pair of old sneakers
- 1 pair of waterproof boots (as needed seasonally)
- 1 raincoat or poncho
- 1 toiletry kit (soap, soap dish, shampoo, toothpaste and toothbrush, comb or hairbrush, plastic cup)
- towel and washcloth
- pre-addressed, stamped envelopes and paper (or postcards)
- pencil or pen
- insect repellent (as needed seasonally to please do not send sprays)
- disposal camera labeled with student's name (optional)

### **DO NOT SEND**

Knives (i.e. pocketknives), radios, flashlights, fishing & sports gear, electronic items (i.e. cell phones, game boys), candy, gum, food, or money

**Student Registration And Permission To Attend Form**  
My child has permission to attend Nature's Classroom Institute if Wisconsin Inc.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first)

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

If unable to contact us, please contact \_\_\_\_\_ Phone number \_\_\_\_\_  
.....

**Emergency Medical Authorization, Youth Waiver & Release of Liability**

In consideration of being allowed to participate in any way in Nature's Classroom Institute of Wisconsin, Inc. related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant have the right to inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Release, waive, discharge and covenant not to sue Nature's Classroom Institute of Wisconsin, Inc. its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- 4 All photos taken by Nature's Classroom Institute can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian and the Child's participating school.

**We, the undersigned, authorize and direct a physician on the medical staff at the Hospital used by Nature's Classroom Institute of Wisconsin, Inc. to treat and render medical service to our child listed below:**

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Relationship to student \_\_\_\_\_

*The above information is kept confidential by Nature's Classroom Institute. Information on these forms may be used to contact legal guardians for the express purpose of providing medical care as set forth in said form. No information contained in these forms shall be used for any other purpose and shall not be sold or given to any third party.*

## Medication Permission and Administration Form

Student's Name: \_\_\_\_\_

### Non-Prescription Medication Administration Authorization

Should your child become ill, get a headache, catch a cold, or have other minor medical or dental problems, do you give permission for the administration of non-prescription medication at the discretion of the Nature's Classroom Institute staff?

Yes \_\_\_\_\_ No \_\_\_\_\_

If needed, would you prefer Tylenol (check if so) \_\_\_\_\_ or another medicine (specify) \_\_\_\_\_ be administered?

**If no medications are being sent, simply indicate N/A below and sign at the bottom.**

**If medications are being sent, please fill in all lines (adding additional pages as needed) and sign at the bottom. When listing medications, please include vitamins and fluoride.**

*I hereby give permission for the staff of Nature's Classroom Institute to administer to my child the following medication(s):*

1. _____ (name of medication)	2. _____ (name of medication)
_____ (dosage/how much)	_____ (dosage/how much)
_____ (time medicine is to be administered)	_____ (time medicine is to be administered)
_____ (Why is this being administered?)	_____ (Why is this being administered?)

**Your child will not be allowed to keep any medication in his/her cabin or dormitory. Prescribed medications must be accompanied by a pharmacy label containing the Rx number, the name of the medication, the dosage, directions for administration, and the child's name. A copy of the doctor's prescription, or a signed letter from the parent/guardian, should be sent to clarify any discrepancies between the prescription label and the directions indicated above. All non-prescription medications must be in their original containers, clearly labeled with the child's name, the name of the medication, and directions for its use.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

*The above information is kept confidential by Nature's Classroom Institute. Information on these forms may be used to contact legal guardians for the express purpose of providing medical care as set forth in said form. No information contained in these forms shall be used for any other purpose and shall not be sold or given to any third party.*

### Student Home and Health Information

Student's Name: \_\_\_\_\_

Allergies and/or Chronic Diseases: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

1. Are there any restrictions on your child's activities? Please include any special health concerns (e.g. recent hospitalizations, fractured bones)

---

---

2. Please list any allergies (e.g. environmental, medication) and explain degrees of severity and current treatment.

---

---

3. Does your child have any special dietary needs (e.g. peanut allergy, lactose intolerance, gluten free diet, vegetarian/vegan)? If your child does have special dietary needs, please inform the classroom teacher prior to the trip so that we can do our best to accommodate them.

---

---

4. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at Nature's Classroom Institute? If yes, please explain.

---

---

## Medical Insurance Information

**This form will be returned to your child's school at the end of his/her visit to Nature's Classroom Institute**

**Student's Name:** \_\_\_\_\_

**Name of School** \_\_\_\_\_

### Insurance Information (please print)

**Insurance Company Name** \_\_\_\_\_

**Insurance Policy #** \_\_\_\_\_

**Group Policy #** \_\_\_\_\_

**Policyholder's Name** \_\_\_\_\_