



# Carroll County Outdoor School

Hashawha Environmental Center 300 John Owings Road Westminster, MD 21158

410-751-3301 | Nurse: 410-857-7932 | Fax: 410-857-7641



Gina C. Felter

Principal

gcfelte@carrollk12.org

Dear Parents:

The Board of Education of Carroll County will be offering an Environmental Education program at Hashawha Environmental Center, located on John Owings Road near Westminster. Students have the opportunity to attend the residential program with their classroom teachers. The cost per student will be \$\_\_\_\_\_. Please make checks payable to the school your child attends. Consider donating funds for students who are not able to cover their food costs for their week at Outdoor School. You can include any extra funds in your check. This money will be put into the Outdoor School Scholarship Fund and will be used to cover costs for students in need throughout our county.

Your child is scheduled to attend Outdoor School on the following dates: \_\_\_\_\_.

An open house has been scheduled on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ for parents/guardians to visit the Outdoor School.

*Our Vision* - We see our students as emerging adults, preparing for the future. They are environmentally aware and value natural systems. They possess the knowledge, skills and motivation to make responsible decisions and to take action.

*Our Mission* -

1. To assist students in acquiring and accessing relevant environmental information.
2. To assist students in developing effective decision making strategies.
3. To empower students to apply their knowledge and skills by providing positive environmental models and opportunities for action.

Below is a sample schedule of a typical day at Outdoor School:

7:15 a.m.	Wake up and begin cabin cleanup
8:00 a.m.	Breakfast
8:30 a.m.	Flag raising
8:50 a.m.	Cabin clean-up
9:15 a.m.	Instructional period -- one (1) of the following environmental investigations: watershed, wildlife habitats, wetlands, environmental history/impact, confidence course, wildlife simulation game, fresh water ecology, environmental action/service learning.
12:00 p.m.	Lunch
1:40 p.m.	Instructional period (see 9:15 a.m.)
4:00 p.m.	Shower and recreational time
5:00 p.m.	Dinner
6:40 p.m.	Journal time
7:30 p.m.	Evening Programs -- owl prowl, night hike, raptor program, campfire, astronomy, etc.
9-10 p.m.	Snack and Bedtime

To obtain additional information about the Outdoor School, please visit our website at <http://www.carrollk12.org/ods/>

Every precaution will be taken for the health and safety of your child. If you have any concerns regarding the health needs of your child while at Outdoor School, please contact the nurse at **410-857-7932**. In case of emergency, you may contact us at the same telephone number.

If you wish to write to your child, use the following address:

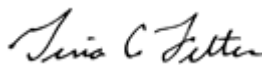
(Name of Child)  
Hashawha Environmental Center  
300 John Owings Road  
Westminster, Maryland 21158

You may want to send the letters at least one week before, to ensure that your child receives them while at Outdoor School. Please write the dates your child will be at ODS on the front of the envelopes.

Please help your child pack for success in bringing only those items required for their week at Outdoor School.

Please read all information, sign and return the necessary forms.

Sincerely,



Gina C. Felter  
Principal

### **Discipline Procedures**

**The Outdoor School provides a very unique opportunity for students to grow and to learn. Along with these opportunities exist unique challenges. The structure of the Outdoor School program is a significant departure from the traditional school setting.**

**In order to maintain a safe and orderly school environment, to maximize the educational opportunities for all students and to ensure that student behavior contributes to the success of the program, we have established clear procedures. These procedures will be consistently enforced with all students:**

- I. All Board of Education established policies will be maintained. This includes, but is not limited to, possible suspension for violations of policies relating to:**
  - **drugs / alcohol/medications**
  - **tobacco**
  - **violence toward student or faculty**
  - **possession of weapons, or other contraband**
  - **harassment / threats and foul language directed at staff or other students**
- II. Routine discipline is the domain of the Outdoor School staff and classroom teachers.**
- III. Disruptive behavior that is serious or persistent will be brought to the attention of the Outdoor School Principal.**
- IV. Behavior that requires the involvement of the administrator will warrant contact with the student's parent/guardian. The primary purpose of the contact is to assist the student in effectively modifying his/her behavior.**
- V. If the negative behavior continues, parents will be contacted and the student may be dismissed for all or part of the remaining program.**

## EQUIPMENT LIST

All clothing, reading materials, and small games are to be SCHOOL APPROPRIATE

### What to Bring

- Pillow
- Sheets and blanket or sleeping bag
- Four or five pairs jeans or pants
- Weather appropriate shirts
- Weather appropriate jackets
- Three pair of shoes:
  - ✓ 1 pair old **tie on** tennis shoes for wetland and stream study
  - ✓ 1 pair for hiking
  - ✓ 1 pair for use around camp
- Lightweight long pants for wetland study
- Eight - ten pairs of socks (knee-high, not just ankle socks)
- Raincoat
- Underwear
- Sleepwear
- Hats, gloves, winter underwear during cold weather weeks
- Boots for wet ground and snow \* Note: We have knee-high rubber boots in all sizes for students to use.
- Nylon/waterproof jogging pants or snow pants (in winter)

#### Bathroom articles:

- toothpaste and brush
- soap and shampoo
- non-aerosol deodorant
- bath towels /washcloths
- comb/brush
- Crocs or flip-flops for shower (optional)
- Water bottle
- Chap stick
- Pencils
- Large plastic bags for wet/dirty clothes with the student's name on the bag**

### Optional

- Hats (not worn in buildings)
- Small games – NO ELECTRONICS
- Kleenex
- Reading material
- Stationery and stamps
- Disposable camera (LABEL WITH NAME)
- Hair dryer
- Bath robe

### ***IN SEASON:***

- Shorts (school appropriate)
- Sun Screen (requires medical order if it contains DEET)
- Hand/foot warmers
- Non aerosol insect repellent

### What Not to Bring

- Money
- Cell phones
- Clothing inappropriate for school
- Flashlights, book lights
- Electronic devices
- Anything requiring a battery (except watches)
- Matches
- Knives
- Aerosol cans
- Laser pointers
- Toy guns or weapons
- Food, drinks, candy, gum

**Please put your child's name on all personal belongings**

## OUTDOOR SCHOOL STUDENT SERVICE LEARNING IDEAS

Below please find a list of ideas for student service learning projects that may be used to earn 10 hours toward your Service Learning Graduation Requirement. These are only suggestions. It would certainly be appropriate to develop your own plan and project based upon your particular interest, expertise, parental involvement, home location, and need.

- a) Re-vegetation /Tree or shrub planting
- b) Grass plantings in erosion areas
- c) Placement of erosion bars
- d) Bike Week/Energy Conservation Week
- e) Butterfly garden/meadow
- f) Evaluating and implementing water conservation techniques
- g) Re-vegetation along a stream or pond
- h) Survey of household pollutants and implementing alternatives
- i) Survey of household water use and water drainage
- j) Development and implementation of compost pile
- k) Stream / pond clean up
- l) Planning and modifying energy usage at home
- m) Letter writing campaign to support/reject legislation. Many important environmental laws are being revised by state and federal legislatures.
- n) Install conservation devices to reduce water flow in sinks and toilets
- o) Survey of schoolyard habitat features
- p) Survey bicycle usage
- q) Construction and placement of bird houses
- r) Environmental letter to a newspaper editor
- s) Wetland / water garden project

**REMINDER:** Students must return their completed Reflection Form by October of their 7<sup>th</sup> grade year in order to earn the 10 additional service learning hours for projects done at home following Outdoor School. The Reflection Form must be returned to the home school Student Service Coordinator. This form is the last page in the students Outdoor School journal.

### **EXAMPLES OF DIRECT, INDIRECT AND ADVOCACY:**

**DIRECT:** Provide proper habitat for specific species of birds.

**INDIRECT:** Assist nature center in surveying types of birds visiting center feeders.

**ADVOCACY:** Write a pamphlet or letters to the newspaper informing them about your findings.



## Carroll County Outdoor School Bed Bugs Info Sheet

Bed bugs are found everywhere across the globe including, hotels, libraries, movie theaters and hospitals. They are not a sign of a lack of cleanliness and they are not known to spread disease. Yes, bed bugs are annoying and have been found at Hashawha. Each time they have been detected here at Hashawha, it has been localized to one bunk bed, in one bunk room, in one cabin. Bed bugs do not fly or jump and typically stay within 8 ft. of sleeping areas. They are masters of fitting into tight spaces and are usually found in the seams of mattresses and in bedding. They will travel in the seams of bags from one area to another. The safety of the students who attend Outdoor School is of the utmost priority. In the event that bed bugs are detected at Outdoor School, these are the steps that the staff will take to ensure student safety:

1. All students will be moved from the affected area immediately.
2. As these students are moved into another bunk room, we will provide additional bedding so that bed bugs are not relocated. All of the students' gear from the affected bunk room will be treated.
3. All of the parents of the students attending Outdoor School that week will be notified by the principal using the CCPS messenger system. The parents of the students who are staying in the affected bunk room will be called personally by the Outdoor School principal.
4. The pest control company that Hashawha utilizes will be notified and the affected cabin will be heat-treated prior to other students using that cabin in the following weeks. We will also have the detection dog inspect the gear and other cabins during the week when possible and if any other bed bugs are detected, parents will be notified.

Preventing the spread of bed bugs is our second priority. As a precaution, you may want to treat all of your child's gear and bedding before bringing it into your home. It is a good idea to pack all of your child's items in bags that can be treated as well, meaning duffel bags and book bags that can go into the clothes dryer. High heat in the clothes dryer for 50 minutes will kill any unwanted passengers, so laundering all of the materials is a proactive way of ensuring they do not enter your house.

We will do all that we can to ensure the safety of your child while they attend the Outdoor School and to prevent the spread of bed bugs to your home. We will also deal with the issue so that it has minimal impact on the students' Outdoor School experience. Please contact the principal @ 410-751-3301 or [gcfelte@carrollk12.org](mailto:gcfelte@carrollk12.org) if you have any further questions about bed bugs.

For more information, you can check out these websites:

Frequently asked questions about bed bugs (Center for Disease Control)

<http://www.cdc.gov/parasites/bedbugs/faqs.html>

Bed Bugs: Get Them Out and Keep Them Out (EPA)

<https://www.epa.gov/bedbugs>

Bed Bugs Fact Sheet: Maryland Department of Health and Mental Hygiene

[https://phpa.health.maryland.gov/IDEHASHaredDocuments/Bed\\_Bugs\\_Fact\\_Sheet\\_Maryland\\_DHMH.pdf](https://phpa.health.maryland.gov/IDEHASHaredDocuments/Bed_Bugs_Fact_Sheet_Maryland_DHMH.pdf)

**\*\*\*THIS PAGE REQUIRED\*\*\***

## Emergency Contact and Parent Permission to Attend Outdoor School Form

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### PERMISSION

Participation in the Outdoor School Program will include three hikes per day (one of which is after dusk). It may also include a local service project requiring a short bus trip off of the Hashawha property. All trips are taken on an approved carrier and chaperones are in an adequate ratio to students. Registered nurses are on duty 24 hours a day while the students are in residence at Outdoor School.

I have reviewed the information and give permission for \_\_\_\_\_ (student's name) to attend the Carroll County Outdoor School. This includes permission to transport my child, including to the doctor or hospital for treatment if the Outdoor School staff is unable to contact me. I believe that all necessary precautions will be taken to ensure the safety of my child. Please be advised that students are not permitted to bring phones and/or other personal electronic devices to Outdoor School.

➤ **Signature of Parent/Guardian:** \_\_\_\_\_

### EMERGENCY CONTACTS

The school board assumes no medical expense for any child. If you do not have personal health insurance, the board recommends school insurance that covers accidents while your child is at Outdoor School. If your child becomes ill or an accident occurs, we would first call parent or guardian at above numbers. If unable to contact the parent at above number, we should call the persons listed in the following order:

1. \_\_\_\_\_  
Name Relationship Phone
2. \_\_\_\_\_  
Name Relationship Phone
3. \_\_\_\_\_  
Name Relationship Phone

**\*\*\*THIS PAGE REQUIRED\*\*\***

## Medical Information

Please complete all blanks carefully. This information will be treated as confidential. If there is a change in your child's health status after the forms have been turned in, or you need to provide additional information about your child, please attach a separate sheet or notify the Outdoor School Nurse at 410-857-7932.

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of healthcare provider: \_\_\_\_\_ Phone # of healthcare provider: \_\_\_\_\_

**To provide the best care for your child and to protect him/her from embarrassment, please check the appropriate response. Please explain any "yes" answers.**

### Does your child:

1. Yes  No  Need to follow a program of limited activity?  
- Explain \_\_\_\_\_
  2. Yes  No  Have any nervous habits, fears or behaviors?  
- Explain \_\_\_\_\_
  3. Yes  No  Have allergies to medications? - Name of medication \_\_\_\_\_  
- Type of reaction \_\_\_\_\_
  4. Yes  No  Have allergies to insect bites?  
- Is the reaction? Mild  OR Severe   
- Medication given \_\_\_\_\_  
- Explain type of reaction \_\_\_\_\_
  5. Yes  No  Have allergies to plant poisons (i.e.: poison ivy, poison oak, etc.)  
- Is the reaction? Mild  OR Severe   
- Medication given \_\_\_\_\_  
- Explain type of reaction \_\_\_\_\_
  6. Yes  No  Have allergic reactions or intolerances to foods?  
- What foods? \_\_\_\_\_  
- Ingestion  Contact  Air   
- Is the reaction? Mild  OR Severe   
- Medication given \_\_\_\_\_  
- Explain type of reaction \_\_\_\_\_
  7. Yes  No  Have dietary restrictions based on health or religious practices?  
- Explain \_\_\_\_\_
  8. Yes  No  Have seizures - Type? \_\_\_\_\_  
- If "yes", date of last seizure \_\_\_\_\_
  9. Yes  No  Wet the bed? - How Often? \_\_\_\_\_
  10. Yes  No  Sleepwalk? - How Often? \_\_\_\_\_
  11. Yes  No  Have asthma? - Comments \_\_\_\_\_  
- If "yes", does he/she use an inhaler? Yes  No
  12. Yes  No  Have any other chronic health conditions or syndromes?  
- Explain \_\_\_\_\_
  13. Yes  No  Take daily medication?  
- Comments \_\_\_\_\_
- \*\*\*If "Yes", medication consent *MUST BE* properly filled out. (please see next page)**
14. Yes  No  Need assistance with going to the restroom, changing their clothes, and/or showering?  
- Comments \_\_\_\_\_

**\*\*THIS PAGE REQUIRED\*\***

## **Medication Consent**

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Students may complain of mild pain, rash, indigestion or stomach ache during Outdoor School. Tylenol, Benadryl, Motrin, and Tums may be given on an "as needed" basis with your permission(per CCPS nursing protocol). ***We have the medications listed below.***

**Please check the medications that you are allowing us to administer:**

- **FOR MILD PAIN:**            Acetaminophen/Tylenol       Ibuprofen/Motrin
- **FOR RASHES:**            Calamine lotion       Diphenhydramine/Benadryl
- **FOR INDIGESTION AND STOMACH ACHE:**      Tums

**I do not wish for my child to receive any of these medications.**

Comments:

---

### **Parent Permission to Administer Medications:**

I authorize and request representatives of the Outdoor School to administer the medications listed above which are approved for Outdoor School use and in doing so, relieve them of any responsibility for ill effects from said administration to my child.

- **Signature of Parent/Guardian:** \_\_\_\_\_  
(required for Outdoor School staff to give medications listed above)

### **Instructions regarding prescription and over the counter medications to be given at Outdoor School:**

- All medications, prescription and over the counter require a healthcare provider's order. (This includes vitamins and homeopathic/herbal medications) **No medications will be given without an order.**
- Medications sent to Outdoor School must be in the original prescription bottle or package, labeled specifically for the student. The prescription label on the medication must match the authorized prescriber's order. **Unlabeled or improperly labeled medications will not be given.**
- Medications are to be placed in a bag clearly marked with the student's name and turned in to the home school nurse.
- Send only enough medication for the week.
- The medication containers and unused medications will be returned to the home school nurse and can be picked up when your child returns home from Outdoor School.
- **Please do not send any medications in the student's luggage. Students may not transport their own medications.**



**\*THIS PAGE REQUIRED FOR STUDENTS RECEIVING ANY MEDICATION\***

## **Carroll County Outdoor School Medication Form**

This form is to be completed and signed by the authorized prescriber and signed by a parent/guardian for all medications to be given at Outdoor School. This includes both prescription and over the counter medications, except those listed on the previous page. **All medications and orders on file at your child's school will be forwarded to Outdoor School for the week they will be attending.**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_

ODS Use Only	Time	Monday - _____	Tuesday - _____	Wednesday - _____	Thursday - _____	Friday - _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_ Healthcare Provider Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Nurse Signature Initials Nurse Signature Initials

\*\*\*\*This form only needs to be completed if your child has a chronic or acute medical condition or recent injury that may limit participation in the activities at the Outdoor School. Examples: (child is on crutches due to an injury, has shortness of breath due to a lung or heart condition, is unable to walk long distances, etc.) If your child has any of these or other restrictions, a healthcare provider must complete this form. Any questions, please call the Outdoor School Nurse at 410-857-7932.

## Medical Release/Informed Consent to Participate in Outdoor School at Hashawha Environmental Center

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Healthcare Provider : \_\_\_\_\_ Healthcare Provider Phone Number: \_\_\_\_\_

The Outdoor School experience is very different from the traditional school setting. The students attend the Outdoor School Program typically from Monday morning through Friday afternoon. This includes sleeping overnight each night. A registered nurse is on duty while students are in residence.

The week is physically demanding and challenging due to the nature of the curriculum. The students participate in hikes over hilly, uneven terrain with many obstacles such as tree roots, etc. typical of the forest floor. Night hikes are part of the curriculum. The students also hike through and around water and mud, weather permitting.

Activities include but are not limited to rope climbing/swinging at a moderate level, running, and climbing hills.

Medical concern or injury \_\_\_\_\_

\_\_\_\_\_ The student may participate in **ALL** Outdoor School activities without restrictions.

\_\_\_\_\_ The student may participate in Outdoor School activities with the following limitations:

---

---

---

---

➤ **Authorized Prescriber Signature:** \_\_\_\_\_

➤ **Parent/Guardian Signature:** \_\_\_\_\_



# Carroll County Outdoor School

Hashawha Environmental Center 300 John Owings Road Westminster, MD 21158

410-751-3301 | Nurse: 410-857-7932 | Fax: 410-857-7641



Gina C. Felter  
Principal

gcfelte@carrollk12.org

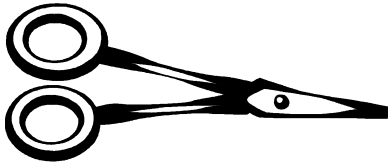
Dear Parent / Guardian:

I recognize that as parents you may juggle your child's schedule in order for him/her to participate in the full week of the Outdoor School program. On the other hand, occasionally there may be an event or an appointment that your child cannot miss, or you may want your child to be a day student only. Please use the bottom tear-off to advise the staff of Outdoor School if you intend to pick up your child for any reason.

If your child will be a day student, please contact the nurse's office at 410-857-7932 to discuss a time for your child to be picked up each day. We try to set up times for pick up so that they are convenient to you, and do not disrupt scheduled classes.

Sincerely,

Gina C. Felter  
Principal



Dear Outdoor School Staff:

I will need to pick up my child, \_\_\_\_\_, from Outdoor School  
*(child's name)*  
on \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_.  
*(date) (time) (situation)*  
My child will return to camp at approximately \_\_\_\_\_.  
*(time)*

I will sign my child out at the main office at the pickup time listed and sign him/her back in upon returning. I understand that if an appointment keeps my child away from camp past 9:00 p.m., he/she will need to go home for the evening and return to Outdoor School the following morning.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date