

Bean Elementary School

Western School District

Michael A. Ykimoff, Principal
Christina Miller, Secretary
3201 Noble
Spring Arbor, Michigan 49283

Phone 517-841-8400
Fax 517-841-8804

September 8, 2017

Dear Parents of Fifth Graders,

Students from Bean, Parma, and Warner will soon be traveling to fifth grade camp at Mystic Lake. Mystic Lake is located 15 minutes west of Clare, Michigan, and is nestled among 600 acres of lakes, trails, and trees. For nearly 20 years now, our students have enjoyed the many excellent outdoor activities the YMCA staff has provided at Mystic Lake. This three-day experience—which includes two nights—is unquestionably one of the highlights of the entire year for our fifth grade students. **BEAN STUDENTS WILL BE AT CAMP FROM WEDNESDAY, OCTOBER 18, TO FRIDAY, OCTOBER 20.**

Due to budget constraints, the district is unable to provide financial support for fifth grade camp. The cost per student—including transportation—is \$80. While we enjoy strong financial support from our PTA, it is necessary for us to ask parents to contribute \$80 toward the cost of camp for their child this fall. Keep in mind that **no child** will be deprived of the Mystic Lake camp experience for financial reasons. We will find a way for ALL Western elementary students to experience fifth grade camp. (Our PTA has designated funds to support families in need.)

Please fill out the information below and have your child return it, along with a check, to Mrs. Miller in the school office. Please make checks payable to **Western School District**. Upon request, we will send a receipt home with your child. IF you wish to contribute more than \$80, feel free to do so. Your generosity is greatly appreciated. All additional funds will go toward paying camp fees for students whose families may be experiencing financial difficulties.

Please fill out the appropriate line and return the bottom portion of this form to school with payment.

Student Name: _____

_____ I am enclosing a check for \$80 to pay for my child's fifth grade camp experience

_____ I am enclosing a check for \$ _____ to help pay for my child's fifth grade camp as well as to help support other families who may have financial difficulties

_____ I am unable to contribute \$80 but can contribute \$ _____ toward my child's fifth grade camp experience*

_____ I am unable to make any financial contribution for my child's fifth grade camp experience*

***Remember, parents, that ALL children will go to camp regardless of their parents' ability to pay. Whether you are able to make a partial contribution or no contribution at all, your child will go to camp.**

5TH GRADE CAMP BRING ALONG LIST

(Be sure EVERYTHING is marked on the outside with a name or initials)

FOOD Sack lunch for the first day only! No glass containers. No other food of any kind allowed.

BEDDING

Sleeping Bag or Blanket & Sheet
Pillow and pillow case if desired

OPTIONAL

Bathing suit for shower
Disposable camera w/name
Insect Repellent?
Reading book
Sandals for shower

CLOTHING

Pajamas
Daily change of underwear
2 pair of socks for each day
Shoes
Waterproof Boots
Heavy and light shirts
Warm jacket
Raincoat or poncho
Daily change of jeans or pants
Plastic Bag for dirty and wet clothes

DO NOT BRING

Cards
Food
Cosmetics or Hair Care Products
Money
Electronics: bus ride only - MARK WITH NAME

PERSONAL ITEMS

Bath towel and washcloth
Comb or brush
Kleenex
Flashlight
Soap/Shampoo
Toothpaste and toothbrush
Cabin leaders should bring alarm clocks

MEDICATIONS

ALL MEDICINE MUST BE TURNED IN TO TEACHERS
WITH FULL WRITTEN INSTRUCTIONS IN ORIGINAL
CONTAINERS BEFORE LEAVING ON TRIP. MEDICATION
WILL BE RETURNED AT END OF TRIP.
(Must be noted on health form as well.)

ALL ITEMS SHOULD BE PACKED IN ONE BAG OR SUITCASE. SLEEPING BAG AND PILLOW SHOULD BE INSIDE A LARGE PLASTIC BAG. CHILD'S NAME ON OUTSIDE OF ALL.

Please keep in mind that this will be an OUTDOOR EDUCATION EXPERIENCE. Your child will be outside except in cases of EXTREME weather. Prepare with proper clothing for outdoor activities.

*****Signed STUDENT HEALTH FORM must be turned in to attend camp.*****

If parents would like to send mail to students while at camp, it should be mailed 3 DAYS early to assure delivery. It is most helpful if it is addressed:

Name of Student
Name of School
Mystic Lake YMCA Camp
PO Box 100
Lake, MI 48632

Phone: (emergency only) (989)544-2844

The telephone is answered by staff. Students are in outdoor activities throughout the day, and are not easily available for telephone calls. IMPORTANT messages will be relayed as promptly as possible and children may return the call, collect.

WESTERN 5TH GRADE OUTDOOR EDUCATION CAMP HEALTH FORM

(This form **MUST** be returned to school in order to attend camp.)

Name _____ School _____

Medical Information past or present (please check if appropriate):

Seizures	___	Heart Defect/Disease	___	High Blood Pressure	___
Asthma	___	Hypoglycemia	___	Bedwetting	___
Diabetes	___	Hayfever	___	Sleepwalking	___
TB	___	Allergy to Bee Stings	___	Hearing Loss	___
Ulcers	___	Sting Kit?	___	Penicillin Allergy	___
ADHD	___	Insect/Animal Allergies	___	Other Med. Concerns	___
Hemophilia	___	Poison Ivy/Oak	___	Other Drug Allergies	___
Food Allergies	___	Other Allergies	___	Other Concerns	___

*For each CHECK, please explain. **For a YES to an allergy list allergy and reaction.

MEDICATIONS

Please list below all medications being brought to camp. This form gives permission to the school staff to administer all medications as prescribed by the child's doctor.

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINERS AND MUST BE TURNED IN TO THE TEACHERS AT SCHOOL BEFORE LEAVING FOR CAMP.

<u>Medication</u>	<u>Dosage/Frequency</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***For Western Schools to administer any PRESCRIBED medication, all provisions of the medication policy must be met. Any NON-PRESCRIPTION ITEMS sent from home (Tylenol, vitamins, cold medicine, etc.) to be administered to a student must be in the original container with written instructions for administration.

Does your child have any other serious medical problem? If yes, please explain. _____

Date of last Tetanus shot? _____

Important: Parent's Authorization...Signature required for camp attendance.

This health history is correct so far as I know, and the person herin described has permission to engage in all camp activities except as noted. I certify that the camper is mentally and physically prepared for such an experience, and I understand that medical injury insurance coverage is the responsibility of the parent or guardian. I also understand that the parent/guardian is fully responsible for the camper's transportation home if she/he is dismissed for disciplinary, behavior or medical reasons. I understand that such dismissal is at the sole discretion of the school staff. School policies, procedures, rules and regulations are in effect during the entire excursion. I hereby give permission to the Western School District to secure emergency and routine medical care for the student named above while attending the Outdoor Education Camp. I absolve the Western School District and all of its employees of any and all liability, financial and/or otherwise arising from administration of medication to my child under the terms of this release. The Western School District is not responsible for payment of any medical expenses incurred during participation in the Outdoor Education Camp.

Parent/Guardian Signature _____

Date: _____