

BCS 5/6 OVERNIGHT CAMP 2016



May 31, 2016

Dear Parents and Families,

5/6 overnight camp will take place September 14-16, 2016. We are excited to offer the most meaningful, educational, and stimulating camp experience ever. Here are the details:

Who: All 5/6 Students in the 2016-2017 school year

What: Overnight Camp at Camp Michindoh

Where: Hillsdale, Michigan (just over a two hour drive from BCS)

Facilities: Modern cabins with indoor plumbing

When: Wednesday – Friday, September 14-16, 2016. We will leave BCS on Wednesday morning at 8:30a.m. and return in time for Choice Hour on Friday.

How: Students will travel by charter bus. Adult chaperones will travel in their own private cars.

Why: To learn and grow in a natural setting.

Cost: \$174.00 per student

\$30.00 per adult chaperone (We need 44 chaperones to stay for the entire camp experience)

No child will be denied participation for financial reasons. Please contact Mr. Morawski at mmorawski@birmingham.k12.mi.us or 248-203-4428 if you would like financial assistance.

What you need to do now: Fill out the attached Permission Slip and the Michindoh form -**EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION**. Please return both completed forms with your check for the appropriate amount to the BCS main office, attn: Nancy Best by **Tuesday, June 7**. Checks should be made payable to BCS.

Mark your calendar: A camp information meeting will be held at BCS on Thursday, September 8, 2016. The Outdoor Education School Director at Camp Michindoh will be at BCS to answer your questions.

Medication Roundup will be on Monday September 12, 2016, 8am-6:30pm. All medication must be given directly to Nancy Best in the BCS office. Please note that medication will be dispensed by the Camp Michindoh camp staff, not by BCS staff.

Any questions, please contact Tammy Brown at tbrown@birmingham.k12.mi.us or Vicki Lowery at vlowery@birmingham.k12.mi.us.

Permission Slip for BCS 5/6 Overnight Camp September 14-16, 2016

_____ I give permission for my child _____ to attend 5/6 Overnight
(print child's first and last name)
Camp from September 14-16, 2016 at Camp Michindoh in Hillsdale, MI and to travel by bus

_____ I DO NOT give permission for my child _____ to attend 5/6
(print child's first and last name)
Overnight Camp. I understand my child will be given alternatives assignments at BCS on
September 14-16

Parent's Signature _____

Date _____

Child's Name _____
(print child's first and last name)

2015-16 Homeroom/Academic Lab Teacher _____
(please print)

Parent's Name _____
(please print)

_____ I would like to serve as a chaperone. I realize I will spend the night at camp with children in their
cabin and supervise them both during the day and overnight.

My Name _____
(please print)

My email address _____
(please print)

The best phone number to contact me at is _____

SCHOOL NAME: **Birmingham Covington School**

Dates Attending: **September 14-16, 2016**

EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION

Students Name: Last: _____ First: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Sex: _____ M _____ F Home Phone: _____
Parent or Legal Guardian(s): Name(s) _____
Work Phone # (Dad): _____ Work Phone # (Mom): _____
Cell Phone # (Dad): _____ Cell Phone # (Mom): _____
Emergency Contact (If Parent or Guardian cannot be reached):
Name : _____ Relation to Student: _____ Phone: _____
Medical Insurance Company: _____
Policy number: _____

Michindoh maintains a supply of commonly used over-the-counter medications for first aid treatment. Please do not send bottles of Tylenol, Advil, Cough drops, Band-Aids, etc. We highly recommend sending specific over-the-counter medications if your child can only have a specific brand due to allergies or medications that your child takes regularly such as vitamins.

Due to Federal & State Law ALL medications must be in their original packages and be in the name of the student taking the medication. i.e. prescriptions in the prescription bottle, Tylenol in the Tylenol bottle, herbs in the bottle they were bought in. All prescription medication must have the prescription label. If you have an inhaler, the box must come with it. ***We CAN NOT give the prescription medication without the label.*** If the dose or times have changed from the label on the bottle, we must have a note with the changes on it and the doctor's signature.

ALL MEDICINE MUST BE IN THEIR ORIGINAL CONTAINERS.

Please list any medications that your child will be taking while at camp:

Name of Med	Dose	Reason for Med	When taken
example: Accolate	1 pill 2X a day	Asthma	Breakfast, Dinner
_____	_____	_____	_____
_____	_____	_____	_____

If you need more room for the medications or health history, please use the back side. Thanks!

Health History: (please check if applicable)

- ___ Convulsions/Seizures
- ___ Frequent ear infections
- ___ Heart trouble
- ___ Headaches-mild
- ___ Bedwetting
- ___ Behavioral disorders
- ___ Bleeding/Clotting disorders
- ___ Diabetes
- ___ Asthma
- ___ Wheezing
- ___ Migraines
- ___ Sleepwalking
- ___ Emotional disorders

Allergies:

- ___ Bee Stings - treated with _____
- ___ Poison Ivy (severe reaction)
- ___ Seasonal /Hay fever
- ___ Environmental
- ___ Animal(please list) _____
- ___ Food (please list) _____

Medication Allergies (please list) _____

Please list any other potential health problems: _____

Immunization History:

Immunizations up to date according to your state requirements: ___ YES ___ NO Date of last Tetanus Booster: _____

REQUIRED FOR EACH YOUTH CAMPER: I HEREBY GIVE PERMISSION TO MICHINDOH, LICENSED BY THE STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT. ALSO TO PROVIDE ROUTINE, NON-SURGICAL MEDICAL CARE FOR THE MINOR CHILD NAMED ABOVE WHILE ATTENDING CAMP. I RELEASE ALL PHOTOS, VIDEO AND AUDIO TAPES OF MY CHILD TO MICHINDOH FOR PROMOTIONAL PURPOSES SUCH AS BROCHURES, VIDEO, WEB PAGES, ETC.

I certify that this information is true to the best of my knowledge.

Parent or legal guardian signature

Date