



PARENT LETTER

Dear Guardian,

McDowell Environmental Center's philosophy is to teach students in the great outdoors and give them a lifetime of memories and experience. Your child will be learning through hands-on environmental science classes, seeing nature up close in a 1,140-acre outdoor classroom. Our instructors have been trained in a student-centered, experiential approach to teaching and are passionate about sharing the natural world with students and adults. We would like to mention a few important items worth emphasizing about your child's upcoming visit to ensure their safety and comfort while away from home.

Appropriate Clothing: We offer hands-on science and team building classes, so we spend most of our time outdoors, even in the rain and cold. Please help your child be prepared with appropriate clothing, as indicated on the "Bring-Along List." In truly inclement weather, we have ample indoor teaching space.

Health and Waiver Form: We have a full time onsite RN here to help keep your child safe and healthy. For your child's well-being, please complete the online Health and Waiver Form once you receive the link from your teacher. *Anyone without a completed form may not attend our program or participate.*

Medications: All medicines must be in their original containers. Please remember that you must provide any over-the-counter medicines you anticipate your child may need. Please **ONLY** send the amount needed for the trip.

Rescue Medication Authorization & Medicine Packing Sheet: If your child requires rescue medication to be with them at all times (epi pen, inhaler, etc.), you must have a licensed healthcare provider fill out the [form below](#). Additionally, any medications being sent to camp, must be labeled and listed on the [below packing sheet](#) and on the medication section of the online health form. The printed packing sheet and all medications should be placed in a zip-lock bag with your student's name on it and given to their teacher.

Dietary Needs: Three meals a day are prepared by our talented food service staff and served family style in Eppes Dining Hall. Our food receives the highest reviews! **The following dietary needs can be accommodated with indication on the health form: vegetarian, vegan, no pork/beef, dairy-free, and gluten free (*not celiac-safe).** Additional allergies and dietary restrictions cannot be accommodated.

→ If you need to pack meals or supplemental foods to ensure your student's safety, please contact pc@campmcdowell.org and we'll get you more information. **Cross-contamination is possible*

Your child's school teacher will send home all the information. The teachers from your school will select chaperones for the trip. If you have any questions regarding our program, staff, or facilities, please feel free to call us or [visit our website](#).

Meredith Donaldson (she/her), Director
Kim Corson (she/her), Assistant Director

pc@campmcdowell.org
205.387.1806 ext. 108

PACKING LIST

Please carefully look over the following checklist and check each item as it is packed. Here are some helpful hints for packing:

- Limit packing to one suitcase or duffel bag and a rolled up sleeping bag
- You will carry your belongings from the bus to your cabin
- Put your name on everything
- Bring OLD clothes and shoes as you may get wet and muddy
- Pack a raincoat or poncho (and warm clothes if applicable) as our classes are held outdoors rain or shine

Required

- ☐ 2 Water Bottles
- ☐ Raincoat or Poncho
- ☐ 4 pairs of socks
- ☐ 2 pairs of closed-toes shoes (**no Crocs!**)
- ☐ 3 pairs of underwear
- ☐ 3 shirts
- ☐ 2 pairs of long pants
- ☐ 3 pairs of shorts
- ☐ Sweatshirt or Fleece
- ☐ Pajamas
- ☐ Towel & wash cloth
- ☐ Soap, toothbrush, & other toiletries
- ☐ Sleeping bag and Pillow
 - ☐ Or sheets & blankets - single bed
- ☐ Sunscreen
- ☐ Small backpack

Optional Additions

- ☐ Hat & sunglasses
- ☐ Flashlight & extra batteries
- ☐ Camera
- ☐ Souvenir money - we only accept **cash**
- ☐ Sandals for shower
- ☐ Journal and pen/pencil
- ☐ Bug repellent (non-Deet only)
- ☐ Chapstick

Do NOT Bring:

- X Crocs or flip flops for outdoor use
- X Cell phones
- X Smart devices (watch, iPad, etc)
- X Handheld video games
- X Hair dryers, straighteners, or curling irons
- X Illegal substances
- X Weapons, knives
- X Gum, food, candy, or beverages
- X Nail polish
- X Sharpies, crayons, or markers

Cold Weather Additions

Wool and synthetic clothing work best!

- ☐ Warm hat/beanie
- ☐ Warm gloves
- ☐ 2 pairs of thick socks
- ☐ Long underwear/thick tights
- ☐ Long-sleeve shirt or sweatshirt
- ☐ Heavy and warm jacket
- ☐ Winter or warm boots

Medication/Medicine

- ☐ All medications must be turned into the Nurse (in original container) in a ziplock bag with the [medication packing sheet](#) (see below)



Medicine Reminder

Please print and send to parents

- Medicines at Camp McDowell are subject to the same rules as medicines brought to school for administration by the school nurse
- Scheduled medicine times are: Before Breakfast, After Breakfast, After Lunch, Canteen, After Dinner and Evening Snack
- Prescription medicines **MUST** be in their original containers and have a label containing:
 - o Student Name
 - o Name of Prescription Drug
 - o Strength of Prescription Drug
 - o Administration directions ("give as directed" is **NOT** acceptable)
 - o Parents must indicate what time medication is to be taken
- Parents/Guardians **must provide any over-the-counter medicines** they anticipate their child may need. OTCs must be in the original, unopened, and sealed container.

→ If your child requires an Epi-Pen, inhaler, or other **rescue medication** be kept around them at all times while at Camp, please have a provider fill out the **Rescue Medication Authorization Form** below

If you have any additional questions about medication, please contact

Jamie Camp, R.N., Camp McDowell Nurse at 205-387-1806 ext. 125 or rn@campmcdowell.org

Medication Packing Sheet

Please print and pack with medication

Please place this sheet in a ziplock bag with your child's medicine. All information must be completed by a parent or legal guardian. Please fill out the information for prescription and over the counter medicines.

Student's Name: _____ School: _____

PRESCRIPTION MEDICATIONS: Circle the time(s) to administer the medicine to the child, choose from following:

B*= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner, **HS**= At Bedtime

**If a time is not selected, medicines will be given after breakfast.*

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS

OVER THE COUNTER (OTC) MEDICATIONS: All OTC Medications **MUST** be provided by parents/legal guardians and in original, unopened, and sealed containers. Circle "As Needed Only", if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only
Medication:	Dosage:	Reason:	Time Given: B* B L C D HS As Needed Only

Rescue Medication Authorization

*****MUST BE FILLED OUT BY A LICENSED HEALTHCARE PROVIDER*****



Please fill out this form if your child requires rescue medication to be with them at all times.

All rescue medications (i.e. EpiPens, inhalers, etc.) will be kept around the student at all times in case of an emergency while away from the health hut or Nurse.

STUDENT INFORMATION

Student's Name: _____ School: _____

Date of Birth: _____

PRESCRIBER AUTHORIZATION *(To be completed by licensed healthcare provider)*

Medication Name: _____ Dosage: _____ Route: _____

Frequency/Time(s) to be given: _____

Start Date: _____ Stop Date: _____

Reason for taking medication: _____

Potential side effects/contraindications/adverse reactions:

Treatment order in the event of adverse reaction: _____

SPECIAL INSTRUCTIONS *(To be completed by licensed healthcare provider)*

Is self-medication permitted and recommended? ☐ Yes ☐ No

- If "yes" I hereby affirm this student has been instructed on the proper self-administration of the prescribed medication
- If "no" I hereby authorize a trained Camp McDowell staff member to administer the medication while following provided instructions and pharmacy labels

Do you recommend this medication be kept "on person" by the student? ☐ Yes ☐ No

- If "no" I hereby affirm that a school personnel, chaperone, or authorized Camp McDowell staff member is allowed to carry the medication around the student while at Camp (ensuring students have rescue medication while hiking or when too far away from the nurse's office)

Printed Name of Licensed Healthcare Provider: _____

Provider Office Phone #: () _____ - _____ Fax: () _____ - _____

Signature of Licensed Healthcare Provider: _____ Date: _____

SELF-ADMINISTRATION AUTHORIZATION

To be completed ONLY if student is authorized for complete self-care by a licensed healthcare provider

I authorize and recommend self-medication by my child for the above medication. I also affirm that they have been instructed in proper self-administration of the prescribed medication by their attending physician. I agree that Camp McDowell will not be responsible for any adverse effects, illness, or injury caused by the self administration of the prescribed medication(s). ***If you give permission to self-administer, please sign below:***

Parent's/Legal Guardian's Signature: _____ Date: _____