



Dear 12th Grade Family,

Can you believe it is time to start preparing for your final Spring Into The Woods adventure at PSCS? PSCS Seniors will have the amazing opportunity to participate in a 3 day/2 night Paddle Camping trip at Lake James State Park, on April 17-19. (7321 NC-126, Nebo, NC 28761)

Participants will experience a more relaxed adventure than the 11th grade backpacking trip allowing our students to enjoy beautiful scenery, utilize skills gained on previous trips, connect with nature, and enjoy time with friends made throughout their time at Pioneer Springs. We will be canoeing to a paddle-in camping spot on the lake, tent camp, prepare meals, hike, canoe, play games, enjoy campfires, star gaze, and explore.

We will be renting canoes and paddling in everything we need to stay for the 3 days. This includes clothes, camping equipment, food & water, meal prep materials, and anything else we will need. ***Students will need to bring a tent (or arrange to share with a friend), sleeping pad and bag, a mess kit, clothing, toiletries, and any other appropriate necessities.***

Attached is a list of items students need for the trip. **Many students have these items from our previous backpacking trips.** If your student needs to purchase any items, most can be found on Amazon at a reasonable price. Most sporting goods stores will also have equipment for sale.

Participating students must complete the attached registration forms and return them to the school no later than **February 15, 2024**. *The trip is paid for by your student's Adventure Fees. If you paid the initial \$50 Fall fee, your remaining balance is \$200. **The remaining balance is due no later than February 15 and can be paid on the school website.***

Chaperones needed! We will need a few parent chaperones for this trip as we will be carpooling to Lake James. Parent chaperones will be asked to have 3 to 4 students carpool with them. Although I wish everyone could chaperone these events, it is not possible. Applications of volunteers not selected will be saved to use in the event a chaperone can no longer attend or doesn't meet the requirements.

If you wish to be considered as a chaperone, please complete the attached chaperone application and return by February 15, 2024.

- ***Chaperones must have completed volunteer training and a background check.***
- ***Chaperones will need their own equipment***
- ***The \$50 parent chaperone fee is due by April 15, 2024***
- ***We will have a Mandatory Chaperone Orientation prior to the camping trip date to be announced.***

Sincerely,

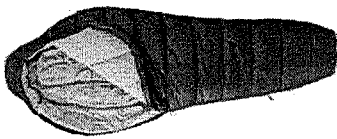
Chris Simeral
Dean of CTE & Nature Education

12th Grade Trip Equipment

REI, Bass Pro, Cabela's, and other outdoor centers sell equipment for backpacking. Amazon can also be a great place to shop for equipment. The name of the game is durable and lightweight. Make sure you try out your equipment. Don't be afraid to send back equipment that doesn't fit or seem durable enough to withstand the rigors of backcountry usage.

Required Equipment:

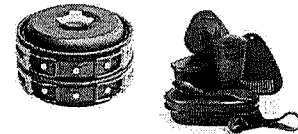
Packable sleeping bag



Tent



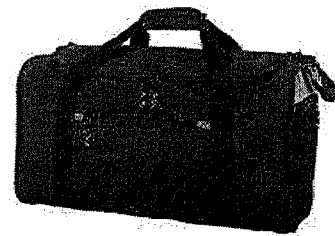
Mess kit



Sleeping Pad



Backpack/Duffle Bag big enough for clothes/equipment



Water bottle



Travel Toiletries (unscented)



Rain jacket



Extra Socks



Layered Clothing



2 pair of shoes (one for water)



PSCS Spring Into The Woods Health History Form

The following information must be filled out by a parent/guardian/adult camper. The information is required by PSCS in order to provide appropriate care at camp. Keep a copy of the completed form for your records. Any changes to this form should be provided to school personnel prior to arrival at camp. Please provide complete information.

Dates Attending: _____

Return to PSCS at least 2 weeks prior to the beginning of Spring Into The Woods.

Camper's Name: _____ Birthdate: _____ Age: _____

Home Address: _____

Custodial Parent/Guardian: _____ Phone: _____ Work/Cell: _____

Address: Same as Above (or) _____

Second Parent/Guardian: _____ Phone: _____ Work/Cell: _____

Other Emergency Contact: _____ Relationship: _____

Phone: _____ Work/Cell: _____

Allergies: No known allergies This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other

For each Allergy, please indicate what the camper is allergic to, the reaction seen, and action to take in the event allergen is accidentally consumed.

Diet & Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper eats a vegan diet. This camper has special food needs **(Please describe below)**

Restrictions I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. **(Please describe below)**

Insurance Information: Is participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan number _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to participant _____

Health-Care Providers:

Primary Doctor: _____ Phone: () _____

Name of Dentist: _____ Phone: () _____

Name of orthodontist: _____ Phone: () _____

The following non-prescription medications are commonly stocked in camp infirmaries and are used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)

Calamine Lotion

Ibuprofen (Advil, Motrin)

Bismuth subsalicylate (Pepto-Bismol)

Chlorpheniramine maleate (Antihistamine)

Hydrocortisone 1% cream

Dextromethrophan (Cough Suppressant)

Topical antibiotic cream

Diphenhydramine (Benadryl)

Generic cough drops

General Questions (Explain yes answers below)

Has/does the participant:	Y	N	Has/does the participant:	Y	N
Have a chronic or recurring illness/condition?			Ever had problems with joints (knees, ankles)?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have any skin problems (itching, rash)?		
Ever been knocked unconscious?			Have asthma?		
Ever had high blood pressure?			Had mononucleosis in the past 12 months?		
Had any recent injury, illness or infectious disease?			Will your child need any prescription medications at camp?		
Ever had seizures?			Had any recent surgery?		
Ever had chest pain after exercise?			Had an anaphylactic reaction?		
Ever had back problems?			Ever had ear infections?		

Please explain any "yes" answers, noting the number of question(s)

Permission to Provide Necessary Treatment for Emergency Care: I hereby give my permission to the PSCS staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper _____

Printed Name _____ Date _____

Parent Volunteer/Chaperone Application



To chaperone on a Pioneer Springs Community School field trip, you must have attended a school volunteer orientation.

____ Yes, I have attended volunteer orientation.

Pioneer Springs Community School reserves the right to request a criminal background check on all school volunteers.

Personal Information :

Last, First, and Middle Name: _____

* DOB: (mm/dd/yyyy) ____/____/____ *Gender: __M __F

E-mail Address:

Home Phone #: _____ Alternative Phone #: _____

Driver's License #: _____ Expiration Date: ____/____/____.

(Please provide insurance information if you will be driving students for field trips.)

Vehicle Insurance Company: _____ Policy #: _____

Date Issued: ____/____/____ Expiration Date: ____/____/____

(Please attach a copy of your driver's license and current vehicle insurance.)

Field Trip Information:

I would like to serve as a chaperone for _____ field trip.

Student's Name: _____ Grade: _____

Relationship to Student: _____ Teacher: _____

Signature of Applicant: _____ Date: _____