



Dear 4th and 5th grade family,

I am excited to send information about the Spring Into the Woods overnight trip for 4th and 5th grade students. We will be going to Camp Caraway in Sophia, NC on March 13-15. Students will participate in amazing classes facilitated by Camp Caraway Staff on their beautiful camp facility. Students will enjoy classes such as ecosystem exploration, water quality, archery, night hikes, campfires, and challenge courses. The trip includes lodging in cabins and meals.

We need the support of our parents to be able to make this trip a reality. First, ***in order for your student to participate, they must have their entire \$150 Adventure Fee paid by February 15.*** Most families paid the \$50 Fall trip fee earlier in the year, leaving a balance of \$100 for the Spring Adventure. *If you haven't paid your Adventure Fee in full, please do so as soon as possible. It is easy to pay via the Pioneer Springs Website (located under the programs tab).*

Next, we will be needing parent chaperones for each grade to be in charge of cabin and class groups. Thanks to Camp Caraway for allowing us to offer chaperones the opportunity to experience the camp at the reduced price of \$90. We need both male and female chaperones. I look forward to having a great group of parent volunteers!

Parent chaperones will be asked to have 3 to 4 students carpool with them. Chaperones will need a copy of their valid driver's license and insurance on file in the office. We will depart from school at 9:30 am on March 13 and leave camp to return at 1:00 pm on March 15. *If you are interested in serving as a parent chaperone, return the chaperone interest form by February 1. I will contact the parents selected to chaperone by the 15th of February. If selected, you will be asked to pay your \$90 registration fee and provide a copy of your driver's license and insurance. Prior to leaving for the camp we will have a chaperone orientation (date to be determined).*

Please complete and return the camper health form to your child's teacher by February 1. This will allow me to provide any special student instructions to the Camp Director as far as allergies and dietary requirements. I have attached the camper health registration form and chaperone application to this packet.

Sincerely,

Chris Simeral  
Dean of CTE & Nature Education

## 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: \_\_\_\_\_