

Student: _____

Teacher: _____

School: _____

The 2009 Odyssey Parent Information Packet



June 3-5
Noyes School
Haynes School

June 10-12
Nixon School
Loring School

The 2009 Odyssey



We are proud to present the 2009 Sudbury Odyssey, which promises to be an exciting and adventurous trip into the nature and wonder of science. The three day, two night expedition will be housed at Camp Bauercrest in Amesbury, MA, approximately 45 miles north of Sudbury, and includes a visit to Joppa Flats Education and Wildlife Sanctuary on Plum Island, which is approximately 20 minutes from the Camp.

In addition to this evening's presentation, further detail about overall goals, curriculum connections, Camp Bauercrest, Joppa Flats, and the Know Atom program can be found in the Sudbury Odyssey brochure you received in the fall, as well as by visiting these websites:

www.Bauercrest.org

www.KnowAtom.com

www.massaudubon.org/Nature_Connection/Sanctuaries/Joppa_Flats/index.ph

p

All fourth grade students are encouraged to participate in this overnight experience. Scholarships and other special arrangements, if necessary, are available to make this trip accessible to all.

Over the past three decades, more than 2500 students have joined in the adventures of the Sudbury Odyssey at various campsites, all of which have been based on the same goals and similar growth enhancing experiences. Each year the trip is improved based on feedback from students, staff and parents we solicit during and after the trip. The tradition of Sudbury Odyssey continues and we look forward to working with you in this endeavor.

Sincerely,

Nicole Lamoureux
Heather Duckett
Jeanmarie Skahan
Emily Dolan
Kim Swain

David Williams
Ryann Hart
Sara Zawadzkas
Linda Goldner
Laura Burney
Jeffery Dees
David leong

Melissa Morabito
Beverly Barber
Joanne Bleiler
Janey Hutchinson
Jeff Kotkin
Joni Jay
Eula Walsh

Shannon Famigletti
Catherine Carpenter
Jason Miles
Christy-Mae Carrara
Michael Huelin
Carol Bradford
Annette Doyle
Kristin Moffat

John Brackett
Bob Milley

Rita Bissonnette-Clark
Karen McCarthy
Betsy Grams

Activities/Learning Opportunities

Camp Bauercrest: *Know Atom*, physical science inquiry, *Project Adventure* team building activities, and a variety of evening activities that continue to build upon problem solving and cooperative learning opportunities.

Joppa Flats Education and Wildlife Sanctuary on Plum Island: an adventure to explore the mysteries of nature.

Trip Cost

The estimated cost for this trip is approx. \$230 per child. This includes use of the Camp Bauercrest facility, staff and meal fees, program fees for Joppa Flats, and transportation. The only meal not included is lunch on the first day. Therefore, **students must bring a bag lunch, snack and drink for the first day.**

Partial and full financial scholarships are available for any student in need of assistance. Scholarships are available based on the Sudbury Financial Aide Form. Forms may be requested via the main office in your school. All information is confidential.

A deposit in the amount of \$100 must be submitted with your child's paperwork by **March 13th**. Balance will be due on **May 8, 2009**.

Please make all checks payable to: Sudbury Public Schools

***Additional donations are gratefully accepted to help defray trip costs ***

Transportation

Transportation to and from Camp Bauercrest and to and from Joppa Flats is provided by coach bus. Parent chaperones travel separately in their cars. All bus drivers have CORI checks as part of their employment process. Arrangements for students who do not plan to stay overnight will be determined by the end of March and communicated to parents as needed.

Medical Information

Each child is required to have health insurance. If this presents a concern, please contact your school nurse.

If your child is showing signs of a contagious illness when he/she is scheduled to attend the Sudbury Odyssey trip, he/she must be kept home for at least 24 hours. If your child has been ill 2 days prior to attending Sudbury Odyssey or has had a serious injury, please contact your school nurse to discuss their health status and ability to attend Odyssey. **The Sudbury School Illness Policy applies to the Odyssey trip as well.** Children must be fever free for 24 hours, able to tolerate a normal diet after a gastrointestinal illness, and have taken 24 hours worth of antibiotics for a bacterial infection (i.e. strep throat, conjunctivitis). If your child becomes ill while attending the Odyssey trip, you will be contacted to come pick up your child. **Because illness can spread rapidly through a group, especially when sharing sleeping quarters, we cannot allow children who are ill to remain at camp. Examples of illness requiring pickup include, but are not limited to, vomiting, temperature above 100.4F, or conjunctivitis.**

TWO copies of the health information sheet must be completed and returned. Each copy must be notarized. Notaries can be found at the Town Clerk's office, The UPS Store and many local banks.

If your child must take medication while on the Sudbury Odyssey trip, you will be required to provide the necessary medication in an original prescription bottle, along with doctor's orders, and a form the school will provide indicating dosage instructions. Parents will deliver the medication and the accompanying forms to the school nurse **by May 8, 2009**. Please make arrangements with your child's pediatrician to have the correct amount of medication and doctor's orders available by May 8, 2009.

Emergency medical care is available at two local hospitals and clinics. The decision regarding which facility to access would be mainly based on proximity to the child. The facilities include:

- Ana Jaques Hospital
- Children's Neighborhood Health Alliance

Nurse/MD Responsibilities:

There will be an orientation provided for nurses/MD's who are willing to attend the Odyssey.

This will include a review of the health needs of the students attending, as well as all SPS health policies and protocols, including the illness policy for contacting parents to pick up their child. A guide to basic first aid treatments will be included with the medical supplies. CPR and First Aid training is available if needed.

There will be 24-hour nurse coverage provided by Camp Bauercrest. The medical professional from SPS will attend the off-site Joppa Flats portion of the trip, and will partner with the nurse from Bauercrest for the remainder of the time at camp.

Each school nurse will collect all medical forms, including medication orders and medication, from parents, and will assist with the organization

of paper work for documentation of medication administration.

The nurse will have access to the camp infirmary for delivery of medications and treatments, as well as for attending to children who are feeling ill. All medication administration will be documented on the log provided. In addition, the nurse will keep a record of any treatments provided to individual students.

The nurse will have one copy of the health form for each child, along with parent contact information.

Daily contact between the nurse and the teachers will occur to discuss any health concerns of students that have arisen over the preceding day/night. As always, student confidentiality must be strictly maintained.

As with other field trips, individual classroom teachers will be given children's epi-pens and inhalers to keep during the day in case the nurse is not with that specific child's group. The nurse will be contacted immediately by walkie-talkie or cell phone if a child requires the administration of these medications. If an epi-pen is administered, 911 will be called for transport to the hospital. The child's parent will be called as well.

Food

Balanced menus, including snacks, are provided for the students. **To insure the safety of all students a nut free menu will be planned.** As mentioned previously, students are required to provide a bag lunch for the first day.

If there are special food requirements, please notify your child's classroom teacher by March 30 , 2009.

Student Expectations

It is expected that all students will conduct themselves accordingly during the Sudbury Odyssey experience. Parents are urged to discuss appropriate behavior with their child before the trip. Some specific expectations follow:

- Trees and other vegetation must be respected. Therefore, no peeling bark off trees, picking flowers, etc.
- For student safety, there will be no climbing on cabins or trees.
- No campfires (other than camp supervised and led) or open flames, such as candles, will be allowed.
- Food is restricted to the dining area. Food in the cabins attracts animals.
- Each child will be expected to clean up his/her cabin area before breakfast.
- Students will respect other students by not telling scary stories at night.

- Students are expected to listen to and follow the directions of their chaperone or other adult in charge.
- Once "Taps" is played at bedtime it is expected that each cabin is quiet and respectful of others.

Equipment

Students are required to provide their own clothing and equipment for the Sudbury Odyssey trip. The attached equipment list has been developed through years of experience. Therefore, it is important to follow the list carefully. All clothes and cameras should be labeled. Certain items on the list are highlighted. These are absolutely essential items. Students will need to bring these items to school on a designated day prior to the trip, so that the classroom teacher can ensure that all students have them.

The Sudbury Odyssey

BASIC EQUIPMENT LIST

WEAR ON THE DAY OF THE TRIP

- sneakers
- socks
- long pants/shorts
- shirt
- jacket or sweatshirt

**LABEL ALL CLOTHES
AND EQUIPMENT WITH
CHILD'S NAME!**

CLOTHING TO BRING

- 8 pairs of socks
- extra pair of sneakers or shoes
- shirts (T-shirt)
- long pants/shorts (recommended 3 pair pants, 2 pair shorts)
- underwear
- sleepwear
- large towel, hand towel and face cloth-shower shoes and bathing suit (to shower)
- *warm jacket, hat and gloves
- *rubber rain boots or other water repellent boots
- ***waterproof** poncho, or raincoat and rain hat
- *baseball cap, or hat with brim

**Nylon jackets, or those
labeled water resistant,
are NOT adequate for rain!**

EQUIPMENT

- toothbrush, toothpaste, comb, soap, soap dish, other personal care items
- water bottle - labeled with student's name
- insect repellent (no spray)
- sunscreen
- flashlight with extra batteries
- reading book
- stuffed animal (optional)
- camera, labeled with name! (optional)
- *sleeping bag - outdoor type essential
- plastic bags for wet towels and dirty clothes
- pillow and sheet for covering mattress
- optional: dryer fabric softener sheets (as insect repellent)

**Put sleeping bag in large garbage
bag and label with child's name.
CLOSE WITH TWIST TIE ONLY!**

DO NOT TAKE

Gum, candy, extra food, knives, money

NO ELECTRONIC DEVICES OF ANY KIND ARE ALLOWED (radios, cell phones, electronic games, CD players, Walkmans, IPOD's, games, etc.) A non-cell phone camera is optional.

****Children will not be allowed to go without these starred items.****

Chaperones

Parent chaperones form an integral part of the Sudbury Odyssey experience. Parents complete many important duties around camp, such as facilitating science groups, distributing food for breakfast and dinner, supervising students during free time, cleaning, etc. Parent chaperones are available to assist students during the entire Sudbury Odyssey trip.

Since parent volunteerism is essential to make this trip viable, the following criteria will be used to assist in selecting chaperones:

- 4 parents per class; ideally 2 male and 2 female
- Willingness to be in a cabin different from your child, if necessary
- Priority given to chaperones able to stay all 3 days
- 2 additional parents per class for the Thursday *Know Atom* science program only (new this year)

Whether interested in chaperoning the entire trip or Thursday only, the following is needed:

- Positive CORI check results
- Signed interest to chaperone form
- Signed confidentiality statement
- Paperwork submitted on time
- Attendance at one mandatory training session- May 21

Based on the criteria above and the needs of the children, chaperones will be chosen by random selection.

Trip Cost for Chaperones (entire trip only)

Regretfully, we must ask parent chaperones to incur a cost of \$125 - \$ 135 each, due to the growing expense of the Sudbury Odyssey. This includes use of the Camp Bauercrest facility, meals and program fees. **Chaperones must also bring a bag lunch, snack and drink for the first day.**

Partial and full scholarships are available for any chaperone in need of assistance. Requests should be made through the building Principal and will be handled discreetly and confidentially.

A check must be submitted after chaperones have been selected and notified. Please make all checks payable to: **Sudbury Public Schools**

CORI Check

Parents interested in chaperoning must submit a CORI check application. If both parents are considering being chaperones, each must have her/his own CORI check. This is a criminal background check, which is required of any adult in charge of a student without the direct supervision of a Sudbury Public Schools employee. These forms are sent to Central Office, and then forwarded to the appropriate authorities. Running CORI checks takes 4-6 weeks, and when a large number are submitted (as will be our case) this time period may be extended. This requirement is driving the deadline date for the "Interest in Chaperoning" form. Since parents who are interested in chaperoning must be cleared by the CORI check before being selected to be a chaperone, final selection of chaperones is anticipated to occur in mid April.

Confidentiality

Parent volunteers are expected to respect the privacy of the other parents, students, and staff members on the trip. Therefore, a confidentiality statement must be read and signed by all chaperones.

General Chaperone Responsibilities

Chaperones have an extremely important role during the trip. All adults, including chaperones and staff, will be expected to work together to complete tasks around camp in a cooperative manner. Chaperone duties will include such tasks as:

- Facilitating groups for the "Know Atom" science activities
- Supervising students in cabins, including overnight
- Recess duty
- Supervision of student hygiene (showers, toileting, brushing teeth, etc.)
- Assisting in facility maintenance

In addition:

- Chaperones MAY NOT administer ANY medications to children, the exception being their own child.
- Parents are responsible to provide their own medications, including Tylenol, Advil, Benadryl, cold and cough medicine, Tums, sanitary supplies, etc. The nurse will not be able to provide these for chaperones.

Mandatory Chaperone Training

Once selected, all chaperones must attend a mandatory training meeting, which will be held on **May 21st**, **from 6:30 - 9 p.m. at the Noyes School**. Chaperones from all four schools will attend this meeting together. The training will be devoted to general chaperone information and expectations as well as training on facilitating groups for the *Know Atom* and *Project Adventure* programs.

Important Dates

March 13 - Deadline for student permission form, health information and \$100 deposit check (pgs.10-14)

March 13 - Deadline for "Interest in Chaperoning" and "Confidentiality Statement" forms (pgs.15-16)

March 30- - Chaperones selected following the completion of the CORI checks

April 3

May 21 - **Mandatory** chaperone meeting - 6:30 -9 p.m. at Noyes

May 8 - Deadline for student medication to be delivered to school nurse

--- Balance Due (amount TBD), payable to Sudbury Public Schools

June 3-5 - Sudbury Odyssey trip for **Noyes and Haynes** Schools

June 10-12 - Sudbury Odyssey trip for **Nixon and Loring** Schools

Checklists

Student Forms –Due March 13 2009

- Odyssey permission slip
- Two **notarized** copies of health form
- Deposit of \$100.00, check made payable to: **Sudbury Public Schools**

- Balance of Tuition –Due by May 8, 2009

- Student Medication (if applicable) –Due by May 8, 2009

- Correct amount in original prescription bottle
- Doctor's orders
- School provided dosage information form

Potential Chaperone Forms –Due March 13, 2009

- Interest in Chaperoning
- CORI
- Confidentiality Statement

Sudbury Odyssey Student Permission Form

Due: March 13, 2009

I, as parent and/or guardian of _____, hereby give permission for my child to participate in the Sudbury Public Schools' sponsored trip, Sudbury Odyssey.

My child will be participating in the daytime activities only and will not be staying overnight

Parent Signature

Date

Parent Name (Printed Clearly)

I understand the SPS illness policy and agree that if my child becomes ill while on Odyssey, I will be available to pick up my child at any time if contacted by the nurse.

My contact information is:

Home: _____

Work: _____

Cell: _____

Other adult to be contacted:

Name: _____

Relationship: _____

Home: _____

Work: _____

Cell: _____

Signature _____

The Sudbury Odyssey

Health Information Sheet -Due March 13th, 2009

If your child is showing signs of a contagious illness when s/he is scheduled to attend Sudbury Odyssey, s/he must be kept at home for at least 24 hours. **If your child has been ill 2 days prior to attending Sudbury Odyssey or has had a serious injury, please keep your child at home.** Additionally, I understand that in the event of an illness or behavioral problem, I may be required to pick up my child.

Note: Contact the school nurse if your child is exposed to any communicable disease within 21 days prior to the trip.

If you have any doubt that your child is in good health, please have him/her checked by your doctor and forward the report to the school.

Please take the time to completely and carefully fill out two copies of this form. EACH copy must be notarized.

Child's Name: _____ Date of Birth _____

Address: _____

Parent's Name: _____ Home Telephone: _____ Cell Phone: _____

Parent's Address: _____ Business Telephone: _____

Family Doctor: _____ Telephone: _____

Medical Insurance Company: _____

Subscriber's Name (on Medical Insurance): _____

Insurance Policy Number: _____ Telephone: _____

Teacher's Name: _____

1) Does your child have any food allergies? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

2) Does your child have any dietary restrictions (not related to food allergies)? _____

If yes, please specify _____

3) Does your child have any drug allergies? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

4) Does your child have any other allergies (insect bites, pollen)? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

5) Does your child have any existing medical condition (chronic or recurring)? _____

If yes, please specify _____

6) Is there any factor that makes it advisable for your child to follow a limited program of physical activity; i. e. heart, recent fractures or surgery, asthma, abnormal fears? _____. If yes, please specify factor and in which ways you wish his/her program limited.

Student's Name: _____

7) In order to protect your child from embarrassment, we would like to know:

Does your child wet his/her bed? _____ Walk in his/her sleep? _____
Nightmares or night terror? _____

8) Date of the child's last tetanus shot: _____

9) Will you be sending medication or pills on the trip? _____

If yes, what? _____

Reason for taking _____

Instructions for giving: _____

(Please remember doctor's orders will be required, and medication must be in its original bottle. More specific forms regarding medication will be sent home in April.)

10) Permission to Administer Over-The-Counter Medication:

Listed below are medications that may be available at Sudbury Odyssey. Please check any medications your child may receive, and sign on the parent/guardian signature line.

____ Tylenol

____ Ibuprofen

____ Benadryl

____ Sunscreen

____ Insect Repellent

____ Benadryl Ointment

____ Calamine Lotion

I authorize the nurse or his/her designee to use his/her discretion in giving the above checked medications.

Parent/Guardian Signature _____ Date _____

12) Medical Consent:

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at Sudbury Odyssey. I give my consent and authorization to the Principal or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature _____ Date _____

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e. blood transfusions), as follows: Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: (please specify) _____

Date: _____ Parent Signature: _____

A medical insurance policy number is ABSOLUTELY necessary.
Please have both copies of this form notarized by a Notary Public.

Signed and subscribed to under oath by _____ before me _____
parent(s) date

The Sudbury Odyssey

Health Information Sheet- Due March 13th, 2009

If your child is showing signs of a contagious illness when s/he is scheduled to attend Sudbury Odyssey, s/he must be kept at home for at least 24 hours. **If your child has been ill 2 days prior to attending Sudbury Odyssey or has had a serious injury, please keep your child at home.** Additionally, I understand that in the event of an illness or behavioral problem, I may be required to pick up my child.

Note: Contact the school nurse if your child is exposed to any communicable disease within 21 days prior to the trip.

If you have any doubt that your child is in good health, please have him/her checked by your doctor and forward the report to the school.

Please take the time to completely and carefully fill out two copies of this form. EACH copy must be notarized.

Child's Name: _____ Date of Birth _____

Address: _____

Parent's Name: _____ Home Telephone: _____ Cell Phone: _____

Parent's Address: _____ Business Telephone: _____

Family Doctor: _____ Telephone: _____

Medical Insurance Company: _____

Subscriber's Name (on Medical Insurance): _____

Insurance Policy Number: _____ Telephone: _____

Teacher's Name: _____

1) Does your child have any food allergies? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

2) Does your child have any dietary restrictions (not related to food allergies)? _____

If yes, please specify _____

3) Does your child have any drug allergies? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

4) Does your child have any other allergies (insect bites, pollen)? _____

If yes, please specify _____

Type of reaction _____

Treatment _____

5) Does your child have any existing medical condition (chronic or recurring)? _____

If yes, please specify _____

6) Is there any factor that makes it advisable for your child to follow a limited program of physical activity; i. e. heart, recent fractures or surgery, asthma, abnormal fears? _____. If yes, please specify factor and in which ways

you wish his/her program limited.

PLEASE CONTINUE ON PAGE 14

COPY 2

Student's Name: _____

7) In order to protect your child from embarrassment, we would like to know:

Does your child wet his/her bed? _____ Walk in his/her sleep? _____
Nightmares or night terror? _____

8) Date of the child's last tetanus shot: _____

9) Will you be sending medication or pills on the trip? _____

If yes, what? _____

Reason for taking _____

Instructions for giving: _____

(Please remember doctor's orders will be required, and medication must be in its original bottle. More specific forms regarding medication will be sent home in April.)

10) Permission to Administer Over-The-Counter Medication:

Listed below are medications that may be available at Sudbury Odyssey. Please check any medications your child may receive, and sign on the parent/guardian signature line.

_____ Tylenol

_____ Ibuprofen

_____ Benadryl

_____ Sunscreen

_____ Insect Repellent

_____ Benadryl Ointment

_____ Calamine Lotion

I authorize the nurse or his/her designee to use his/her discretion in giving the above checked medications.

Parent/Guardian Signature _____ Date _____

12) Medical Consent:

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance at Sudbury Odyssey. I give my consent and authorization to the Principal or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature _____ Date _____

Optional: If you wish for religious or other reasons, you may indicate your refusal to consent to certain medical care (i.e. blood transfusions), as follows: Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: (please specify) _____

Date: _____ Parent Signature: _____

A medical insurance policy number is ABSOLUTELY necessary.
Please have both copies of this form notarized by a Notary Public.

Signed and subscribed to under oath by _____ before me _____
parent(s) date

Notary Public

COPY 2

Interest in Chaperoning Form

Deadline for submission: March 13, 2009

I am interested in being a chaperone for the entire 2009 Sudbury Odyssey trip. I understand that the final selection of chaperones will not occur until late March, early April, after the CORI checks are completed. I understand that chaperones who are able to stay the entire 3 day trip will be given preference.

I am interested in being a chaperone /science facilitator for the Thursday *Know Atom* program only

The following behavioral expectations are of paramount importance for parent chaperones. Parents must abide by the same high expectations we have for teachers. **Therefore, to ensure the best possible supervision and safety of children the following activities will be strictly prohibited:**

- drinking on or off the camp site
- use of tobacco or other drugs
- bringing a pet
- use of foul/inappropriate language
- sexual activity
- physical interventions with students for disciplinary measures

SPS Administration will reserve the right to ask a parent to leave camp if any of the above incidences occur.

To be considered, I understand I must submit:

- This signed form
- CORI check form
- Signed confidentiality statement

I have read and understand the above information, and agree to abide by these expectations.

Parent name: _____

Parent Signature _____

Child's name: _____

Classroom teacher: _____

Please check if applicable based on interest in chaperoning the entire trip:

 I am able to stay all three days.

Office use only CORI up to date _____ Effective through _____

Confidentiality Statement

Deadline for submission: March 13, 2009

Parent involvement is critical to the success of the Sudbury Odyssey trip. While on this trip, chaperones will hear and observe many students. The primary consideration when working with students in schools or on school-sponsored trips is an understanding of the importance of confidentiality. This means respecting the privacy of students, other parents, and staff.

Confidentiality is especially key on the Sudbury Odyssey trip because you will be in close contact with children throughout the day, observing them at various settings, at meals, and as they rise and go to bed each day. You may observe some students who have special issues, such as medication needs, special dietary needs, or other specific concerns.

As a chaperone, you will be expected to:

(a) While on the trip:

- Refrain from discussing students with other parents.
- Refrain from asking teachers questions about particular students.
- If quizzed by another chaperone, reply by stating that you will respect that person's privacy.

(b) After the trip:

- Refrain from sharing with other parents about specific students.

I have read and understand the above information regarding confidentiality, and agree to abide by these expectations.

Signature of Parent

Date

