NEW HOLSTEIN MIDDLE SCHOOL

1717 Plymouth Street New Holstein, WI 53061 (920) 898-4769

Dear Parents:

Your child will have the opportunity to attend our Outdoor Education Program this fall with fellow 7th graders. This will be the fifty-fourth year this program has operated and over four thousand students from our school have attended. Students will be bused from the middle school to the Green Lake Center on Tuesday, September 19th and will return Friday afternoon, September 22nd. Students should arrive back at school between 2:30 and 3:00 p.m., in time to catch the bus home if necessary.

The Green Lake Conference Center is located west of Ripon in Green Lake on Highway 23. We will stay at the Robbins Student Center, which can be found by turning right at the boathouse and then right again on Stone Fence Road. If it should be necessary to contact your child by telephone, you may do so by calling (920) 294-3323 and asking for the Robbins Student Center.

A fine educational program has been established allowing the staff to adapt our present curriculum to an outdoor setting. In the past, the following courses were offered: Socratic circles, fishing, frisbee golf, mindfulness, senses, nature study, iPad photography and various physical education classes. The total cost for the week is \$160.00. This includes nine meals, three nights of lodging, and transportation to and from Green Lake. The school will provide any miscellaneous expenses incurred for supplies. Due to the few days between the start of school and camp, we ask that you return the attached permission form as soon as possible. You have the option to pay the registration fee online through e-Funds.

Students are asked to bring a bag lunch for the noon meal on Tuesday. The remainder of the meals will be provided. A list of "suggested items for camp" is included with this letter. Please go over the list with your child and assist him/her in packing for this activity.

On Friday, September 22nd, the buses will drop off at the following locations:

- Mt. Calvary Bank
- St. Cloud Post Office
- St. Anna (corner of A and Q)
- Johnsburg

- Pipe (corner of 151 & W)
- Calumetville (corner of 151 & HHH)
- Marytown Bank
- New Holstein Middle School

Please indicate on the following sheet where your child should be dropped off.

Bring in any medicines with the completed Medication Request form no later than Tuesday September 12th. Healthcare provider authorization is required for all prescription medications.

**Buses will leave Green Lake at 1:15 p.m. The trip takes approximately 90 minutes.

If you have any questions regarding the program, feel free to contact Dr. Amanda Jacobson at the middle school office (898-4769, ext. 4001).

7th Grade Camp Packing List

A sack lunch for Tuesday noon meal

Any Medicine needs to be in the original packaging with the paperwork filled out and turned in to the office before camp.

(Medication form is enclosed)

The toiletry articles should be kept in a plastic bag except when they are being used. This will help prevent the usual loss and scattering of these personal items.

All camp items should be packed securely in **ONE** carry on size suitcase or duffel bag. Place your name on it for easy identification during transit.

Inventory of items to bring

| Heavy sweater/sweatshirt Heavy jacket or coat Jeans & shorts Shirts Hat or cap Underwear Shoes (old) Socks Pajamas | 1-2 1 4 1 4 2 pr 4 pr 1-2 | The following are not required but may be taken if desired: |
|--|--|---|
| Soap | | |
| Comb or hairbrush | | |
| Toothbrush & toothpaste | | |
| Deodorant | | You will NOT need these items |
| 1 gallon plastic bag | | Chromebook |
| 1 laundry or plastic garbage bag | | Any expensive items like |
| Watch | | jewelry or electronics |
| Alarm Device (One per room) | | • Cash |
| Water Bottle | | |
| Book to read | | |
| Flashlight | | |
| Cinch Sack/small Day Bag | <u></u> | |
| Clean White 100% cotton T-shirt (for Tie-Dye) | | |
| Beach Type Towel (for Mindfulness | • | |
| Blanket / Sleeping bag / x-long shee | et | |
| Pillow | | |
| Bath Towel and wash cloth | | |

It is not intended that new clothing or equipment must be purchased for the camp.

THE DISTRICT CANNOT BE RESPONSIBLE FOR ANYTHING THAT IS LOST, STOLEN OR BROKEN.

Hello Parents of 7th Grade Students:

Thank you for your cooperation!

Where would you like your son/daughter dropped off after camp?

Students will be allowed to notify you when we leave Green Lake. Drop off times will be approximately 2:00 p.m.

Please check the area for pick up and sign the bottom of this form.

| Location Options | Parent preferences and any instructions (please print) |
|--|--|
| Mt. Calvary Bank parking lot | |
| St. Cloud Post Office parking lot | |
| St. Ann – corner of A and Q | |
| Johnsburg Church parking lot | |
| Pipe – corner of 151 and W | |
| Calumetville – corner of 151 and HHH | |
| Marytown Bank parking lot | |
| New Holstein Middle School - will be picked up at school | |
| New Holstein Middle School - will be taking their regular bus home | |
| Student Name (print): | |
| Parent Signature: | Date: |

7th Grade Outdoor Education

MEDICAL AUTHORIZATION

September 19 – 22, 2023

| The undersigned is a parent of | who will be | | |
|---|--------------------|--|--|
| traveling with and/or in the physical possession of chaperones from New Holstein Middle | | | |
| School to Green Lake Conference Center. We hereby authorize and empower the chaperones | | | |
| to consent to any needed or appropriate medical or surgical care and treatment including but | | | |
| not limiting to non-emergency treatment and the administration of pharmaceutical, for our | | | |
| child while in their possession. No additional consent form or prior notice to the undersigned | | | |
| shall be required as a precondition to rendering treatment and I do hereby expressly agree to | | | |
| pay all charges for any such services directly to the person or institution rendering same. | | | |
| Dated this day of | · | | |
| | | | |
| | (Parent Signature) | | |
| Address: | City: | | |
| Day Phone: | Evening Phone: | | |
| ☐ Check if your child needs any special attention (i.e. sleep walking, motion sickness, special | | | |
| medications or medical reactions, etc. | | | |
| Please explain: | | | |