Dover Intermediate School
2240 Dover Center Road
Westlake, OH 44145
440-835-5494
ShawP@wlake.org
www.wlake.org

Parents/guardians:

Each year sixth grade students are afforded the opportunity to participate in the Westlake City Schools Outdoor Education Program at Camp Nuhop. Half of the sixth graders will attend from September 12-14, and the other half will attend from September 14-16. Specific camp dates will be announced in early August via an email blast after the back to school update was submitted.

Camp Nuhop emphasizes the study of nature in an outdoor setting and is intended to be educational. Classes are largely aligned with academic content standards. This activity also provides an opportunity for growth in the areas of social interaction and community responsibilities. Camp Nuhop is located five miles south of Loudonville (about a 95-minute drive from Westlake) and features heated cabins with hot & cold running water and an on-site cafeteria.

Camp Nuhop has a permanent staff that plans and offers the instruction and supervision of lessons. Sixth grade teachers and support staff also attend to provide assistance and supervision. Students not attending the trip during their teacher's designated trip dates will remain at school and be grouped together for the week, following an alternative schedule.

Trip 1: Monday-Wednesday September 12-14: Bourn, Dubois, Fossesco, Gast, Basile, McMorrow
Trip 2: Wednesday-Friday September 14-16: Zepp, Beachler, Bongers, Wichmann, Szafranski, Ranallo

The cost of Camp Nuhop is **$180.00**. This covers tuition, room, board, supervision and transportation. The attached permission form, Camp Nuhop Participation packet and payment must be turned in to your student's homeroom teacher by **Friday, September 2, 2022**. Please make checks payable to the **Westlake Board of Education**.

For further information, please contact Paula Shaw, Assistant Principal.

Paula Shaw, Assistant Principal
Dover Intermediate School
ShawP@wlake.org

Cut here and return by Friday, September 2, 2022.

I give my consent for my son/daughter (full name): _____ to attend the Camp Nuhop Outdoor Education Program during the week of **September 12-16**.

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Name Signature: _____

Dear Students and Families,

We're excited to welcome you to the Nuhop Outdoor Education program! Since 1974, Nuhop has been providing space for transformative learning experiences and outdoor adventures to people of all ages, and each season provides new challenges, new opportunities and new stories. In 2021, we purchased a new facility, and our program is growing at an exponential rate! We are so grateful for the opportunity to serve you this year, and we hope you will have a great experience!

This packet includes five forms that will need to be returned to your teachers when completed: the student health form, medication form, challenge course waiver, transportation waiver, and covid-19 waiver. All five of these forms are required for your child to attend the class trip to Nuhop. Also included are a packing list, special diet information and student medication instructions. Please refer to these guidelines as you prepare for camp. *Some schools may require additional forms so check with a teacher to be sure.*

Your teacher will let you know when the forms are due as well as provide you information regarding the cost to attend Nuhop, and arrival-day and departure-day logistics. There are some spaces below to write it all down. Please keep this sheet for your records in case you need to contact us at camp.

Warm Regards and we look forward to seeing you soon,

Sarah Kronz
Outdoor Education Director
sarahk@nuhop.org

Office Phone: (419) 938-7151
Overnight Contact Phone:
(Emergency only) (419) 651-3820

Dates of Nuhop trip: 9/12-9/14 & 9/14-9/16 **Forms due date:** 9/2

Cost to attend Nuhop: $180 **Special Diets due date:** 8/29

Payment due date: 9/2

nuhop

Camp Contact info:

Please keep this page so you can get in touch if there is an emergency while your camper is at camp.

Pine Campus
1077 Township Rd 2916
Perrysville, OH 44864

Hemlock Campus
5370 Bunkerhill N Rd.
Butler, OH 44822

Office Phone: (419) 938-7151
Overnight Contact Phone:(Emergency only) (419) 651-3820

nuhop

Student Health Form

Camper's Full Name:

_____

Nickname (optional):_____

Age:_____ Birthdate_____

Male_____ Female _____ Other _____

Address_____

_____

School:_____

Parent/Guardian:

Name:_____

Address_____

_____

Work phone:_____

Cell phone:_____

Email:_____

Secondary Emergency Contact

Name:_____

Address_____

_____

Work phone:_____

Cell phone:_____

Email:_____

Camper Health History

Please check and give approx. dates

_____	Asthma	_____	Date
_____	Bed Wetting	_____	Date
_____	Ear Infections	_____	Date
_____	Seizures	_____	Date
_____	Chicken Pox	_____	Date
_____	Measles	_____	Date
_____	Mumps	_____	Date
_____	Diabetes	_____	Date
_____	Covid-19	_____	Date
_____	(_____)	_____	Date

Allergies (also see Special Diet Info Sheet)

_____	Seasonal	_____	Peanuts
_____	Poison Ivy	_____	Tree Nuts
_____	Insect Stings	_____	Gluten
_____	Penicillin	_____	Dairy
_____	Latex	_____	Lactose Intol.
_____	Other (below)		

_____

Immunizations

_____ Immunizations are up to date

_____ We do not immunize

_____ Date of last tetanus booster

Recent operations or serious injuries:

_____

_____

Chronic or recurring illness:

_____

_____

_____

Other health issues or concerns:

_____

_____

_____

nuhop

Student Health Form Con't

The following OTC medications are supplied by Nuhop and available in our infirmary.

Please check the items you give us permission to dispense to your child.

_____ Acetaminophen (Tylenol): for headache, fever, aches and pains
_____ Ibuprofen (Advil): for headache, aches and pains, swelling
_____ Pepto-bismol: for diarrhea and upset stomach
_____ Benadryl: for allergies or reactions to insect bites/stings
_____ Midol: for relief from menstrual symptoms
_____ Cough Drops: for relief from coughing
_____ Calamine lotion: for poison ivy, insect bites, or minor skin irritation
_____ Gold Bond Medicated Powder: for minor skin irritations
_____ Antacids: for upset stomach
_____ Dramamine: for motion sickness

Please list all current Medications the student will receive at camp:

Name of Medicine	Time of day given	Dosage	Number of pills sent

(attach separate sheet if needed)

Medical Provider Information

Family Physician Information
Name:_____
Phone Number:_____

Insurance Information
Carrier:_____
Policy or Group #:_____

Parent / Guardian Authorization:

The Nuhop staff has my permission to administer the medications listed above. I understand I am responsible for providing each of these medications in the original, pharmacy-labeled container marked with the time each medication is to be given and containing only the amount of medication needed for the time away from home.

This health history is correct and complete to the best of my knowledge. I hereby give permission to Nuhop or a selected health care provider to treat the child listed on this health form in the event that medical attention is needed. Medical attention may be first aid, physician visits, or hospitalization, including injections, anesthesia, x-rays, tests, and surgery.

Signature _____ **Relationship to Camper**_____

Date _____

nuhop

Challenge Course and Program Participation Waiver

_____ _____

print participant name **print name of group**

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my/my child's participation in programs by the Outdoor Education Program at The Nuhop Center for Experiential Learning (NCEL) & Pleasant Hill Outdoor Center (PHOC) is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

_____
Participant Initials

I understand the employees of NCEL & PHOC have received extensive training and will work to protect the emotional and physical safety of myself and/or my child. I understand that hiking, climbing, high ropes courses, ground initiatives and other activities in the Outdoor Education Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

_____
Participant Initials

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release NCEL & PHOC and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

_____
Participant Initials

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant NCEL & PHOC and persons acting through them the right to use, reproduce, assign, and /or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

_____ _____

Signature of participant (REQUIRED) **Signature of Parent/Guardian (REQUIRED for minors)**

Age: _____ **Date:**_____

nuhop

Nuhop Transportation Waiver

Student:_____

School _____Session Dates:_____

I give permission for my child/charge ("child") to be transported in a motor vehicle to an event on the dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult supervisors.

I have read, understand, and discussed with my child that:
(1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
(2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
(4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Nuhop, its Board of Trustees and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature:_____
Date:_____

nuhop

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Nuhop has put in place preventative measures to reduce the spread of COVID-19; however,Nuhop **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ STUDENT INITIALS By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at Nuhop may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Nuhop's employees, volunteers, and program participants and their families.

____ STUDENT INITIALS **I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Nuhop.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Nuhop, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Nuhop, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Nuhop.

____ STUDENT INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ GUARDIAN INITIALS In the event that I file a lawsuit, I agree to do so in the state where Nuhop is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ STUDENT INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ GUARDIAN INITIALS **I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

____ STUDENT INITIALS If I have signed a separate general waiver of liability connected to my participation at Nuhop. I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ **STUDENT INITIALS** ***I agree that I will practice safe social distancing and clean hygiene during my participation at Nuhop.***

Signature_____**Print Name** _____

Address_____**City**_____ **State**_____ **Zip**_____

Telephone _____ **Date** _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Nuhop from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian_____ Print Name_____

Date_____

nuhop

Packing Instructions & What to bring

Nuhop is bed bug free and we plan on keeping it that way. Bed bugs are a nuisance and we work very hard at providing the best programming and retreat facilities in the area. We do not want this to detract from your wonderful experience. From our discussions with entomologists, licensed professionals and various industry partners, we believe that **heat** is the best way to ensure bed bug prevention and elimination.

Upon arrival at camp, our guest's luggage is heated to temperatures lethal to bed bugs (above 120°F) before being taken to the sleeping quarters. NOTE: As of Spring 2022, the heater system is only in use at the Pine campus. Students at Hemlock Campus will not need to follow these protocols until the heater system is in effect at that property. If your student is staying at Pine (the original site), we ask that you do the following things to help in our effort:

Please allow your students to pack **no more than THREE bags** for camp (Two for bedding and clothing and one small bag for toiletries and personal items).

Belongings should be packed loosely into **soft-sided duffel bags or mesh/fabric laundry bags**.

Do not pack in suitcases or trash bags; they can be damaged in the heating process. (trash bags can be used as cover for the mesh bags, but they will be removed before heating).

Items that should not be heated, such as **medications, sunscreen, bugspray, shampoo, aerosols and other toiletries, should be packed separately** in ziplock bags, plastic shopping bags, a cinch bag, or small backpack. Students will not have access to their heated luggage until dinnertime on the first night, so anything they need to access needs to be kept separate

Everything should be labeled with the student's name on tape, ribbon or luggage tags.

Please ensure that no liquids/gels/aerosols are packed with sleeping gear or clothing.

Thank you so much for helping us in this endeavor.

nuhop



Sleeping gear
Labeled
mesh or fabric bag



Clothes/shoes
Labeled
mesh or fabric bag



Toiletries
Labeled
1 Gallon ziplock

These things are necessary:

- Enough clean, comfortable, weather appropriate clothing for the entire length of your stay (warm and cold weather gear)
- Consider the weather when packing. A warm coat, gloves, and a hat may be needed while other times a pair of shorts are appropriate.
- Raincoat/poncho for rainy weather
- Comfortable, **closed-toed** shoes and a few extra pairs of socks. An extra pair of boots or shoes can be very helpful. Crocs do not count as closed-toed shoes. Avoid them.
- Clean clothes/pajamas to sleep in.
- Sleeping bag and pillow OR Blanket, twin sheets, and pillow.
- Towel, and toiletries: Soap, Shampoo, Toothbrush, Toothpaste, etc.
- **Reusable Water bottle**
- Two extra, clean garbage bags for dirty laundry and dirty shoes (Pre-labeled with student's name)
- Medications currently taken by your student. (See instructions on separate page) These items will be turned in at school before students arrive at camp

These things are optional:

- Chapstick
- Sunscreen and Bug Spray
- Flashlight
- Hiking boots
- Flip flops, slides, or crocs for showering and in-cabin use ONLY

DO NOT bring:

- Weapons (please leave your pocket/survival knives at home)
- Money (there's nothing here to spend it on)
- Anything that requires electricity or batteries (no phones, no curling irons, no microwaves)
  NOTE: Medical devices are an exception. Students who use a phone to monitor diabetes must bring their phone
- Candy, gum, soda, snacks for the cabin.
  Note: We are a nut-free facility. If a student needs to bring snacks for a medical purpose, please contact us for details about supplemental food protocol.
- Extra OTC medication (we have a stocked infirmary).
- Jewelry or other expensive or important items. (If you can't bear to lose it, break it or get it dirty, think twice before you bring it to camp. We will not be refunding lost items)

nuhop

Instructions for Medications

If your child takes a daily or as needed medication, please organize the medication they will need as noted below and send that medication to camp with the child's teacher.

General medication times are 8:00am, 12:00pm, 5:30pm, and 9:00pm. If your child needs to take medication at a different time, just specify what time they need it, and we will make sure it gets to them on time.

- Please send only the amount required while the child will be at camp. Do not send extra.
- All medicines should be kept in the original, labeled container and all containers placed in a labeled ziplock bag.
- Make sure that the container label includes your child's name, the name of the medication, the dosage, and the time & date the medicine is to be administered.
- If the time is not specified on the bottle's label please write a note that specifies what time the medication should be given
- Emergency medications such as inhalers and epi-pens should be sent even if the child does not use them on a regular basis.
- Liquid medicines should be kept in their original bottle as well, and please send a measuring cup or spoon.
- All medications sent with campers need to be documented on student health form. (Name of med, time given, dosage given, number of pills sent)
- If we are unable to understand your instructions, or the meds that we receive do not match what is written on the forms, we will call you for clarification.

nuhop

Special Diets

In order to safely and effectively serve our clients we are asking ***parents who have students with special dietary needs*** to please contact Nuhop at:

nuhopspecialdiets@gmail.com

Please contact Nuhop at this email address **AT LEAST 2 WEEKS BEFORE YOUR STUDENT'S TRIP** with this information:

- In the subject line of the email please write "Special Diet for ...." And include your student's name.
- Student's name and school they attend.
- Detailed information about their special diet
- For food allergies please indicate whether the allergy "ingestion" or "contact"
- Parent or Guardian's name, phone number and email address.

***Notice:** Nuhop operates as a **nut-free facility**. If your student's allergy is related to peanuts or tree nuts, they will not encounter those ingredients in the dining hall. Please send epi-pens or any other allergy medications anyway, as there is a chance students could encounter nuts in the wild when playing in the woods.

If this information is not **received 2 WEEKS PRIOR TO THE STUDENT'S TRIP** Nuhop may not be able to provide special food and parents/guardians will be required to send appropriate food.

For questions or concerns, please call our office: 419-938-7151.