

# 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 7<sup>th</sup> graders. This will be the fifty-fifth 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 17<sup>th</sup> and will return Friday afternoon, September 20<sup>th</sup>. 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 20<sup>th</sup>, the buses will drop off at the following locations:

- Mt. Calvary Bank Parking Lot
- St. Cloud Post Office
- Holyland Church Parking Lot
- Pipe (corner of 151 & W) Calumet Fire House Parking Lot
- Calumetville (corner of 151 & HHH) Cedar Lodge Parking Lot
- Marytown Athletic Parking Lot
- New Holstein Middle School will be picked up or taking regular bus home

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 10<sup>th</sup>. 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).

7<sup>th</sup> 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                      | 1-2  | _____ |
| Heavy jacket or coat                          | 1    | _____ |
| Jeans & shorts                                | 4    | _____ |
| Shirts  | 4    | _____ |
| Hat or cap                                    | 1    | _____ |
| Underwear                                     | 4    | _____ |
| Shoes (old)                                   | 2 pr | _____ |
| Socks   | 4 pr | _____ |
| Pajamas                                       | 1-2  | _____ |
| Soap  |      | _____ |
| Comb or hairbrush                             |      | _____ |
| Toothbrush & toothpaste                       |      | _____ |
| Deodorant                                     |      | _____ |
| 1 gallon plastic bag                          |      | _____ |
| 1 laundry or plastic garbage bag              |      | _____ |
| Watch   |      | _____ |
| Alarm Device (One per room)                   |      | _____ |
| Water Bottle                                  |      | _____ |
| Book to read                                  |      | _____ |
| Flashlight                                    |      | _____ |
| Cinch Sack/small Day Bag                      |      | _____ |
| Clean White 100% cotton T-shirt (for Tie-Dye) |      | _____ |
| Beach Type Towel (for Mindfulness)            |      | _____ |
| Blanket / Sleeping bag / x-long sheet         |      | _____ |
| Pillow  |      | _____ |
| Bath Towel and wash cloth                     |      | _____ |

The following are not required but may be taken if desired:

- Insect repellent
- Sunscreen
- Chapstick
- Camera
- Rain gear

You will NOT need these items

- Chromebook
- Any expensive items like jewelry or electronics
- Cash

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 7<sup>th</sup> Grade Students:

**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 drop off 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	
Holyland Church Parking Lot	
Pipe – Calumet Fire House 151 and W	
Calumet Cedar Lodge Parking lot 151 & HHH	
Marytown Athletic Parking Lot	
New Holstein Middle School - will be picked up at school	
New Holstein Middle School - will be taking their regular bus home	
New Holstein Middle School - Will walk home	

Student Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your cooperation!*

# ***7<sup>th</sup> Grade Outdoor Education***

## **MEDICAL AUTHORIZATION**

September 17 – 20, 2024

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:

**MEDICATION/TREATMENT REQUEST**  
*School District of New Holstein*

453.4 Exhibit 1

Please check:    Medication       Treatment

All portions of this Medication/Treatment Request form must be completed before medication can be administered by school personnel. Incomplete forms may result in the form being returned for full completion.

Student \_\_\_\_\_ School \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose: \_\_\_\_\_

Method: (please circle) Oral    Inhaled    Injected    Neb    Topical    Eye    Ear    Other \_\_\_\_\_

To be given:    Daily at the following times: \_\_\_\_\_

As needed for: \_\_\_\_\_ How often: \_\_\_\_\_

Dates to be given: From \_\_\_\_\_ to \_\_\_\_\_

Additional Information \_\_\_\_\_

Healthcare Provider's Name \_\_\_\_\_ Healthcare Provider's Phone # \_\_\_\_\_  
*(please print)*

The school personnel have my permission to administer this medication/treatment as indicated above. I agree to hold the School District of New Holstein, its employees or agents who are acting on this request, harmless in any and all claims arising from the administration of this medication/treatment at school. I also agree to inform the school immediately and in writing of any change or discontinuation of this order. I shall pick up unused portions of the medication/treatment within 3 business days of completion of the school year or when this order has been discontinued. I acknowledge that the medication/treatment supplies will be destroyed if it has not been picked up after a 10-day period following notification.

**ASTHMA INHALERS:** *This student is capable of self-administration and may carry inhaler.*      Circle: YES or NO  
**EPI PENS ONLY:** *This student may self-carry epi-pen.*      Circle: YES or NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTHCARE PROVIDER AUTHORIZATION**

The healthcare provider whose signature follows hereby authorizes school personnel to administer medication/treatment as prescribed and also agrees to accept communication regarding the administration procedures. It is understood that the medication/treatment will be given by non-licensed, but specially trained personnel, and *the reason(s) that the medication/treatment must be given during the school day should be given.* Temporary orders (except controlled substances) from healthcare providers written on prescription pads or faxed will be accepted for a period of seven days from the date of the order. Prescription inhalers may be carried by the student per section 118.291 (Wis. Stats.) with written signature from healthcare provider and parent/guardian.

**ASTHMA INHALERS:** *This student is capable of self-administration and may carry inhaler.*      Circle: YES or NO  
**EPI PENS ONLY:** *This student may self-carry epi-pen.*      Circle: YES or NO

Healthcare Provider's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_