



ST. LUKE'S
EPISCOPAL SCHOOL
SCHOLARSHIP. CITIZENSHIP. LEADERSHIP.

Dear Fifth Grade Students and Parents,

It is almost time for the most exciting learning experience of the school year, St. Luke's Outdoor School (ODS). This year, fifth graders will enjoy their Outdoor School experience at beautiful Camp Capers in Waring, Texas. We are excited to show the students the wonders and beauty of this camp.

St. Luke's ODS allows campers to learn in a natural outdoor setting where activities are planned to be both meaningful and enjoyable. Students are required to participate in the planned activities, as this is an integral part of the St. Luke's experience and one of our most beloved signature events. Listen to almost any eighth grade chapel talk and you will discover that many students learn a great deal about themselves, their classmates, and the world around them during these cherished school trips.

At Camp Capers, students will play and grow together as they develop a community of trust, openness, and sharing. Participants are challenged to grow spiritually, physically, emotionally and socially. Camp Eagle staff will work in partnership with our dynamic administrators and teaching faculty to combine appreciation for the outdoors, environmental stewardship, and experiential learning. Students will build interpersonal skills and self-confidence in a first class educational experience at Camp Capers.

This year we will travel by school bus to Camp Capers in Waring, Texas on Wednesday, September 28, 2016. Students will be accompanied by school personnel and administrators. Our chaperones will work closely with the Camp Capers staff to ensure a safe, fun, and memorable experience. Upon arrival at school on Wednesday, September 28th, students should drop their gear off in the designated spot in the south parking lot and then report to their homerooms. An adult will be present to monitor belongings. Students will attend chapel before loading the bus in the St. Luke's south parking lot and depart around 9:00 a.m. We will return to SLES on Friday, September 30th, around 3:30 p.m., tired and full of stories about the exceptional experience.

Attached you will find a packing list, additional forms/waivers, and please feel free to browse [Camp Capers' Website](#) for more information about the camp. The deadline for returning paperwork to Mr. Kerstetter is Friday, September 15th. Students will not be permitted to enter the bus without all necessary documents. Any medication required during Outdoor School should be given to a designated chaperone before entering the bus. All medication must be placed in a baggie in the original prescription container with the student name and dosage instructions. Students are not allowed to self-medicate, carry, or store any medication while at ODS.

Please note that it is not necessary to go out and purchase new items for Outdoor School. Enjoying the great outdoors can be a bit messy. Older clothing is better for the type of activities we will be engaging in. We look forward to another fantastic outdoor experience!

Best regards,

Jonathan Kerstetter
Director of Outdoor Education



ST. LUKE'S
EPISCOPAL SCHOOL
SCHOLARSHIP. CITIZENSHIP. LEADERSHIP.

5th Grade Outdoor School Packing List

Please watch the weather forecast as you are packing! It is often cooler in the hill country than it is in the city (especially at night), so make sure you pack enough warm clothing. Bring a sleeping bag, warm blanket (in case it gets cold at night), and pillow. Stuff-bags are very useful to store and contain larger items.

Clothing: Please bring older clothing that you don't mind getting dirty and pack according to the weather – this is a generic list, not weather specific.

- 1 set of pajamas
- 3 pairs of shorts
- 1 pair of long pants (for protection & warmth)
- 1 long-sleeved shirt (for protection & warmth)
- 4 short-sleeved shirts
- Underwear
- Socks (make sure you bring 2 extra pair)
- 1 sweatshirt for cool nights
- 1 hat (protection from the sun)
- 2 pairs of shoes (must be closed toe & comfortable for walking)
- Rain gear (poncho or raincoat with hood)
- 1 swimsuit

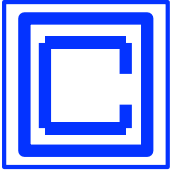
Personal Hygiene:

- Soap
- Shampoo
- Comb and/or hair brush
- Deodorant
- Toothpaste and toothbrush
- Towel

Other Equipment (these are **very** important to bring):

- Refillable Water bottle
- Insect repellent
- Plastic bag for soiled or wet clothing
- Sunscreen
- Flashlight

Medication: Any medication needed during outdoor school should be in a prescription container with the student's name, placed in a baggie with instructions for the appropriate chaperone to dispense. Students are not allowed to self-medicate.



Episcopal Diocese of West Texas Camp Capers



ASSUMPTION OF RISK

To be signed by adult guests or parent of a minor child.

I AM AWARE THAT DURING MY STAY AT Camp Capers, a facility owned and operated by the Episcopal Diocese of West Texas, certain risks and dangers may occur. These include, but are not limited to, the hazards of being in the hill country, forces of nature, and other attributes of this setting. I am aware that Camp Capers has direct access to the Guadalupe River, therefore, I and my family may have the opportunity to participate in aquatic activities including swimming and tubing in the river and swimming in the pool. It is the sole responsibility of me (or legal guardian if under the age of 18) to decide on and carry out any activity restrictions I or my family (or legal guardian) deem personally necessary. Non-or weak swimmers should not participate in aquatic activities. No minor should be at the river or the pool without direct, constant supervision by a parent or guardian and there is no swimming without the presence of an on-duty, currently certified lifeguard. I am also aware that there is a road for deliveries and staff in the camp area. In consideration of these activities and special environment, to the extent permitted by the law, I have and do hereby hold the Episcopal Diocese of West Texas and its bishops, Executive Board, Trustees, and members of the Church Corporation, and all employees and agents thereof, including but not limited to those at Camp Capers harmless from any and all liability, actions, cases of actions, debits, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my stay or participation in activities arranged for me at Camp Capers. Injuries may include emotional or physical injuries not to exclude fatality. The terms hereby shall serve as a release and assumption of risk for my heirs, executors and administrators and for all members of my family.

Group you are attending with: _____

Printed Name of Attendee _____

Signature (if camper is a minor, must be signed by a parent)

Date

Printed Name of Witness: _____

Signature of Witness

Date



Outdoor School Release Form

I. Student Information

Child
First _____ Middle _____ Last _____ Gender: Male ___ Female ___
Grade _____ Birth date ____ / ____ / ____ Age _____ Height _____ Weight _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

II. Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

III. Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

IV. Medical Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems that may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

V. Miscellaneous Information

Is there anything we should know so that your child can have the best possible experience at Outdoor School? _____

Please Select the Student's Swimming Ability Below:

- _____ Non-swimmer (Cannot swim without the aid of a floatation device.)
- _____ Beginner (Can dog paddle and stay afloat.)
- _____ Intermediate (Can swim underwater and in deep water.)
- _____ Advanced (Can with confidence perform a variety of swimming strokes for an extended period of time.)

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that St. Luke's Episcopal School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

St. Luke's Episcopal School and its faculty, staff, and administration are not responsible for lost or damaged personal property. All scheduled events are subject to change. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature(s): _____

Date: _____

Printed Name of Parent/Guardian: _____