



Science Equipment  
and Tools your  
student may use  
while participating  
in Field  
Investigations:

Microscopes

Compass

GPS Units

Aquatic Dip Nets

Soil Sieves

Densitometers

Trowels

Insect Nets

Collection Trays

Binoculars

Field Identification  
Guides

# Camp Tyler Outdoor School

## Outdoor School Information

### When your student comes to Camp Tyler Outdoor School:

- They will participate in programs of Field Investigations and Hands-On Science Activities that will allow them to explore and experience nature, science and real-world situations complementing classroom studies.
- Student involvement in Outdoor School stimulates their creativity and challenges their thought process encouraging them to become responsible citizens in their world.

### Important Information For a Successful Experience

#### 1. Getting Mail is Cool:

Mail cards and letters a full week (7 days), before your student comes to Camp Tyler.

Send mail to:

Student's Name

School and Teacher's Name

Camp Tyler Outdoor School

15143 Camp Tyler Road

Whitehouse, Texas 75791



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The "Do NOT" Brings:

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- *Electrical Devices: Blow Dryers, Curling Irons, Shavers, ETC...*
- *Electronics: Cell phones, Gaming Units, CD or DVD players, etc. If you insist, we will collect them at check in and return them when you leave.*
- *Leave your candy and gum at home as raccoons have been known to steal and destroy your belongings in an attempt to enjoy your treats.*
- *Pocket knives or any weaponry.*
- *Sunglasses- unless accompanied by a doctor's order.*
- *Make-up, perfume, cologne, hair spray, etc.*
- *Expensive jewelry or watches.*

## 2. Packing Checklist

- 3 Tee shirts-long or short depending on the weather.
- Sleepwear (pajamas, shorts and tees, sweats)
- 2 sets of Underwear
- Rain gear (we only stop for thunderstorms or tornadoes)
- Closed-toe shoes (tennis shoes, boots-comfy and can get wet)
- 3 Long pants to ankle or below (no shorts or Capri's)
- 4 Pair of Socks (It is not unusual to have to change wet socks!)
- Seasonal Items such as jackets, gloves, caps, thermal wear.
- Sleeping bag or sheets and a blanket wrapped in plastic trash bag and a pillow.
- Wash cloth and towels (2)
- Toiletries (toothpaste and toothbrush, deodorant, soap, comb or hair brush, anything else for personal hygiene needs)
- Swim Suit to shower in.
- Medications in original container, any and all, in a labeled ziplocked bag accompanied by a doctor's order.

3. All CTOS staff are First aid and CPR/AED trained. We also have a camp nurse on staff to insure a safe and healthy environment!

- ALL MEDICATIONS, including over-the-counter, are required to have either a prescription label or a doctor's order.



Medical Information for  
 \_\_\_\_\_(student's name)

**Medications (Over-the-Counter and Prescription)**

Place a check mark by the times needed for administration of medications.

| Medication | Dosage | Breakfast | Lunch | Dinner | Bedtime | As Needed |
|------------|--------|-----------|-------|--------|---------|-----------|
|            |        |           |       |        |         |           |
|            |        |           |       |        |         |           |
|            |        |           |       |        |         |           |
|            |        |           |       |        |         |           |
|            |        |           |       |        |         |           |

- **ALL Medications, including over-the-counter, are required to have either a prescription label or a doctor's order.**
- **Only prescribed medicine in its original and labeled container will be administered to students.**
- **Please send only the number of pills your child will need while at camp.**
- **Please send Epi-pen if your child requires it due to allergies.**

**Health History:**

\_\_\_ ADD or ADHD

\_\_\_ Diabetes

\_\_\_ Allergies-> Please List Here: \_\_\_\_\_

\_\_\_ Migraines

\_\_\_ Asthma \_\_\_\_\_

\_\_\_ Nosebleeds

\_\_\_ Bedwetting \_\_\_\_\_

\_\_\_ Seizures

**Special Diet Needs**

If your child has special dietary needs you may pack meals in a ziplock baggie and label with the child's name and the meal it is being substituted for. Meals will be stored in the refrigerator at the Bradford Dining Lodge. We provide 2 Breakfast, 3 Lunch and 2 Dinner meals.

## Camp Tyler Outdoor School Parent's Permission Form/ Medical Information

I hereby grant my permission for the student named below to attend the Camp Tyler Outdoor School as a **resident camper** ( overnights ) or a **day camper** (8:00 am-5pm) on the following dates: \_\_\_\_\_ . (Please circle **resident camper** or **day camper**.)

My student attends \_\_\_\_\_ Elementary and his/her teacher is \_\_\_\_\_.

Students Name: \_\_\_\_\_ Male or Female (Circle one)

Date of Birth: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Hospital Choice (circle one) Trinity Mother Frances or East Texas Medical Center

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact if above numbers are unavailable: (Friend, Relative, Neighbor)

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

### Emergency:

**In case of accident or sudden illness, I hereby authorize the Camp Tyler Director, teacher or camp nurse to refer this child to the doctor and/or an emergency facility listed above. I further instruct the above named health care providers to act in loco parentis until such time as I can assume my responsibility. I understand medical care is my financial responsibility. I will not hold liable any staff at Camp Tyler for incident/accident that may occur with the mentioned student.**

### Medical Authorization:

**I give authorization for my child to receive doctor ordered over-the-counter or prescription medication by the Camp Tyler Nurse and/or the Classroom Teacher. I give my permission for the camp nurse to contact the named physician or pharmacy to discuss the medication/procedure prescribed.**

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_