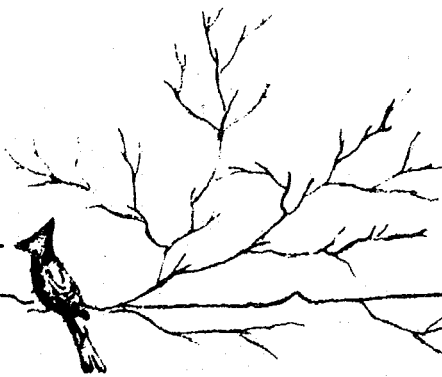


# Echo Hill Outdoor School



DIRECTOR  
PETER P. RICE, JR

ASSOCIATE DIRECTORS  
ANDREW R. McCOWN  
ELIZABETH ZELTER McCOWN

Dear Parents,

Your child will soon be embarking on a great adventure. At Echo Hill Outdoor School (EHOS) he or she will be living close to nature, experiencing and learning about our environment and our place in it. With over forty-five years of experience, we believe our curriculum of outdoor education, which emphasizes learning by doing, complements and enriches classroom learning. EHOS provides students with a unique opportunity to explore the marvels of the natural world while living closely with their peers.

Echo Hill Outdoor School, located on the Eastern Shore of Maryland, is an ideal setting for an outdoor laboratory. The school's 242 acres of forests, meadows, and freshwater shrub swamp borders a mile of sandy beach on the Chesapeake Bay, inviting a wide variety of environmental studies. A multi-faceted adventure challenge course presents individual and group initiatives aimed at building and enhancing confidence, self-esteem, and cooperation. Whether winding their way through the swamp, investigating the Bay's ecosystem on one of the 40-foot lab boats, or facing a challenge on the adventure course, the students are closely supervised by teachers fully qualified in experiential education.

During their stay, the students and teachers will be living in climate-controlled dormitories with full bathroom facilities. Bunk beds and mattresses are provided.

All the meals provide a nutritious balance of good food prepared "Eastern Shore Style." These delicious meals are served family style and facilitate healthy socialization. Some meals may be cooked outdoors by the students and teachers.

Echo Hill Outdoor School's safety record is excellent. The teachers are trained in American Red Cross First Aid and CPR. All waterfront activities are supervised by American Red Cross certified lifeguards. Should a student require additional medical attention, the school's physician, Dr. Frederick Delboy, is on call at Chestertown Family Medicine. University of Maryland Shore Medical Center of Chestertown is the nearest hospital located twelve miles away.

The attached health and registration form must be filled out with the authorization signed by you. The suggested clothing and equipment list has additional important information. Please be sure you review this list with your child.

I hope I have answered some of your questions. Please keep this sheet handy for your own reference.

Dorms 2018



MuseWorld





## SUGGESTED CLOTHING AND EQUIPMENT LIST

All classes are conducted outdoors, and proper clothing is essential to the enjoyment of the experience. This is a basic list designed for a five-day experience during any season.

**The list may require modifications based on the time of year and on your child's length of stay.** Please bring warmer clothing including a winter coat, boots, wool or thermal socks, long underwear, gloves, and a hat during the fall, winter and early spring. Also please check the temperature rating of your sleeping bag and bring an additional blanket for colder nights in the tents.

### **Very important items:**

- 1 rain suit (waterproof rain coat with hat or hood, and waterproof pants if possible)
- 1 winter coat (between mid-October and mid-May)
- 1 sweatshirt or jacket
- 1 wool sweater or fleece jacket
- 1 pair of gloves or mittens
- 1 hat (sun or warmth)
- 1 pair of **WATERPROOF** boots
- 2 pairs of comfortable shoes (sneakers, hiking boots, sandals...)
- 1 pair of old sneakers
- 4 shirts
- 3 pairs of jeans or long pants
- 1 pair of shorts (even in colder months)
- 4 sets of underwear
- 6 pairs of socks (2 wool)
- 1 pair of pajamas
- 1 bathing suit (recommended for outdoor showers)
- 1 towel
- 1 sleeping bag or blanket roll
- flashlight
- toiletry articles
- insect repellent (cream or lotion preferred)
- plastic bag for wet clothes
- sunscreen
- water bottle



### **Optional items:**

- |             |                   |        |                             |
|-------------|-------------------|--------|-----------------------------|
| laundry bag | pillow            | books  | \$15.00 for an EHOS T-shirt |
| journal     | fitted twin sheet | camera |                             |

### **DO NOT bring the following: (this is a MUST, for safety reasons)**

- |                                |                     |
|--------------------------------|---------------------|
| FOOD,CANDY, GUM                | LIGHTERS OR MATCHES |
| MIRRORS(may cause fires)       | KNIVES              |
| IPODS, IPADS, ELECTRONIC GAMES | CELL PHONES         |

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 www.ehos.org



Inspected: Kent County Health Department  
 Maryland State Fire Marshall  
 Maryland Department of Health  
 and Mental Hygiene



**ECHO HILL OUTDOOR SCHOOL**  
Student Residential Health and Registration Form

To be filled out by parents - please print clearly and complete both sides

<b>Your School/Group's Name:</b>	<b>Date(s) Attending EHOS:</b>
<b>Gender:</b>	<b>Grade:</b>
<b>Age:</b>	<b>Date of Birth:</b>

Child's Name (please print one letter per box):  

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 Parent or Guardian #1 Name:  

--

 Parent or Guardian #2 Name:  

--

 Child's Home Address - Street:  

--

 Child's Home Address - City, State, Zip Code:  

--

 Home Phone:  

--

 Parent or Guardian's E-Mail Address:  

--

 Parent or Guardian's Cell Phone:  

--

Parent or Guardian #1 Employer:	Work Phone:
Parent or Guardian #2 Employer:	Work Phone:
Person to Contact in Emergency (other than parent):	Phone:
Name of Child's Physician:	Phone:
Name of Family's Medical Insurance Company:	Policy Number:

**Health Information Necessary for Child's Protection and Care:**  
*Please circle Yes or No. If Yes please provide details; use separate page if necessary*

1. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity while at the Outdoor School? YES NO Provide Details: \_\_\_\_\_
  - Recent surgery or illness: YES NO Date & Details: \_\_\_\_\_
  - Recent broken bones or sprains: YES NO Date & Details: \_\_\_\_\_
  - Recent childhood diseases or infectious diseases: YES NO Date & Details: \_\_\_\_\_
  - Asthma, heart condition, diabetes, seizure: YES NO Date & Details: \_\_\_\_\_
  - Other physical conditions: YES NO Date & Details: \_\_\_\_\_
  - Allergies to Medications: YES NO Details: \_\_\_\_\_
  - Allergies to Foods: YES NO Details: \_\_\_\_\_
  - Environmental allergies (bee stings, hayfever, etc.): YES NO Details: \_\_\_\_\_
  
2. To help us supervise your child at the Outdoor School, the following information is necessary.
  - Does your child sleepwalk? YES NO Details: \_\_\_\_\_
  - Does your child wet the bed at night? YES NO Details: \_\_\_\_\_
  - Has your child been away from home alone before? YES NO Details: \_\_\_\_\_
  - Are there any mental, emotional, or social factors that may affect the care of your child while at the Outdoor School? YES NO Please Describe: \_\_\_\_\_

### Medical Information

***ALL medication, prescription or otherwise, must be clearly labeled with child's name.  
All medication must be in original container or it CANNOT be accepted by state guidelines.***

Has your child had a Tetanus shot?	YES	NO	Date of last Tetanus shot: ___/___/___
May have Tylenol if needed?	YES	NO	mm/dd/yyyy
May have Benadryl for life-threatening emergency?	YES	NO	
May have Benadryl for allergic reaction?	YES	NO	

<input type="checkbox"/> My child is not bringing medication.	My child will be bringing an Epi-Pen    YES    NO Reason:
<input type="checkbox"/> My child takes medication as listed. I authorize my child to self-administer this medication under direct supervision of the adult staff member in charge.	My child will be bringing an Albuterol Inhaler (for PRN or as needed)    YES    NO

***Echo Hill requires Epi-Pens and PRN Inhalers to be carried at all times.  
Please provide a fanny/waist pack for carrying.***

Name of Medication	Dosage	Approximate Time	Condition/Reason
1.			
2.			
3.			

### The following box must be completed and signed for your child to attend

This health history is correct so far as I know, and the person herein described has permission to engage in all activity, except as noted by me.

If a serious emergency occurs, it might be necessary for a physician to attend to your child before the Echo Hill Outdoor School staff is able to contact you or your designated physician. Such care can be provided ONLY if you will sign the following AUTHORIZATION FOR MEDICAL TREATMENT:

I hereby give permission to the physician selected by the director of Echo Hill Outdoor School to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that the health insurance policy which I carry on my child is the primary policy in case of any illness or injury. Echo Hill Outdoor School carries an excess policy which covers expenses not paid by my primary family insurance, including deductibles and co-pays up to our limit.

I understand that the program my child is participating in may involve specialized activities (boating, canoeing, low and high ropes challenge course.) I give permission for my child to participate in these activities and to be transported by Echo Hill Outdoor School for these activities. I know and understand the inherent risks and dangers involved in the above named activities and I understand that although EHOS will take reasonable precautions, it is impossible to guarantee absolute safety, and that unanticipated dangers might arise. I hereby release EHOS from any responsibility for injury which might occur as a result of participation in EHOS activities.

I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of my child for the purpose of enhancing enrollment and/or marketing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

### To be filled in by school - Nurse's/Teacher's Report (Optional)

Known health impairments:	
Restrictions necessary:	
Significant information (behavior, learning limitations, emotional/sensitivity):	
Signature:	Date:

***A signed, printed copy of this form must accompany your child.***