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February 3, 2012

Dear 6th Grade Parents/Guardians;

Each year, our 6th grade students are given the opportunity to attend the Mohican School in the Out of Doors, located in Butler, Ohio. For the 2011-12 school year, Mohican has scheduled Root during the week of March 12-14 and March 14-16. Students in Mr. Steirer, Mrs. Elias, Mrs. O'Brien, Mrs. Kaplack and Mrs. Stefanko's homerooms will leave Monday morning, March 12th and return at 2:00 p.m. on Wednesday, March 14th. Students in Mrs. Rubino, Mrs. Rof, Mrs. Kaiser, Mrs. Bartolotta and Mrs. Scalia's homerooms will leave on Wednesday morning, March 14th and return on Friday, March 16th at 2:00 p.m.

At this time, those students participating in the Mohican Trip need to complete the Registration Forms. You will find the Registration Forms attached. These forms need to be completed, signed and returned to the Root Office by Friday, February 10.

Shortly, we will be sending home Prescription and Non-Prescription Medicine Forms. These forms will need to be completed and returned to the Root Office along with the medication (in their original containers). More specific details will follow.

If you have any questions regarding Mohican, please contact me at wisec@mcsoh.org. Mohican has a great website with all the information you could possibly need. Their website is www.mohicanoutdoorschool.org.

Thank you.

Chad Wise
Principal

REGISTRATION FORM

MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC.

PARENTS, COMPLETE THIS FORM AND SIGN BELOW

We the parents of _____ would like to register our child for the experience in
 (Please Print Child's Name)
 Outdoor Education from ____ / ____ / ____ to ____ / ____ / ____ . Child's age ____ Girl ____ or Boy ____
 Child's address _____ City _____ Zip _____
 School and District _____

LIMITED PURPOSE POWER OF ATTORNEY:

CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

1. The undersigned hereby appoint Mohican School in the Out-of-Doors, Inc. and each of its authorized agents, each to act alone, and delegate to the same the power to consent on our behalf to all emergency treatment and/or any medical care (except elective surgery) of (child) _____, determined to be necessary or desirable by our child's attending physician at the hospital in which emergency treatment and/or medical care is sought.
2. This power of attorney shall be in effect for the days my child attends Mohican School.
3. We, the undersigned, release Mohican School in the Out-of-Doors, Inc., its Board of Trustees, officials and employees and any of its authorized agents, from any obligation or liability, actual or implied, concerning their use of this limited purpose power of attorney.
4. The undersigned certify that they have read this power of attorney and release of liability (or had it read to them), and that they understand the same. "This information will be summarized and provided to the Mohican School Staff who are in direct care of your child(ren)."

The medical information I have given about the child registered on this form is correct to the best of my knowledge.

I have read or had read to me the information in the B form and understand my signature is necessary to register my child. In the event the above child needs to go home before the outdoor session is complete, the parent or guardian who signs this form must be the person who checks the child out at Mohican School unless the legal parent or guardian sends a signed note authorizing another person to do so. The person who removes the child from Mohican School must identify him/her self and show a photo ID.

*Your student's photo might be used by Mohican School in the Out-of-Doors, Inc. for advertising, brochures, or the Mohican Outdoor School slide presentation, but **no** identifying information will be included. If you **DO NOT** wish the photo to be used in these ways, **both spaces below must be completed.***

*____ I **DO NOT** give permission to use a photo as stated above. Parent's signature _____*

PLEASE COMPLETE

Today's Date ____ / ____ / ____

Student's Full Name _____ Parent / Legal Guardian Information _____ _____ Day Telephone Numbers Night Work Telephone (_____) _____ Address _____ City _____ Zip _____	_____ Physician's Name and Telephone Number _____ Dentist's Name and Telephone Number _____ Parent / Guardian Social Security Number [required by hospital and physician] _____ Parent / Legal Guardian Signature
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Form B-4 - Registration "O" Forms/Student Forms/ Aug09

Health Information

MOHICAN SCHOOL IN THE OUT-OF-DOORS, INC.

Note: This page must be filled out completely!

Student's Name _____

Please Note: If student needs medical attention while attending Mohican School, this form will be used by the hospital and/or the physician.

Mohican School insurance carrier: Hartford Insurance Company / Dawson Insurance, Inc., Mansfield, Ohio.
\$100.00 deductible coverage, policy #33-CH-161288. \$5,000 limits of the policy.

In case of accident or sickness, I give my consent for a physician chosen by the Mohican School staff to treat my child as he or she deems necessary. I assume that every reasonable effort will be made to reach me in case of serious illness or accident. It is best if the student's family medical coverage is used but the Mohican School coverage is available if needed or desired.

If my child does require hospital or physicians' care (check one - choice):

- (1) I will use Mohican School's insurance and pay the deductible portion of the cost. Send the bill to me.
Name _____ Address _____
- (2) I will **not** use Mohican School's insurance. Please use my present health insurance company.
Certificate # _____ Group # _____
Subscriber's Name _____ Employer's Name _____
Code # _____ Other Insurance Name _____
Policy # _____ Group # _____

<p>Check if your child has problems with the following: No problems _____</p>					
Bed Wetting _____	Asthma _____	Serious Insect Stings _____	Convulsions _____	Penicillin _____	
Sleep Walking _____	Hay Fever _____	Serious Poison Ivy _____	Diabetes _____	Other _____	
[complete separate Diabetes form]					

If your child needs the following but did not bring from home, the school has in pill form; no liquids available. Please answer YES or NO for each question.

Does your child have permission to take acetaminophen for a headache &/or sore throat? Yes _____ No _____

Does your child have permission to take acetaminophen for an abnormal temperature? Yes _____ No _____

Does your daughter have permission to take acetaminophen for menstrual cramps? N/A _____ Yes _____ No _____

Does your child have permission to take cough drops for a sore throat or cough? Yes _____ No _____

**** Parents/guardians will be called if there is any other advice needed for care not specifically mentioned above.**

Date of child's last tetanus shot? ____ / ____ Has your child been under a physician's care recently? Yes _____ No _____

If yes, explain: _____

Please list anything about your child's health which would pertain to his or her welfare or activity while at the outdoor school not mentioned anywhere else, including dietary needs. _____

Please write below as many **DIFFERENT TELEPHONE NUMBERS** as possible where you or a friend or a relative can be reached in the event of any emergency, if there is no answer at the first number.

<u>NAME</u>	<u>DAY PHONES</u>	<u>NIGHT PHONES</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**** Teachers: Please see that each child has emergency telephone numbers!!!!**