

Chesapeake Bay Studies | May 2019



Schedule and Notes for CBF: Fox Island

w/ Ben Dize and Jessica Coner

Please Keep At Home

Course Description:

CBF's Fox Island— This program, led in partnership with the Chesapeake Bay Foundation, takes students to study and stay in a restored hunting lodge, perched on the marsh. Students research and experience the Bay first hand. Day trips on Monday and Tuesday introduce students to the parameters by which Bay health is measured and the importance of marine resources in Maryland's economy.

Away overnight Wednesday-Friday.

Difficulty: 3

Comfort: 3

- Monday, May 20 – arrive at Gunston by 8:15am, depart after 4:00pm -
 - program at Phillips Wharf Environmental Center (bus can pick up and drop off in Easton)
- Tuesday, May 21 -- arrive at Gunston by 8:30 am, depart after 2 pm - program with CBEC and Harris Crab
- Wednesday, May 22 -- arrive at Gunston by 8:30am,
 - away overnight at Fox Island. (bus can pick up in Easton)
- Thursday, May 23 – away overnight
- Friday, May 24 – returning to Gunston, depart after 3:00pm (bus can drop off in Easton)

Packing List:

- Bag lunch on Monday, sunscreen and water bottle
- Supplies & Baggage x 3 days of lodging at Fox Island - see packing list
- \$ for lunch on Wednesday and Friday



Dear Families,

Bay Studies week is fast approaching. Students met with with groups today and have the following trip details, medical forms, and packing lists to share. The arrival and departure information for your program is listed below. Please take note of any departures or pick-ups that fall outside of Gunston's normal bus schedule. Your presence is required for the entire program; Mrs. Grabis must approve any absences prior to the trip. A Doctor's note is required for illnesses during the week.

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Attached to this letter are recommended packing lists, supplies, and supplemental medical forms *as needed*. **Completed forms are due back by end of the school day on Tuesday, April 30, 2019. Paperwork must be signed by parents or legal guardians only. Students bringing medications (prescription and over the counter) must have physician signed School Medical Administration Forms .** Missing or late paperwork will cause you to lose your seat! Please read your packing list closely, there is no such thing as bad weather, only bad clothing!

After reviewing your schedule, please sign this letter along with a parent, guardian or host parent, indicating that you have read and understand the obligations to bring in necessary paperwork and are aware of attendance requirements.

Sincerely,
Ms. Beck

(Student Signature)

(Date)

(Parent Signature)

(Date)



CHESAPEAKE BAY FOUNDATION
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Dear Parents/Guardians:

Your child will soon be participating in a Chesapeake Bay Foundation (CBF) Residential education program. CBF is a private, non-profit conservation organization dedicated to “Save the Bay” with watershed-wide programs in environmental education and resource protection. CBF’s environmental education program introduces participants to the wonders of the watershed and works to heighten sensitivity, increase knowledge, and empower citizens to take positive action toward the Bay's restoration.

CBF's educators take more than 30,000 students and teachers into the field annually. From one-day canoe and workboat experiences to week-long stays at one of our learning centers, the philosophy is the same: ***To care for the environment, you must love it. To love it, you must know it. To know it, you must experience it.***

During the field day, your child will be participating in a variety of outdoor activities – like pulling a trawl net for fish, marsh mucking, canoeing, and/or dredging for oysters – where they might get **WET** and **MUDDY**. Dressing appropriately and being prepared for an outdoor experience will help make this challenging day(s) rewarding and fun.



Please prepare your child for his or her field experience by:

- Reading the ***Participant Information*** to help determine what to wear, what to bring and expected behavior for their field experience.
- Complete and return the enclosed ***Health Form*** (or submit online www.cbf.org/educationhealthform and return the confirmed printout) to the classroom teacher prior to your scheduled field date. **No one will be permitted to participate without a completed form.**
- If we have your permission to use photos taken of your child for CBF materials, please sign the ***Photo Release*** section at the bottom of the Health Form.

If you would like more information about this education program, please visit www.cbf.org/programs .

Sincerely,

Chesapeake Bay Foundation
Education Program Manager



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EDUCATION RESIDENTIAL PROGRAMS PARTICIPANT INFORMATION

(what to wear & bring)

**APPROPRIATE CLOTHING FOR WEATHER CONDITIONS IS ESSENTIAL.
ALL ACTIVITIES WILL TAKE PLACE OUTSIDE AND/OR ON THE WATER!**



On the Bay it can feel at least 10-15 degrees (F) cooler than on land. In cool weather, bring extra warm, layered clothing, a hat and gloves. You may remove layers if needed, but you'll be glad to have them!



In warm weather, staying hydrated is key! Bring a water bottle you can refill and reuse all day.

PACKING LIST

CLOTHES

Clothes for 3 days (pants, long and short sleeved shirts, sweatshirts, fleece)

One outfit for marsh mucking (long sleeve shirt, pants, and tennis shoes that will get REALLY muddy) and one bathing suit to wear when washing off

Closed-toed shoes for the boats/canoes

Rain Gear (EVEN IF RAIN IS NOT FORECASTED); ponchos are okay.

WARM WEATHER

Brimmed hat

Shorts

One pair of lightweight pants for the bugs

Lightweight long sleeve shirt for the bugs

GEAR

Sleeping bag, pillow

Water Bottle

Plastic bag to bring home wet/muddy clothing

Bandana to use as a napkin

Pen/pencil and journal

Flashlight

Sunglasses, sunscreen, lip balm

COLD WEATHER

Warm, hooded waterproof coat

Warm hat, gloves, scarf
(wool & fleece are best)

Layers of clothing (for warmth)

Warm, waterproof footwear

Quick drying underlayers

OPTIONAL

T-shirt for fish printing

Flip flops for inside the buildings

Camera

TOILETRIES

Toothbrush/toothpaste

Old towel for after marsh mucking

Washcloth

MUDDY CLOTHES CANNOT BE DISCARDED AT THE CENTER!



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EDUCATION RESIDENTIAL PROGRAMS

PARTICIPANT INFORMATION

(education program policies)

CERTIFICATIONS, LICENSES, INSURANCE and INSPECTIONS:

- ✓ All CBF educators are certified in Wilderness First Responder and CPR lifesaving methods annually.
- ✓ All boat captains are licensed by the United States Coast Guard to operate a power boat.
- ✓ CBF carries liability insurance for any occurrence on land and water.
- ✓ All CBF vessels are inspected annually by the U.S. Coast Guard to be seaworthy.

CANCELLATIONS DUE TO WEATHER:

CBF field experiences will be canceled in the case of *severe* weather (extreme heat/cold, lightning, or high winds). Chesapeake Bay Foundation program staff will contact teachers or group leaders in case of a cancellation due to severe weather.

CBF EDUCATION PROGRAM REGULATIONS:

1. No MP3/CD players, video games, etc. Use of cell phone for cameras or educational programming is up to the discretion of CBF staff.
2. Non-skid, closed toe shoes must be worn at all times.
3. No smoking, alcoholic beverages, or illegal drugs allowed.
4. No pets.
5. No guests (infant, child or adult).
6. No horseplay or racing.
7. Chesapeake Bay Foundation is not responsible for lost, damaged, or stolen valuables.

BOAT SAFETY:

1. All minor participants must wear life jackets at all times, including while getting on and off boats.
2. While on boats, all participants must obey the captain.
3. Get on and off the boat one at a time, per the captains' instruction.
4. Keep hands and feet inside the boat at all times, especially while the boat is leaving or coming into the dock.

RESIDENTIAL FACILITIES:

1. Do not walk on any other dock other than the Chesapeake Bay Foundation's dock unless accompanied by a chaperone. Use a buddy system when walking around the island during free time.
2. Do not ride on motorbikes or cars or golf carts.
3. House phone is for STAFF ONLY. No unauthorized use. No public telephone is available.
4. No food allowed in dorm rooms.
5. All biological specimens must remain in the lab.
6. All relics of historical value will remain at the facility.
7. Do not enter any bedroom other than your own, unless instructed by staff.
8. Participants are responsible for any damage done to the facility. All damages will be reported to school authorities or the sponsoring organization for proper disciplinary action and monetary reimbursement.

**CBF EDUCATORS HAVE THE RIGHT AND RESPONSIBILITY TO CANCEL A FIELD PROGRAM
IN PROGRESS IF UNSAFE ACTIVITY BY PARTICIPANTS WARRANTS IT!**



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EDUCATION HEALTH FORM

(Mandatory for ALL participants)

Office Use Only:
Season: Spring Summer Fall
Teacher:
County: State:

Participant Name: _____
Last First

Birth Date: ____ / ____ / ____

Gender: F / M

Grade (if applicable): ____

School: _____

City: _____ State: ____

Program Date: ____ / ____ / ____

CBF Program: _____

HEALTH HISTORY

Does the participant have any allergies to medications, food or environmental factors (ie. bees, grass, etc.)? If so, please provide information about the severity and history of reactions.

Does the participant carry an epi-pen or inhaler? If so, please explain. _____

Are there any specific activities to be encouraged, limited or avoided? If so, please explain.

Does participant have a current tetanus shot? YES NO Date of shot: ____ / ____ / ____

List all current medications participant is using. (Send directions if to be administered. And when last dosage was given).

Does participant have any special dietary restrictions? YES NO If so, please explain below.

Please check below if participant has a history of or currently has any of the following conditions:

| CONDITION | History | Current | CONDITION | History | Current |
|------------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| Heart Defect / Disease | <input type="radio"/> | <input type="radio"/> | Epilepsy | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> | Bleeding / Clotting Disorders | <input type="radio"/> | <input type="radio"/> |
| Hypertension | <input type="radio"/> | <input type="radio"/> | Asthma | <input type="radio"/> | <input type="radio"/> |
| OTHER: _____ | <input type="radio"/> | <input type="radio"/> | | | |

I give permission for me / my child to be administered the following medications as needed for minor discomfort.

☐ Tylenol ☐ Advil ☐ Benadryl ☐ Cough drops ☐ Sudafed ☐ Antacid ☐ Other _____

Please provide any other important health related information about participant.

OVER



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Education Health Form, Page 2

PARTICIPANT INFORMATION

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian (*minor participants only*): _____ Relationship: _____

Wk Phone: _____ Home Phone: _____ Cell Phone: _____

Student Cell Phone (if applicable): _____

Family Physician: _____ Office Phone: () _____

Insurance Company: _____ Policy # / ID #: _____

EMERGENCY CONTACT o *Check here if same as above parent/guardian.*

Name: _____ Relationship: _____

Wk Phone: () _____ Home Phone: () _____ Cell Phone: () _____

READ AND SIGN THE FOLLOWING MEDICAL RELEASE:

This health history provided in this document is correct so far as I know. I understand that participation in Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF field programs may involve boating (by canoe, kayak, sail and/or motor), hiking, camping, fishing and other outdoor activities. I know and understand the risks and danger involved in the above-named activities and I know and understand that unanticipated danger might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities except for those determined to be a result of gross negligence on the part of CBF. I give permission for (participant's name) _____ to participate in all field program activities, except as noted above. I also give permission to authorized personnel to carry out emergency diagnostic and therapeutic procedures as may be necessary for me / my child, and also permit such treatment procedures to be carried out at and by a local hospital for me / my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. ***THIS SIGNATURE IS A REQUIREMENT FOR ALL PARTICIPANTS.***

Parent/Guardian or Adult Participant Signature: _____ Date: _____



READ AND SIGN THE FOLLOWING PHOTO RELEASE:

In order to promote our educational programs, CBF sometimes uses participants' names, voices and/or photographs in connection with media resources, but not as an endorsement. Please sign below if you *agree to grant* CBF permission to use you or your child's name, voice and/or photographs in connection with audio-visual productions, voice and/or photographs.

Parent/Guardian or Adult Participant Signature: _____

We would like to receive e-mail updates from the Chesapeake Bay Foundation:

Parent/Guardian's e-mail: _____ and/or Child's e-mail: _____