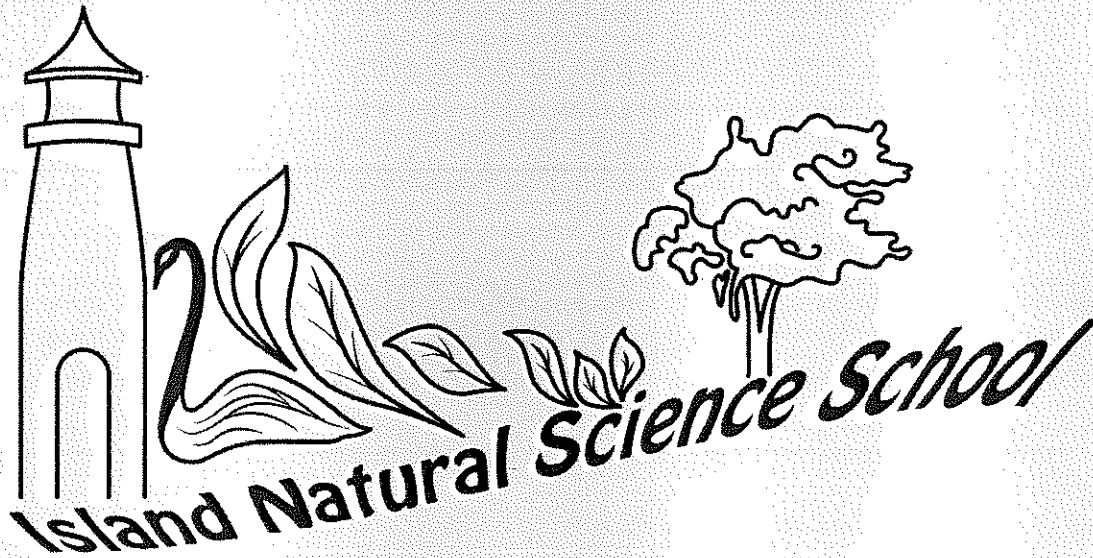


TEACHER PLANNING GUIDE

FOR YOUR TRIP TO

THE ISLAND
NATURAL SCIENCE SCHOOL



Phone: 416-393-1910 Fax: 416-393-9346

To learn more about our school and program,
visit our website at:

<http://schoolweb.tdsb.on.ca/islandoutdoor/Home.aspx>

This package contains everything you need for your visit!

- » The theme of the visit to the Island Natural Science School is, "How do your choices impact your world?" All of our lessons and routines touch upon this theme. Please share with students before the visit!
- » We can help your school with Eco-schools certification. Just ask!
- » We have pre and post visit lessons, and a journal for your students. Please see the website to download.

EQUIPMENT AND CLOTHING CHECKLIST

General Clothing

- Pajamas or sleeping wear
- Slippers or indoor shoes
- Underwear (3)
- Socks (4 – 6)
- Long sleeved shirt
- Sweatshirt / sweater
- Warm jacket
- Long pants (2)

Winter Items

- Hat
- Warm, waterproof mittens
- Scarf
- Winter coat
- Snow pants
- Insulated winter boots
- Turtleneck sweater
- Sweater
- Long underwear (or spare pajama bottoms or tights)
- Wool socks (2)

Spring and Fall Items

- Shorts
- Sun hat with brim
- T-shirts (2)
- Insect repellent (DEET-less than 10%, liquid or stick, not aerosol) - **we prefer, however, for students to wear long pants and shirts instead of using spray**
- Running shoes / hiking shoes
- Water bottle

Bedding

- Sleeping bag or 2 sheets
- Pillow and pillow case

Toiletries

- Prescription Medication needed for during the trip (+ 1 day extra for emergencies)
- Toothbrush and toothpaste
- Soap
- Shampoo
- Towel and washcloth
- Deodorant
- Hairbrush / comb
- Sunscreen
- lip balm

Optional

- Camera (**NO CELL PHONE CAMERAS**)
- Books / magazines
- Watch
- Sunglasses
- Playing cards
- Board games
- Bag for dirty laundry
- Moisturizing cream
- Ear plugs for light sleepers
- Water bottle

The Science School has a supply of rain ponchos and rain boots or winter boots for those who need to borrow them.

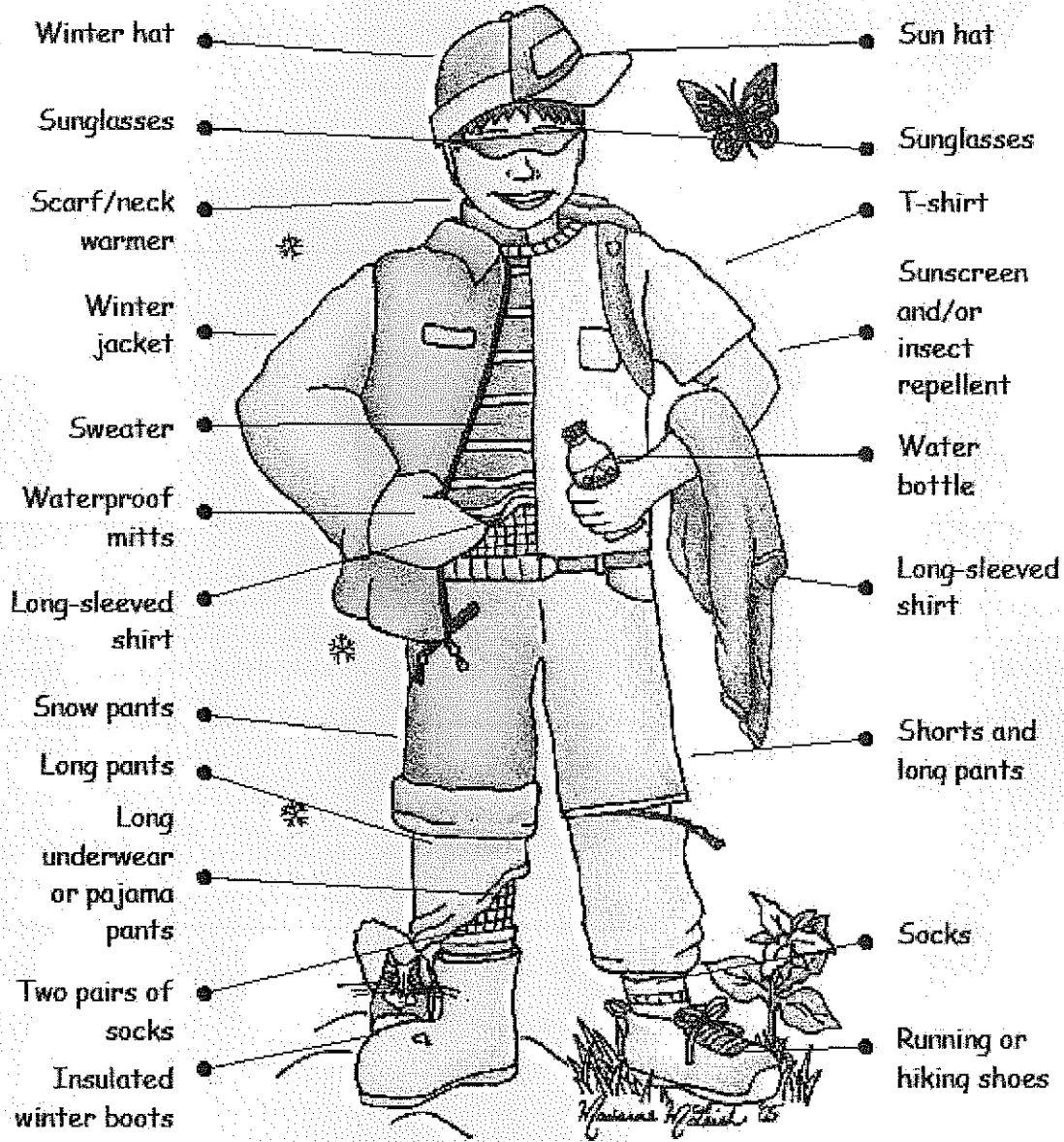
DO NOT BRING:

- Snacks, gum, candy, drinks
- Radio, tape, CD or MP3 player, electronic games, **cell phones or cell phone cameras**
- Money, valuables, knives, matches
- Perfume, cologne (**We are a SCENT FREE SCHOOL!**)

DRESSING FOR THE WEATHER

Cold Weather

Warm Weather





**Island Natural
Science School**

<http://schoolweb.tdsb.on.ca/islandoutdoor/Home.aspx>

AGREEMENT TO CO-OPERATE

At the Island Natural Science School we believe that we must:

- RESPECT our peers
- RESPECT the staff
- RESPECT the environment
- RESPECT the facilities and
- RESPECT ourselves.

I, the undersigned, have read and I understand the expectations written below regarding full participation in the program at the Toronto Island Natural Science School:

1. Any student who endangers her/himself or someone else will be sent home immediately.
2. Any student who maliciously vandalizes buildings, equipment on site, or the natural environment at the Toronto Island Natural Science School and surrounding environment will be sent home immediately.
3. Any student who violates the Toronto District School Board policies on violence, harassment, or weapons will be sent home immediately and all actions will be followed up as indicated in the appropriate policy.
4. Any student who becomes unable to participate fully in the program as a result of illness, injury or refusal to participate may be sent home.

Print Student Name	Student Signature	Date
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I have read and discussed the Agreement to Co-operate form with my child.

1. I understand that I will be expected to transport my child home if he or she is not able to participate in the program at the Toronto Island Natural Science School for the reasons listed above.
2. I understand that I may be billed for the cost of malicious damages caused by my child to the school and / or environment.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
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Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.
The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: (First Name) _____ (Last Name) _____ Date of Birth: _____
 Teacher: _____ Grade/Class: _____ Boy: _____ Girl: _____
 Parent/Guardian: _____ Telephone: (H) _____ (B) _____
 Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of head injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability | | | |

Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program: _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____
 If foods are life-threatening, please explain the symptoms and the treatment: _____

(b) Medications: _____

(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild ___ Moderate ___ Serious ___ Life-Threatening ___

Has a doctor prescribed an Epi-Pen for your child/ward? Yes ___ No ___ (Prescribed Epi-pens **must** be carried by the student on the excursion)

Has a doctor prescribed an inhaler for asthma? Yes ___ No ___ (Prescribed asthma inhalers **must** be carried by the student on the excursion)

Has a doctor prescribed an inhaler for any other reason? Yes ___ No ___ (Currently prescribed inhalers **must** be carried by the student on the excursion)

Dietary Restrictions (please check where appropriate)

Halal only Kosher only Vegetarian (specify type): _____ Allergies to: _____

Other: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

*** What prescribed medication(s) should your child/ward have with him/her during the excursion?**

General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes ___ No ___

If yes, please specify what is written on it: _____

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes ___ No ___

If yes, please explain: _____

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes ___ No ___ If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____

SAMPLE DAILY SCHEDULE

(please be in Common Room at least 20 minutes prior to the next meal to supervise students).

7:15 – 7:30 A.M.	WAKE UP
7:50 A.M.	DUTY GROUP SETS UP DINING ROOM TABLES
8:05 - 8:45 A.M.	BREAKFAST
8:45 A.M.	DORMITORY TIME
9:15 A.M. (9:00 on Wednesday's)	MORNING PROGRAM <i>(2 HOMEROOM TEACHERS WILL BE REQUIRED)</i>
11:45 A.M. – Tuesday, Thursday 11:15 A.M. - Wednesday 11:30 - Friday	DUTY GROUP SETS UP DINING ROOM TABLES
12:00 – Monday, Tuesday, Thursday 11:30 - Wednesday 11:45 – Friday	LUNCH
1:15 - 3:40 P.M. 1:00 start for Predator and Prey	AFTERNOON PROGRAM <i>(2 HOMEROOM TEACHERS WILL BE REQUIRED)</i>
4:05 P.M. (Monday/Wednesday)	FIRE DRILL
3:40 – 4:10 Common Room, Washrooms and/or Organization Time 4:10 – 4:45 P.M. Rec Time	<i>HOMEROOM TEACHER ACTIVITY- Rec Time</i> After 4:10, the gym, the Common Room and the school field are available. NOTE: sometimes the gym is not available due to after 4 programs
4:45 P.M.	DUTY GROUP SETS UP DINING ROOM TABLES
5:00 – 5:45 P.M.	DINNER
5:45 – 6:00 P.M.	Washrooms and Prep Time for Evening Program
6:00 – 8:30 P.M.	EVENING PROGRAM AND SNACK <i>(2 HOMEROOM TEACHERS REQUIRED)</i>
8:30 P.M.	SHOWERS AND BED
9:30 P.M.	LIGHTS OUT