7th Grade WOW Equipment List

The Experiential Education Department can lend students all technical equipment from the list (see below). All students' equipment will be checked prior to trip departure and any missing items can be borrowed from Ex Ed, at that time. **No prior reservations are needed** to borrow gear. Since we will be carrying everything we need with us, we want to eliminate all unnecessary gear, so please only pack what is on the list.

Items You Can Borrow from Ex Ed

Packed	Item	#	Description
	Multi-Day Backpack	1	Large internal frame pack with a padded hip belt that properly fits. Min. 80 L.
	Sleeping Bag	1	Synthetic mummy bag rated in the 10-20 degree range is best
	Sleeping Pad	1	An insulated pad to sleep on (Thermarest or Ensolite are best)
	Rain Coat	1	Zippered rain coat (no ponchos). Look for "coated nylon" rather than vinyl (vinyl easily rips)
	Rain Pants	1	
	Long Underwear Top	1	Must be wool or synthetic. Cotton is inadequate. It does not retain its insulating value when wet
	Long Underwear Pants	1	That so wood of dynamical socious is initially full to the socious in the socious
	Fleece Pants	1	Expedition weight long underwear bottoms can also work.
	Long Sleeve Shirt	1	no cotton – a second long underwear top is fine (see notes above)
	Warm Layers	2-3	Fleece, wool sweaters, or down/synthetic jackets -no cotton
	Warm Hat	1	Winter style warm hat
	Baseball Hat	1	Baseball hat or brimmed hat. No visors
	Mittens or Gloves	1	Fleece are best
	Hiking Boots	1	Comfortable, well fitted, broken in boots with ankle support. Water resistant leather or leather/fabric
	, ,		combination works well
	Non Cotton Hiking	3	Mid-calf socks (no "short ankle" socks). Avoid cotton blends (synthetic is best). At least 1 pair should
	Socks		be extra thick to wear at night
	Water Bottles	2	Students must carry 2 full liters of water. Camelback-style hydration bladders often leak and break
			so we encourage you to bring "Nalgene" style or metal water bottles. No disposable plastic bottles.
	Whistle on a String	1	To be worn around the neck for risk management
TEMS Y	YOU NEED TO BRING	1	M HOME
acked	Item	#	Description
	Running Shoes	1	To wear in camp (light sneakers work well)
	Athletic Pants	1	1 pair, loose fitting, non cotton (nylon hiking pants or warm-up pants are best)
	Shorts	1	Athletic shorts (non cotton)
	T-shirts	2-3	Preferably synthetic materials
	Underwear	4	Synthetic blends are best
	Toiletries	1	Travel sized Toothpaste, Toothbrush, Travel size sunscreen, Lipbalm
			(no moisturizers, makeup, deodorants, etc. as these attract animals)
	Flashlight	1	Small handheld flashlight or headlamp (best option) with new batteries
	Sunglasses	1	Inexpensive
	Bandana	1	Cotton is fine
	Bowl	1	Plastic, lightweight, or a small Tupperware with lid works well
	Spoon	1	Durable plastic is best
	Mug	1	Small lightweight cup or small mug
	Garbage Bags	2	Heavyweight yard style (for waterproofing of clothes and sleeping bag)
	Ziplocks	2	Quart sized
	Small Folding Knife	1	(Optional) Swiss Army Knife, Leatherman, or small pen knife- must be approved by trip leader prior
	oman rotating ratio	-	to trip departure. Cannot be used until knife safety lesson has been taught
	Camera	1	(Optional). Cannot be a phone/ipod (see below)
	Deck of Cards	1	(Optional)
	Reading book	1	(Optional) Lightweight paperback
		-	Girls- Please bring a minimum 24-hour supply of sanitary supplies and more if you expect your
	L Sanitary Supplies		
	Sanitary Supplies		period. Also bring a couple additional small ziplocks and a non-see through case to carry them all in
	Sanitary Supplies		period. Also bring a couple additional small ziplocks and a non-see through case to carry them all in
	Prescription Meds		period. Also bring a couple additional small ziplocks and a non-see through case to carry them all in <i>You may also bring a small packet of baby wipes</i> As needed. "Off Campus Medication Administration Form" must be filled out and included in a

be requested as needed). Over the counter meds not included in this list should be treated as Prescription Meds (see above) **DO NOT bring:** Food, gum, or candy, Electronics (ipods, cell phones, games), money, or lighters/matches

Please note that **cell phones are NOT allowed** on any Ex Ed trips (even as cameras). Our trips provide a very rare opportunity for students

to disconnect electronically and can create exclusionary behavior, even in vehicles. Students who are caught with cell phones will have them confiscated for the duration of the trip and will receive a detention from Division Heads upon return to school.

AUTHORIZATION TO ADMINISTER MEDICATION FOR OFF-CAMPUS ACTIVITIES

It is important that School Activity Sponsors are aware of <u>any</u> medication that your child may be taking during an off-campus activity (prescription <u>and/or</u> over the counter medications). In order for this medication to be safely administered during school activities outside of a regular school day, please complete every item on the upper portion of this form. Please also complete the appropriate statement regarding administration of the medication at the bottom portion of this form. A separate authorization form should be completed for each medication. Students will not be allowed to carry any controlled substances (e.g. Concerta, Ritalin, Hydrocodone) during any school-sponsored functions. The school employee leading the activity will carry controlled substances and supervise your student's self-administration of this medication. Please provide ONLY the amount of medication required for the duration of the activity.

DATE OF ACTIVITY:				
STUDENT'S NAME		_DATE OF BIRTH	GRADE	
Last	First			
NAME OF DRUG	DOSAGE	TIMES OF ADMINISTRATION_		
DURATION OF TIME STUDENT	WILL BE ON THIS MEDICATION			
SPECIAL INSTRUCTIONS REGAF	RDING MEDICATION			
PRESCRIBER NAME		PRESCRIPTION #		
DISPENSING PHARMACY		PHONE #		
employee leading this ac agree to provide the med	arent(s)/guardian(s) of ctivity carry the medication and s dication in a pharmacy labeled co	ropriate statement below): supervise my/our child's self-administrationtainer with only the amount of medicabstances, and up to parental preference	on of this medication. I/We ation required for the duration	
		OR		
competent to carry and a the appropriate way duri carry the medication in a activity. We understand	self-administer his/her own med ing this activity. I/We give my/ou a pharmacy labeled container wit that participating school employ	lication (excluding controlled substances or permission for him/her to do so. I/We th only the amount of medication require ees will have no responsibility for monito cation in- just this form as student shou	 at the appropriate time and in agree that my/our child will ed for the duration of the oring students' self 	
PARENT/GUARDIAN SIGNATURI	E:	DATE:		
HOME PHONE:		WORK/CELL PHONE:		