



Dear Parent or Guardian,

Puh'tok in the Pines is excited to offer your child an opportunity to participate in a unique Field Investigation Study. Over the course of 3 days and 2 nights students will perform hands on activities directly related to real-world environmental issues occurring in their own communities.

Puh'tok is an environmental education center located 30 minutes north of Baltimore and adjacent to the Gunpowder State Park. Here, students will study environmental science in an exciting and hands-on outdoor setting where there is also a strong emphasis on team-building activities that promote the importance of critical thinking and the development of positive life skills. Your child's school is scheduled to visit Puh'tok _____, 2019.

Please take the time to read the enclosed guide. It includes valuable details to prepare you and your child for this unique experience at Puh'tok. Additionally, you will find important Health Information and Forms that must be completed and signed in order for your child to attend Puh'tok's program. The attached health form and waiver/permission form must be returned to school by _____, 2019.

If your child is currently taking any prescription medication, the Puh'tok Medication Authorization form must be completed and signed by your doctor in order for the Puh'tok RN to administer medication.

For more information about Puh'tok, we encourage you to visit our website www.camppuhtok.com or call our office at 410-329-6590. Return your forms to school as soon as possible to ensure that your child does not miss out on this extraordinary experience.

Sincerely,

The Puh'tok Administrative Staff

Puh'tok in the Pines (Camp Puh'tok)
17433 Big Falls Road
Monkton, MD 21111
www.camppuhtok.com
410-329-6590

STUDENT HEALTH INFORMATION FORM

SCHOOL NAME: _____

DATES AT PUH'TOK: _____

Please Print All Information Legibly

CAMPER INFORMATION

Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender:	Home Street Address:		Home Phone:	
	City, State, Zip:			
Parent/Guardian:		Are you a chaperone? <input type="radio"/> Yes <input type="radio"/> No	Home Phone:	
Relationship to Student:			Cell Phone:	
Email Address:			Work Phone:	
Parent/Guardian:		Are you a chaperone? <input type="radio"/> Yes <input type="radio"/> No	Home Phone:	
Relationship to Student:			Cell Phone:	
Email Address:			Work Phone:	
List Persons Other than Parent/Guardian Authorized to Pick Up Your child:				
List an Emergency Contact (Someone who will care for your child if you cannot be contacted):			Home Phone:	
Relationship to Student:			Cell Phone:	
			Work Phone:	
Medical Insurance Information (Used if student needs medical care outside of Camp Puh'tok):				
Company:		Policy Number:		<input type="checkbox"/> Not Insured
HEALTH HISTORY				
Primary Care Physician:		Phone Number:		
		Fax Number:		
HEALTH HISTORY		ALLERGIES		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Bleeding or Clotting Disorder <input type="checkbox"/> Seizures <input type="checkbox"/> Other not listed <input type="checkbox"/> Date of Last Tetanus Shot	<input type="checkbox"/> Recent illness/injury/infectious disease <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Takes Daily Medication	<input type="checkbox"/> Allergy to Medications <input type="checkbox"/> Foods <input type="checkbox"/> Insects <input type="checkbox"/> Severe Poison Ivy Reaction <input type="checkbox"/> Other (List):		
MENTAL, EMOTIONAL, & SOCIAL HEALTH		DIET/NUTRITION		
<input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> ADD <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Anger Management <input type="checkbox"/> Autism	<input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a regular vegetarian diet <input type="checkbox"/> Has special food needs (Please describe)		

Please Explain any Health Conditions Checked Above:

Any Physical Activity Restrictions: Yes No

Explain:

Please provide any additional information about the student's health that you think important or that may affect the student's ability to fully participate in the program. **Attach additional information if needed.**

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts during their trip, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by Puh'tok personnel with your authorization. These medications are approved by Puh'tok's Registered Nurse using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from the program. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have your health care provider complete and sign the Medication Authorization Form provided in your packet AND supply the medications.

I consent to the administration of the below indicated over-the-counter medications to my child while at Puh'tok (check all that apply). If they are NOT checked, they WILL NOT be given to the Camper.

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol) | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin) | <input type="checkbox"/> Loratadine (generic for Claritin) |
| <input type="checkbox"/> Calamine Lotion (for itching) | <input type="checkbox"/> Diphenhydramine (generic for Benadryl) |
| <input type="checkbox"/> Hydrocortisone Cream (for itching) | <input type="checkbox"/> Bismuth Subsalicylate for Diarrhea (Kaopectate or Pepto-Bismol) |

I DO NOT want over-the-counter medications given to my child

Parent Signature

Date

Parent Name Print

IMPORTANT HEALTH GUIDELINES

NO STUDENT WILL BE PERMITTED TO ATTEND PUH'TOK WITHOUT A COMPLETED MEDICAL FORM ON FILE.

PRESCRIPTION MEDICATION

IN ORDER FOR YOUR CHILD TO RECEIVE PRESCRIPTION MEDICATION, YOU MUST ADHERE TO THE FOLLOWING REQUIREMENTS:

1. Medications are NOT ALLOWED to be kept in the cabins; they must ALWAYS be secured by the Nurse while staying at Puh'tok.
 2. Medication Authorization Form listing all of the medications brought to Puh'tok.
 3. Parent/guardian signature at the bottom of the Medication Authorization Form.
 4. Physician's signature at the bottom of the Medication Authorization Form.
 5. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, etc.
 6. All medication including over the counter medications MUST be in the original container and clearly labeled. **(NO PILL BOXES, PILL ORGANIZERS, OR PLASTIC BAGGIES).**
 7. Written authorization from a doctor must accompany the medication in one of the following:
 - A. The prescription bottle must match the doctor's orders on the Medication Authorization Form
- Or
- B. An order from the doctor on a separate page must be attached to the Medication Authorization Form.

DETAILED MEDICATION INFORMATION

- While the student is at Puh'tok, all of their prescription and over the counter/non-prescription medication will be secured in the nurse's station and administered by the nurse. Before any medication can be administered by the nurse a Puh'tok Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is given. If the student already has a medication form on file with the school a copy of the form may be sent in lieu of the Puh'tok Medication Form if it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form, please ensure that all the administration times for an entire 24 hours are listed on that form. These forms are due to Puh'tok at least 2 weeks prior to the student's arrival.
- All medications that are to be given while at Puh'tok MUST be in their original container. They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the

signed Puh'tok medication form in order for the student to receive the medication.

- Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at Puh'tok.
- In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications must be given to a designated school staff member prior to leaving the school then delivered to the Puh'tok Nurse's Station immediately upon arriving at Puh'tok. The medications will be secured in the Nurse's Station for the duration of the field trip and returned to school personnel on the last day of the program. The medications will be returned to the parent/guardian after returning to the school at the end of the field trip. The student cannot keep any medication other than self-carry medications) in his/her cabin or given medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at Puh'tok and after approval is obtained by the Puh'tok RN. Medications are given at breakfast and after dinner, unless otherwise indicated.
- **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the Puh'tok RN: Rescue inhalers (Albuterol, ProAir, Ventolin, Xopenex), Epi-Pens and insulin used while in insulin pumps. These medications must always be in the control of the student, educator or counselor/chaperone while at Puh'tok and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications, please send two of each medication so one can be kept in the Nurse's Station for quick access during any emergency.
- **Over-The-Counter Medications (OTC):** The following OTC medications can be given as needed by the Nurse's Station while the student is a Puh'tok: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must review the Authorization for Over-the-Counter Medications form, check the boxes beside the medications that the student is allowed to receive then sign and date the form at the bottom. These are the only OTC medication that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a Puh'tok Medication Form (signed by a physician) and supply the medication/s while the student is at Puh'tok.

GENERAL MEDICAL INFORMATION

- A registered nurse is on duty 24 hours a day and program staff are CPR and First Aid Certified.
- All allergies must be documented on the Student Health Information Form

- Common or small injuries (such as bruises, bumps, splinters, etc.) will be treated and your child will be able to return to normal activities. Fevers, vomiting, or other more serious illnesses may require your child to be sent home or to the nearest hospital (GBMC Towson).
- If your child has a DOCUMENTED medical condition that prevents them from being outside for extended periods of time or from walking long distances, accommodations can be made for the child to rest in the nurse's station or to be transported by off-road vehicles. However, we must be made aware of this several weeks in advance.
- If your child requires a one-on-one aid in the classroom, it is the school's responsibility to ensure your child's needs are met while at Puh'tok. Please confirm with your school that arrangements have been made.
- If your child requires a one-on-one aid at home, it is the parent's responsibility to provide the one-on-one assistance at Puh'tok.

**PUH'TOK IN THE PINES
MEDICATION AUTHORIZATION FORM**

This form MUST BE COMPLETED FULLY in order for Puh'tok to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription Medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at Puh'tok.
 - Per Maryland regulation, sample medications cannot be administered to the student
- **Non-prescription Medication**- Per Maryland regulation, all non-prescription medications that are not listed on the Puh'tok Over-The-Counter Medication Authorization Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at Puh'tok: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength:	Dosage (per dose)	Route:	Reason for administration:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs. For what symptoms:				
Relevant side effects: <input type="checkbox"/> None Expected <input type="checkbox"/> Yes Specify:				
Medication Name:	Strength:	Dosage (per dose)	Route:	Reason for administration:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs. For what symptoms:				
Relevant side effects: <input type="checkbox"/> None Expected <input type="checkbox"/> Yes Specify:				
Medication Name:	Strength:	Dosage (per dose)	Route:	Reason for administration:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs. For what symptoms:				
Relevant side effects: <input type="checkbox"/> None Expected <input type="checkbox"/> Yes Specify:				

PRESCRIBER AUTHORIZATION

PRESCRIBER SIGNATURE: _____ **DATE:** _____

Prescriber's Printed Name/Title: _____ Telephone: _____ Fax: _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated Puh'tok personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at Puh'tok. I authorize the Puh'tok medical staff to communicate with the health care provider as allowed by state and federal law.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Puh'tok RN: _____ Date: _____

AUTHORIZATION TO CARRY SELF-ADMINISTER MEDICATION

Student’s Name: _____ Address: _____
Gender: _____ City/State/Zip: _____
Birth Date: _____ Phone No: _____

This student will be participating in a Baltimore County Public Schools (BCPS) 3-day/2-night Field Trip Program at Puh’tok from ___/___/___ to ___/___/___ . The following are the only medications that can be carried by the student while at camp with permission of the Puh’tok RN: Rescue inhalers (Albuterol, ProAir, Ventolin, Xopenex), Epi-Pens and insulin used while in insulin pumps.

For this student to carry and self-administer medication while participating in this program, this form must be fully completed by the prescribing physician/provider, an authorizing parent/guardian, and the student participant. Medications must be provided in the original container labeled with the student’s name, dose/strength and specific administration directions.

Physician’s Authorization:

The above-named student has my authorization to carry ad self-administer the following prescription and non-prescription medications:

Medications/Treatments	Dosage/Frequency of Administration	Circumstances/symptoms for administrations	Diagnosis

I confirm that this student has been instructed on the proper use of this medication and is able to administer this medication on his/her own without school personnel supervision. The student understands the expected response to the medication and what side effects and adverse responses should be reported to an adult. I have provided a written treatment plan for use by this student during the field trip program for managing asthma, anaphylaxis episodes, or for a chronic health condition.

Physician Signature Physician’s Phone Number Date

FOR COMPLETION BY PARENT/GUARDIAN:

As the parent/guardian of the above-named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used an auto-injectable epinephrine, he/she understand the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands the need to alert an adult.

Authorization is hereby granted to release this information to appropriate Puh'tok personnel, school personnel, and BCPS teacher chaperones who will be accompanying students on the above-referenced program.

Parent/Guardian Signature: _____ Date: _____

STUDENT STATEMENT:

I understand that I am allowed to carry and self-administer only the medication(s) listed above. I agree to use the medication as instructed by my physician, only for the conditions te doctor has written and not to share with other people. I understand that if I misuse or share the medication with others, I will be held accountable for my actions and that I will face disciplinary action.

Student Signature: _____ Date: _____

Participation Assumption of Risk and Waiver Agreement

When participating in outdoor activities, safety is our primary concern. While it is impossible for us to eliminate all risk, your commitment to follow instructions and use sound personal judgment will contribute greatly to your well-being. By signing this waiver, the participant accepts that there are inherent risks and hazards involved in Overnight Camping, Outdoor Science Investigations, Field Activities, and Low Ropes Challenge Course Adventure.

Please read and sign the following agreement:

Overnight Camping

Students will be staying in enclosed cabins with bathrooms, heat and air conditioning. Our property is located on 67 wooded acres. I understand that risks and dangers exist during all outdoor activities including, but not limited to: insect bites, bee stings, cuts and bruises, and minor injuries.

Outdoor Science Investigations, Field Activities, and Low Ropes Challenge Course

I, as a participant, understand I will be involved in Outdoor Science Investigations, Field Activities, and Low Ropes Challenge Course Adventures that require periods of physical exertion, balancing, lifting, pushing, pulling and climbing. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I fully understand that several activities take place near open water. I fully understand that my physical activity involves risk of personal injury or injury to others. I understand the risks may include loss or damage to personal property.

I understand that I will not be forced to do any activity and that despite a reasonable precaution taken by **Camp Puh'tok for Boys & Girls Inc.** that a guarantee of absolute safety is impossible. I agree to exercise good personal judgment, to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. **I have listed on the reverse side of this paper** and informed my instructors of any physical, mental, or medical conditions, recent injuries, medication, allergies or other considerations that might limit my ability to participate or affect other members of my group. I realize that failure to share that information could result in serious harm to myself or others. I also state that I am not under and will not be under the influence of any chemical substance including alcohol.

I agree to comply with safety instructions given by **Camp Puh'tok for Boys & Girls, Inc.**, and to be responsible for my personal safety and well-being. I agree to hold **Camp Puh'tok for Boys & Girls, Inc.**, its Directors, Officers, Employees, Agents, and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this program.

I understand that all possible precautions are taken to ensure that all programs and activities sponsored by **Camp Puh'tok for Boys & Girls, Inc.**, are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises.

In the event that it becomes necessary, I give permission to **Camp Puh'tok for Boys & Girls, Inc.** to secure proper medical treatment. I understand that any medical expense is not covered by **Camp Puh'tok for Boys & Girls, Inc.**, medical insurance will be billed directly to me or to my insurance company.

*I have read and understand all materials outlining overnight camping, the low adventure course, field games and outdoor science activities, included in this waiver and agree to abide by these terms. I give my child permission to participate in overnight camping, challenge course adventures, field games and outdoor science investigations AND I am aware this is a waiver and a release of liability and I sign it **VOLUNTARILY**.*

Signature of Participant

Signature of Parent/Guardian

Printed Full Name

Printed Full Name

DATE

DATE

VIDEO/PHOTO CONSENT

I represent that I am the parent or legal guardian of _____ (“student”) who desires to attend camp and participate in activities sponsored by Puh’tok. I hereby grant permission to Camp Puh’tok for Boys and Girls, Inc. the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the student, without compensation or approval rights, for use in materials created for purposes of promoting the activities and programs of Camp Puh’tok for Boys and Girls, Inc.

Signature of parent/guardian:

Date:

Signature of parent/guardian:

Date:

WHILE YOU ARE HERE

Parent Information to Review with Your Child

Everyone has a right to enjoy their Puh'tok MWEE experience. To ensure a safe and fun learning experience, all students must:

- show mutual respect
- safely participate in all activities
- follow directions
- allow others the opportunity to learn
- stay with their group at all times

Policies/ Student Expectations

- Students are expected to follow the rules and be respectful of all adults (station leaders, teachers, chaperones). Inappropriate behavior or language will not be tolerated.
- *Everyone at Puh'tok will speak and listen attentively using mutual respect.* Please make sure your child understands they are responsible for helping create a positive experience for themselves, and their classmates.
- Students should always remain within their group and established boundaries.
- Students should remain on marked trails and show respect to plants and animals.

NO TOBACCO, ALCOHOL, DRUGS OR WEAPONS: Puh'tok has a zero-tolerance **policy for the use/possession of tobacco**, alcohol, drugs or weapons. If a student violates this policy, the student's parent/guardian will be notified, and the student will be sent home immediately.

Daily Schedule

7:00	Wake-Up
8:00	Breakfast
9:00	<i>Program Activity 1</i>
10:40	<i>Program Activity 2</i>
12:20	Lunch
1:10	Adventure Activity 1
2:50	<i>Program Activity 3</i>
4:30	Adventure Activity 2
6:00	Dinner
7:00	Evening Presentation
8:00	Journal/Reflection
9:00	Cabin Time
10:00	Lights Out



- * **Program Activities:** Wetlands, Upland Forest, Pond, Stream & Riparian Field Investigations
- * **Adventure Activities:** low ropes, field games, team-building initiatives, & geocaching
- * **Maker Sessions** include: ecological restoration projects & STEAM activities

MEALS

Students will be provided lunch and dinner on the first day, all three meals the second day, and breakfast and lunch on the third day. Please be sure to notify the school of any special dietary needs and/or food allergies upon registration and document on your child's medical form. A menu is available upon request. Students may bring snacks if they desire. Special accommodations can be made for food allergies and dietary restrictions with two weeks advance notice. Puh'tok is a nut-free facility.

Menu

	DAY 1	DAY 2	DAY 3
Breakfast 8:00 AM		Bagels and Muffins with Cream Cheese and Butter Eggs and Sausage Yogurt w/ Granola Water, Orange and Apple Juice, Milk	Assorted Pastries Eggs Bacon Yogurt w/ Granola Water, Orange and Apple Juice, Milk
Lunch 12:20 PM	Assorted Sandwiches/wraps Chips Whole Fruit Cookies Water and Lemonade	Assorted Sandwiches/wraps Chips Whole Fruit Cookies Water and Lemonade	Assorted Sandwiches/wraps Chips Whole Fruit Cookies Water and Lemonade
Dinner 6:00 PM	Penne Pasta w/ Meat/Plain sauce House Salad: Dressing: Ranch, Italian, Bleu Cheese Broccoli & Rolls Brownies and Cookies	Chicken Tenders Macaroni & Cheese Classic Caesar Green Beans Brownies/Cookies	

CLOTHING AND PERSONAL ITEMS

Students are expected to come to class dressed appropriately for all weather conditions. Outdoor activities will continue rain or shine and will take place close to and around ponds, streams and wetland habitats where shoes can become muddy and wet regardless of the weather. We highly recommend dressing in layers and bringing waterproof boots. Students are expected to participate in each program and being properly dressed will allow a more comfortable outdoor learning experience.

Suggested Packing List

ESSENTIAL

- **Weather appropriate** shirts and pants/shorts, minimum of one per day. Recommend extras to layer each day for optimal comfort.
- Underwear (minimum 1 pair per day)
- Socks (3 minimum, extra recommended)
- Sweatshirt or sweater
- Hat
- Rain gear
- Pajamas
- Closed-toes shoes/ sturdy hiking shoes or boots
(2 pairs if possible, in case one gets wet)
- Sleeping bag, blanket, sheet, pillow
- Plastic bag for wet clothes
- Sunscreen
- Water bottle
- Shower Supplies/Toiletries
- Toothbrush/Toothpaste
- Bath towel and hand towel
- Medications (if needed)
- Cold Weather Gear
(winter months and early spring)
winter hat, gloves, scarf, warm coat, long underwear

OPTIONAL

- Sunglasses
- Flashlight
- Reading/writing Materials
- Snacks

DO NOT BRING:

- MP3 players or iPods
- Gaming devices
- Computers, tablets, or any similar platforms
- **Cell phones**
- Prohibited items (drugs, alcohol, tobacco)

**Please be sure ALL items and clothing are labeled with student's FULL NAME

**Please keep in mind when packing to only send items/clothes that can get wet and dirty.