

TENAKILL MIDDLE SCHOOL

275 High Street | Closter, New Jersey 07624

201-768-1332 | Ext. 42210

Email: cipollinic@nvnet.org

Fax: 201-784-0726

Website: tenakill.closterschools.org



Christine Cipollini
Principal

September 19, 2024

Dear Grade Six Parent(s)/Guardian(s),

Once again, Tenakill Middle School will participate in an outdoor education program. On **November 13th, 14th & 15th**, the sixth grade class will visit Fairview Lake YMCA Camp in Newton, New Jersey, for a three-day, two night outdoor education program.

Students will depart Tenakill at approximately **9:00 AM on Wednesday, November 13th, and return on Friday, November 15th, at approximately 2:30 PM**. Several excellent activities have been selected by our teachers in coordination with Fairview Lake staff, in order to help the students achieve our goal of developing an awareness, appreciation, and sense of responsibility for our environment. Attached is a brief description of the program and what activities the students will be participating in during their time at camp.

The PTO donated \$4,000 to reduce the total cost of the trip this year. Because of this, the cost of the trip will be **\$285.00** per child.

In order to review the specifics of this trip and to explain the planned activities and procedures, there will be a meeting for all sixth grade parents on **Tuesday, October 15th, 7:00 PM** in the Tenakill Middle School auditorium.

Attached is a permission form as well as a participant agreement. Please read the details carefully before returning it with your trip payment.

Permission slip, trip payment, and medical forms are due on **Friday, October 25th**.

I look forward to seeing you at the meeting on **Tuesday, October 15th at 7:00 PM**.

Sincerely yours,

A handwritten signature in black ink that reads "Adam Sidrow". The signature is written in a cursive, flowing style.

Adam Sidrow

Trip Coordinator

sidrow@nvnet.org

FAIRVIEW LAKE YMCA CAMP
STUDENT PERMISSION SLIP

RETURN TO ADVISOR BY
Friday, October 25, 2024

Student Name: _____ Advisor: _____

Home Phone: _____ Emergency Phone: _____

Work Phone: _____ Cell Phone: _____

Please select responses from one column only.

I have read the attached communication and hereby ***grant permission for my child to participate*** in the outdoor education program, November 13, 14, 15, 2024.

My child ***will not participate*** in the outdoor education program, November 13, 14, 15, 2024.

I have ***enclosed my trip payment*** of \$285.00 made payable to:

Closter Board of Education

_____ ***Check No.***

I have enclosed the **Fairview Lake Medical Information Form** (and **Medical Authorization Form**, if applicable).

***** If your child has a specific dietary need,
please contact Mr. Sidrow (sidrow@nvnet.org)
by Friday, October 25, 2024. *****

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September 2024

Dear Parent(s)/Guardian(s):

I am writing this letter in order to answer frequent questions I receive with regard to the class trip medical form.

- The form must be fully completed and include emergency numbers, physician name and numbers. Additionally, the *specific dates* of the **last tetanus booster & meningitis vaccine** MUST be filled in. (Your child's school health record may not be up to date. If you have not submitted yearly physicals to me, I may not have the most current vaccination dates on file. Please call your child's health care provider in order to get this information. Responses such as "*current*" or "*up to date*" cannot be accepted.)
- The 3 medications listed on the form (Benadryl, Tylenol and Tums) do not require a doctor's order. Dr. Rothenberg, our school physician, provides me with written standing orders for these medications for the class trip only.
- **Any other medications, including over the counter medications must be accompanied by a written order from your child's health care provider. The medicine will NOT be given without written doctor's orders. If your child has a current medication order on file in the health office, YOU DO NOT have to get an additional order.** The medications *must* be in the original pharmacy containers.
- *All* medications for the 6th grade class trip are due **NO** later than **Friday, October 25th**.

Please note:

Medication **will not be returned to the student at the conclusion of the trip. All medication must** be picked up by a parent/guardian in the nurse's office at your convenience.

I thank you for your cooperation in the above matter. Please call me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "V. McHale". The signature is written in a cursive, slightly slanted style.

Virginia McHale
School Nurse
TMSNurse@nvnet.org

Fairview Lake YMCA Camp

MEDICAL INFORMATION FORM

Name: _____ Birthdate: _____ Advisor: _____

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

IN EMERGENCY, if parents or guardians cannot be reached, notify:

Name: _____ Relationship: _____ Cell Phone: _____

Does your child have any medical problems that we should be aware of such as allergies? Include food, drugs, insects, plants, etc.:

Please circle YES or NO for each question.

| | | |
|--|-----|----|
| May Benadryl be given to your child if needed? | YES | NO |
| May Tylenol be given to your child if needed? | YES | NO |
| May Tums be given to your child if needed? | YES | NO |

Medication prescribed by a physician as well as any over the counter medication must be accompanied by a doctor's written order and a Medical Authorization Form (see attached) for each medication.

All medical documentation is due by **Friday, October 25th**. Only **original** documents will be accepted. We **do not** accept faxed or copied forms.

Students requiring an asthma inhaler must also contact Ms. McHale (TMSNurse@nvnet.org) as soon as possible.

| NAME OF DRUG | TIME TO BE TAKEN | AMOUNT TO BE TAKEN |
|--------------|------------------|--------------------|
| | | |
| | | |
| | | |

*** Instruct your child under **NO** circumstances to give a drug or drugs to **ANY OTHER STUDENT**.

*** If an accident or illness should occur during the trip, and parents cannot be contacted, I authorize any hospital or physician to take appropriate steps for the treatment of my child, _____, in the event of any emergency.

Family Physician: _____ Phone: _____

Date of Tetanus Booster: _____ Date of meningitis vaccine: _____

Parent/Guardian Signature: _____

**PLEASE COMPLETE & RETURN MEDICAL FORM TO YOUR ADVISOR – FRIDAY, OCTOBER 25TH
MEDICATION DUE TO MS. MCHALE – FRIDAY, OCTOBER 25TH**

Closter Public School's Medical Authorization Form

School Year: _____

School: _____

Physician's Order

Student: _____ DOB: _____

Medication: _____ Dosage: _____

Time: _____ Frequency: _____
(if a PRN Medication please indicate the frequency with which it can be repeated)

Reason for Medication: _____

Possible Side Effects: _____

Date medication is to be discontinued: _____

Physician Comments (if needed): _____

Date: _____

Please Stamp

Physician's Signature

Address

Telephone

I request that my son/daughter _____, be administered the Medication prescribed above by the school nurse.

Date: _____

Signature: _____
Parent/Guardian

WHAT TO BRING

Warm, comfortable and practical clothes are recommended. Shoes should be sturdy; loafers, sneakers, etc., are of little use on the rocky ground. These quantities recommended represent the minimum number.

It is wise to have name tags on all personal belongings. Fairview Lake or Tenakill Staff cannot be responsible for lost articles.

It is suggested that this sheet be placed in the top of the student's suitcase to serve as a checklist for both packing times.

ESSENTIALS

| PACKING LIST | AT HOME | AT CAMP |
|--|----------------|----------------|
| Sleeping bag or 2 blankets & bed linen | _____ | _____ |
| Pillow if necessary | _____ | _____ |
| Bath towel and washcloth | _____ | _____ |
| Toothbrush, toothpaste, deodorant and soap | _____ | _____ |
| Comb, brush, nail file, etc. | _____ | _____ |
| 1 pair pajamas | _____ | _____ |
| Underwear (several changes) | _____ | _____ |
| 2 pair slacks or jeans (weight depending on season) | _____ | _____ |
| 4 shirts or blouses | _____ | _____ |
| 5 pair socks (wool & cotton) | _____ | _____ |
| 2 pair shoes (one pair suitable for hiking) | _____ | _____ |
| Rain hat, boots, and waterproof raincoat or poncho (water repellent clothes are not sufficient – this is extremely important) | | |
| <u>Warm jacket</u> , sweater, sweatshirt | | |
| Kleenex or handkerchiefs | | |
| Notebook and pencils | | |
| Flashlight | | |
| Chapstick | | |
| Insect repellent (roll-on or cream) | | |
| Sunblock | | |
| Reading book | | |
| Mechanical pencils | | |

OPTIONAL

| | | |
|---------------------------------|-------|-------|
| Slippers | _____ | _____ |
| Shower shoes | _____ | _____ |
| Camera (disposable recommended) | _____ | _____ |
| Fishing equipment | _____ | _____ |
| Playing cards | _____ | _____ |
| Shorts | _____ | _____ |
| Gloves and hat | _____ | _____ |
| Plastic laundry bag | _____ | _____ |
| Binoculars | _____ | _____ |
| Small backpack | _____ | _____ |

Reminders:

- a) Campers should leave all jewelry and other expensive belongings at home.
- b) **NO SPEAKERS, VIDEO GAMES, CELL PHONES, FOOD, OR GUM** should be brought to camp.
- c) Students will assemble at the **TENAKILL MIDDLE SCHOOL GYM**, at **8:30 AM, Wednesday, November 13, 2024.**
- d) Students will return on **Wednesday, November 15, at approximately 2:30 PM, to TENAKILL.**