### Fairview Lake Parent Information Packet

**EVERYONE must complete #1 and #2 – Even if your child is not attending**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. <strong>Receipt of Packet:</strong> If you were <strong>not</strong> present at the meeting, please return the bottom portion of this page to your child’s science teacher on the next school day.</td>
<td>✓ when complete</td>
</tr>
<tr>
<td>2. <strong>Registration:</strong> Log on to Community Pass <a href="http://www.ebnet.org">www.ebnet.org</a>. Select “Activity Registration and Pay” at the bottom of the page to <strong>EITHER</strong> register <strong>OR</strong> decline registration. Detailed instructions can be found on page 4 of this packet. <strong>Please note that LATE FEES may be assessed for those who register AFTER the due date, January 24, 2020.</strong></td>
<td></td>
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</table>

**If your child is attending the trip you must also complete #3**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3. <strong>Medical Forms:</strong> There are a total of <strong>FOUR</strong> medical forms. All four forms are required and <strong>must be signed</strong> for your child to attend Fairview and can be found in the back of this packet. Detailed instructions can be found on pages 5 and 6 of this packet. <strong>Please note that for everyone’s safety, medical forms must be submitted by the due date January 24, 2020.</strong></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Medication:</strong> The Nurse may dispense Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil) and Tums with your permission. The “Consent to Administer OTC Medication in School” form is attached. (See medical form 3.) Please read and sign this form to allow the Nurse to dispense these common medications at camp, if necessary. <strong>BEFORE sending in the medical forms, make a photocopy for your records.</strong> This will ensure that you send in the proper medication prior to the trip. Legally, the nurses cannot administer any medications except those documented on these forms</td>
<td></td>
</tr>
</tbody>
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*(Please cut here and return the bottom portion ONLY.)*

If you did **not** attend the parent information meeting, please sign below and submit the bottom portion of this notice to your child’s science teacher on the next school day.

<table>
<thead>
<tr>
<th>Child’s Name (Print)</th>
<th>Period</th>
<th>Teacher</th>
</tr>
</thead>
</table>

Parent/Guardian Signature
I was wondering…

Q: Why do our 6th graders go to Fairview Lake Camp?
A: To learn valuable life skills…
   o An outdoor education experience
     ▪ Experience the science skills and concepts they have learned throughout the year.
   o Socialization
     ▪ Build new friendships
     ▪ Gain independence
     ▪ Understand the importance of teamwork and cooperation

Q: What is the length of the trip?
A: 3 days and 2 nights

Q: Where is Fairview Lake Camp?
A: Stillwater, New Jersey - Northwest NJ, South of Stokes State Forest
   Fairview Lake Road
   Newton, NJ 07860
   (973) 383-9282
   www.fairviewlake.org

TONIGHT’S AGENDA

- Welcome!
- Introductions
- Permission and Medical forms
- Video Presentation
- Program Overview
- We Need Your HELP!
  Chaperone Information
- Questions & Answers
Daytime Activities

Action Socialization Experience (ASE):
Groups will be presented with physical challenges to solve by working together and planning strategies.

Water Ecology:
Groups of students will explore the lake ecosystem on a pontoon boat, take water samples, and learn about this type of environment.

Campus Hike:
Students will hike campus trails to observe the streams, rock formations, and plant life unique to this area.

Ridge/Swamp Hike:
Students will hike an ascending and descending mountain trail. They will be observing changes in plant life, looking for signs of animal life, touring the swamp, and investigating wetland life and succession stages.

Boating:
After a short course on boating safety, students will take a row boat out on Fairview Lake.

Archery:
Students will have a chance to practice the art of archery with a real bow and arrow.

Evening Activities

Led by Fairview Staff:
- Campfire
- Night Hike

Led by Hammarskjold Staff:
- Song Games
- Animal Presentation by A Touch of Nature

Daily Meal Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>Between</td>
<td>Evening Snack</td>
</tr>
</tbody>
</table>
Clothing and Equipment List for Fairview

Students must carry their own belongings from the bus to the cabin. The quantities listed below represent the minimum number for a three-day resident program. Student’s name should be written on all items with permanent ink.

Bag #1: Bedding (garbage bag labeled with student’s name)
- sleeping bag/blanket
- twin sheet
- pillow
- additional large garbage bag with your name written on it in sharpie

Bag #2: Backpack (to be kept with students at all times)
- water bottle
- sunscreen
- tissues
- chapstick
- flashlight
- fresh batteries
- rain coat/poncho (NO umbrellas)
- hat
- insect repellant
- inhaler (if needed)

Bag #3: Clothing/toiletries (duffle bag/suitcase)
- 2 towels, 2 washcloths
- toothbrush
- toothpaste
- soap
- shampoo
- deodorant
- comb/brush
- flip flops for shower
- pajamas
- underwear (6)
- socks
- 3 pairs of pants
- shirts (3)
- sweater or sweatshirt
- 2 long sleeve shirts
- jacket/gloves/hat
- 2 pairs of shoes
- dirty clothes bag
- 2 clothes hangers

Items not permitted
- Blow dryers
- Curling irons
- Cell phones
- Gum/Candy/Snacks
- Jewelry
- Smart watches, I Pads etc...
- Shorts/Capri pants
- Perfumes
- Expensive items

Optional Items
- Camera
- Tennis racket
- Baseball glove
- Softball
- Money for Trading Post
- Book
Permission slips, Non-Attendance Form, and Medical Forms

A. How Do I Sign My Child Up for the Fairview Trip?

Online registration and payment
1. Access online registration by visiting www.ebnet.org and select “Activity Registration and Pay.”
2. Login with Community Pass username/password. (Note: if you do not know your username and password you can send an email to ebonlinepayments@ebnet.org or call 732-613-6674.
3. Once you are logged in you will select “Register Here” and then select the option “Fairview Trip 2019-2020”.
4. Make sure you know your child’s science teacher and class period to ensure you are registering for the correct trip!
5. Follow the step by step directions on the screen.

NOTE: Registration will begin on Monday, Oct., 28 and end on Friday, January 24th 2020

B. Medical Forms (Every student must complete these forms in order to attend.)
   a. Hard copies of the three required medicals forms are found at the end of this packet.
   b. Need additional copies? Follow the steps below.
      1. Go to ebnet.org
      2. Select: Schools-Hammarskjold
      3. Under the “About Us” tab Select: Virtual Backpack
      4. Select: Fairview Medical Forms 2019-2020
      5. Print and complete the FOUR medical forms
      6. All FOUR medical forms must have a parent signature
      7. Return them to your child’s teacher

C. What do I do if I do not want my child to attend?
1. Access your online payment account as directed in “A” above.
2. Check the box that indicates that your child will not be attending.
3. Follow all directions on that web page.
IMPORTANT MEDICATION NOTICE

Since medication is an extremely important issue, we thank you in advance for your attention to detail and cooperation in following these procedures.

**General Information**

- There will be a registered nurse at Fairview 24 hours a day.
- Students are NOT to bring any medications with them into their cabin or to self-medicate at any time. The only exception to this rule is their personal **inhaler** which should always be kept with them in their backpacks. Only students that have a physician’s order that states they can self-carry are allowed to keep their inhaler with them. **The nurse should have a back-up inhaler.**
- All medications must be kept in the nurse’s cabin and the nurse will dispense all medications.
- Please make sure there is enough medication for the duration of the trip.
- All prescription medications and over the counter medications (with the exception of Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), and Tums) will not be administered without a written doctor’s note (see medical forms 2, 3 & 4).
- If your child will need allergy medication in April, please be sure to have the doctor include these medications in the physician’s orders.
- Make a copy of the doctor’s orders for medication. Keep this copy to ensure that only the exact medications are sent to camp with your child. No substitutions will be allowed.
- The nurse will transport all medications to Fairview and back to Hammarskjold. They may be picked up by parents upon our return or during normal school hours. No medication will be sent home with a student.

**Medication Stored at HMS**

Any medication currently stored in Hammarskjold’s Nurses office will be boxed, and sent to Fairview.

**Other Medication (both prescription and over the counter)**

Medications are to be sent to school the week prior to the trip in the following manner:

1. Medications must be taken directly to the **Nurse’s Office.**
2. Each medication must be in the **original container** with the child’s name on the container.
3. A doctor’s note designating the dosage and time to be dispensed is required for **each** medication. This note along with the medication container should be placed in a self-sealing baggie labeled with the child’s name.
4. Please do not send Acetaminophen (Tylenol), Ibuprofen (Advil/Motrin) or Tums. The Nurse at Camp will have these Medications in her supply. **Reminder: These Stock Medications will only be administered on an as needed basis to students with signed parental permission. (Medical form 3).**

Please abide by the above directions as it is important that this be taken care of prior to the trip as medications are a very important issue.

Thank you in advance for your cooperation,
Nurse’s Office and Fairview Coordinators
Medication FAQ’s

Here is a list of the most common questions our school nurses get about medications.

Question #1 How do I fill out the medical form if there is already medication in the nurse’s office.

Answer: You can indicate on the medical form that there is medication in the nurse’s office and the physician does not need to reorder this medication. If there is additional medication that the student takes at home, this needs to be indicated on the form and signed by the doctor.

Question #2 Do I need the physician to sign the form if my child takes no medication.

Answer: There is a place you can sign on the medical form indicating that your child will not be taking any medication while on the trip and the doctor does not need to sign the form.

Question #3 What happens if my child’s medication changes (dosage, new medication, etc.) after the forms have been completed and returned?

Answer: You can print a new form and send in an amended form to the nurse’s office with the doctor’s signature.

Question #4 If my child only takes medication in the spring (allergy medication, eye drops, etc.) do I need to have that indicated on the form?

Answer: All prescription medications and over the counter medications (with the exception of Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), and Tums) will not be administered without a written doctor’s note (see medical forms 2, 3 & 4).

Question #5 When do I bring in the medication to school?
Answer: You will receive notice from your child’s teacher when the medications are being collected in the nurse’s office. They must be brought in before the trip as the nurse will already be at Fairview the morning the trip is leaving. The only medication that will be accepted on the bus is a new medication your child was prescribed right before leaving for the trip (e.g. newly prescribed antibiotics).

REMEMBER
- All medication must be brought in the original container and placed in a zip-lock bag labeled with your child’s name. Prescription medication must be in a pharmacy labeled container.
- Any medication sent to school without a doctor’s order will NOT be administered to your child during the trip.

HELPFUL HINTS
- Make a copy of the medical form that you have sent to school so that you are clear as to what the doctor ordered.
- Send in the exact medication that has been ordered. For example, if Claritin prescribed, you cannot send in Zyrtec, etc.
The following **four** pages (pages 8-11) contain the medical forms that are **required** for your child to attend the Fairview Trip.

Pages 8-11 must be completed and **SIGNED BY A PARENT**.

**These forms have a STRICT DEADLINE OF January 24, 2020.**

**Things to consider:**
- You may need to send these forms to your doctor. Be sure to give yourself enough time to do so.
- The trip takes place during the height of allergy season. Consider this when completing these forms.
- Once completed, make a copy of these forms because, well, you never know...
Spring 2020 Fairview Environmental Education Experience

Medical Form 1 of 4
(3 days/ 2 nights)

MEDICAL INFORMATION

All blanks are to be filled in.
Write “NONE” if the information does not apply to your child.

Name of Family Doctor______________________________ Telephone ________________

Child’s Address ______________________________________________________________

Is your child covered by a health or accident policy? Yes____ No ____

If YES: Name of Carrier _________________________ Policy # __________________
Name of insured: ____________________________ Group # __________________

If your child requires medication, it will need to be sent to the school based on the chart below.

<table>
<thead>
<tr>
<th>Trip Date</th>
<th>Send in Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 30-April 1</td>
<td>March 16-20</td>
</tr>
</tbody>
</table>
| Mueller periods 2, 3, 4/5, 9 and 11
| Novak periods 2, 3, 9 and 11
| Selvaggio periods 2 and 10 |
| April 1-3          | March 23-7          |
| Mueller Period 10, Krongold all periods
| Comroe periods 2, 5/6, 10 and 11, Hoffman period 4/5, Novak period 7/8, Alvarado period 2 |
| April 15-17        | March 30- April 3   |
| Hoffmann Periods 1, 2, 6/7, 10 and 11
| Alvarado periods 1, 3, 5/6, 9 and 10
| Comroe periods 3 and 9, Zatz all periods |

- Any allergies (medications, foods, insect bites or latex) ____________________________
- If your child is asthmatic and uses a nebulizer or inhaler, it must be sent to camp.
- Non-meat diet (check one): No_____ Yes _____ (Kosher food is not available)
- Will your child be celebrating a birthday while in camp? Date of birthday _____________

Please Note: Any health or medical questions should be directed to the school nurse at 732-613-6896.

This is the most current information available: ____________________________

Parent Signature ____________________________ Date ________________
EAST BRUNSWICK PUBLIC SCHOOLS Student Services
Authorization for Administration of Medications for Hammarskjold Fairview Trip

Parent(s)/Guardian of (print name of child ____________________________)

Check one:

_____ March 30-April 1: Mueller periods 2, 3, 4/5, 9 and 11 Novak periods 2, 3, 9 and 11 Selvaggio periods 2 and 10

_____ April 1-3: Mueller Period 10, Krongold all periods Comroe periods 2, 5/6, 10 and 11, Hoffman period 4/5, Novak period 7/8, Alvarado period 2

_____ April 15-17: Hoffmann Periods 1, 2, 6/7, 10 and 11 Alvarado periods 1, 3, 5/6, 9 and 10 Comroe periods 3 and 9, Zatz all periods

Administrative policy of the East Brunswick Public Schools requires the school nurse to have the WRITTEN PERMISSION of a child’s parent/guardian AND physician in order to administer any medication during the school day or on a school trip. This includes PRESCRIPTION and MOST OVER-THE-COUNTER MEDICATION (eg. Seasonal allergy medication, cough/cold medication, etc.).

Make a copy of the medication names listed by the physician and send in only those EXACT medications. NO SUBSTITUTIONS ARE PERMITTED. For example: If the physician orders Claritin, then Zyrtec cannot be given to the nurse for the trip.

The prescription medication must be given to the school nurse, in a pharmacy labeled container which includes the name and the telephone number of the pharmacy, the prescription number, the student’s name, directions for administering the medication, and the name of the physician prescribing the medication. Over the counter medication must be given in the original packaging. Information regarding medication will be shared with staff on a need-to-know basis.

Any student whose physician orders a pre-filled auto-injector mechanism (Epi-Pen) for the treatment of anaphylaxis, shall have a volunteer, non-medical designee to administer one dose of prescribed epinephrine via a pre-filled auto-injector mechanism when the school nurse is unavailable. This also pertains to those students who are capable of and have self-medication orders.

I release, indemnify, and hold harmless the Board of Education and its employees against any and all liability for damage or injury arising out of approval of this request.

I hereby authorize the school nurse to administer his/her medication to:

______________________________________________, as prescribed by:______________________________________________

Child’s Name

Physician’s Name - please print

(STAMP NOT ACCEPTABLE)

Parent Signature __________________________ Date __________

OR

My child __________________________________________ will NOT be taking ANY

PRESCRIPTION OR OVER THE COUNTER MEDICATIONS on the Fairview Trip.

______________________________

Parent Signature - required
In order for over-the-counter (OTC) medication to be given to your child during school, this form needs to be completed by the child’s parent or legal guardian.

Name of child ___________________________ Date of Birth ______________ Grade ______

PARENT INFORMATION

Parent Name _____________________________ Parent Name _____________________________
Tel # (H) _______________________________ Tel # (H) _______________________________
(C) _________________________________ (C) _________________________________
Email ________________________________ Email ________________________________

PARENT CONSENT

The school nurse has permission to give my child the following over-the-counter (OTC) medications:

☐ Acetaminophen 325mg ☐ 1 tablet ☐ 2 tablets (same ingredient as TYLENOL)
☐ Ibuprofen 200 mg ☐ 1 tablet ☐ 2 tablets (same ingredient as ADVIL)
☐ TUMS™ ☐ 1 tablet ☐ 2 tablets

Please note: Only Registered Nurses may administer OTC medications in school

I give permission to the school nurse to share relevant information with school staff as s/he determines appropriate for my child’s health and safety.

☐ YES
☐ NO

Parent Signature __________________________ Please Print Name Here __________________ Date ______________

Nurse Signature __________________________ Please Print Name Here __________________ Date ______________
The Fairview Environmental Education Experience is a 3-day residential trip during the spring semester of Grade 6. This trip includes multiple activities such as hiking wooded trails, walking through forests and other native New Jersey ecosystems, and boating on a glacier lake. Please consider these activities as you determine appropriate medications for your child.

TO BE COMPLETED BY THE PHYSICIAN:
Prescription and/or Over-the-Counter medication for the above-named child is necessary for the Fairview Trip and should be administered as follows:

**Student may self-carry and administer Inhaler Yes No Epi-Pen Yes No**
Parent will provide an additional inhaler or pre-filled auto-injector mechanism (Epi-Pen) identical to the one the student is authorized to carry which will be retained by the school nurse in accordance with the district medication policy.

I certify that the above named student has been trained in the use of the (check all that apply) Inhaler ______ and/or Epi-Pen ______.
Please note: NO other medications may be self-carried or self-administered by the student.

Name of physician (please print) ___________________________ Signature of physician (STAMP NOT ACCEPTABLE) ___________________________ Date ____________
Physician Address: ___________________________ Phone # ____________
Parent’s Signature ___________________________ Date ____________

My child ____________________________________________ will NOT be taking ANY PRESCRIPTION OR OVER THE COUNTER MEDICATIONS on the Fairview Trip. ___________________________
Parent Signature ___________________________
We’re going to Fairview and we need your help!

Only parents/legal guardians may chaperone. As a chaperone your responsibilities include: accompanying students on their daily activities (see page 2 of this packet for a list), staying with students in their cabins, sitting with them in the dining hall and assisting the Hammarskjold staff in maintaining the safety of all students. This is an excellent opportunity to spend quality time with your child.

If you are interested in joining us as a chaperone, please fill out this form and return it to your child’s Science Teacher (Alvarado, Comroe, Krongold, Mueller, Hoffmann or Novak) as soon as possible. If you have any questions or concerns about chaperoning, please speak with one of the coordinators.

Please note that filling out this form does not confirm that you will be selected as a chaperone. Space is limited. We will send home notices in early February confirming who has been selected.

_____ Yes, I will be able to chaperone, Wednesday- Friday (April 1-3, 2020).
_____ I am not available the entire trip, I can make it Wednesday, April 1 (night)
_____ I am not available the entire trip but can make it Thursday, April 2 (night)

In the event that we are in need of additional chaperones of the opposite gender, would another parent or guardian from your household be willing to chaperone in your place (circle one)?  Yes or No

Your Name:
First ___________________ Middle ___________________ Last ___________________
(if none, write “none”)

Your DOB:
Month: __________   Day: __________   Year: __________   Age: __________

Child’s Name _____________________________________________________

Relationship to Child ______________________________________________

E- Mail address ____________________________________________________

Daytime Phone # ___________________________________________________

Parent Street address: ______________________________________________

Name of Science Teacher (circle one):

Alvarado or Comroe or Hoffmann or Krongold or Mueller or Novak

Please return by Friday, January 24, 2020

Thank you,

Mrs. Mueller, & Mr. Krongold, Mr. Dick and Mr. Widmaier
Fairview Chaperone Sign-up

We’re going to Fairview and we need your help!

Only parents/legal guardians may chaperone. As a chaperone your responsibilities include: accompanying students on their daily activities (see page 2 of this packet for a list), staying with students in their cabins, sitting with them in the dining hall and assisting the Hammarskjold staff in maintaining the safety of all students. This is an excellent opportunity to spend quality time with your child.

If you are interested in joining us as a chaperone, please fill out this form and return it to your child’s Science Teacher (Mueller or Novak or Selvaggio) as soon as possible. If you have any questions or concerns about chaperoning, please speak with one of the coordinators.

Please note that filling out this form does not confirm that you will be selected as a chaperone. Space is limited. We will send home notices in early February confirming who has been selected.

_____ Yes, I will be able to chaperone, Monday- Wednesday (March 30-April 1, 2020).

_____ I am not available the entire trip, I can make it Monday, March 30 (night)

_____ I am not available the entire trip but can make it Tuesday, March 31 (night)

In the event that we are in need of additional chaperones of the opposite gender, would another parent or guardian from your household be willing to chaperone in your place (circle one)? Yes or No

Your Name:
First ___________________ Middle ___________________ Last ___________________
(if none, write “none”)

Your DOB:
Month: ________ Day: ________ Year: ________ Age: ________

Child’s Name ________________________________________________

Relationship to Child __________________________________________

E- Mail address ________________________________________________

Daytime Phone # ______________________________________________

Parent Street address: __________________________________________

Name of Science Teacher (circle one):
Mueller or Novak or Selvaggio

Please return by Friday, January 24, 2020

Thank you,

Mrs. Novak, Mrs. Mueller, Mr. Lavery and Mrs. Perno
Fairview Chaperone Sign-up

We’re going to Fairview and we need your help!

Only parents/legal guardians may chaperone. As a chaperone your responsibilities include: accompanying students on their daily activities (see page 2 of this packet for a list), staying with students in their cabins, sitting with them in the dining hall and assisting the Hammarskjold staff in maintaining the safety of all students. This is an excellent opportunity to spend quality time with your child.

If you are interested in joining us as a chaperone, please fill out this form and return it to your child’s Science Teacher (Hoffmann or Alvarado or Comroe or Zatz) as soon as possible. If you have any questions or concerns about chaperoning, please speak with one of the coordinators.

Please note that filling out this form does not confirm that you will be selected as a chaperone. Space is limited. We will send home notices in early February confirming who has been selected.

_____ Yes, I will be able to chaperone, Wednesday- Friday (April 15-17, 2020).
_____ I am not available the entire trip, I can make it Wednesday, April 15 (night)
_____ I am not available the entire trip but can make it Thursday, April 16 (night)

In the event that we are in need of additional chaperones of the opposite gender, would another parent or guardian from your household be willing to chaperone in your place (circle one)? Yes or No

Your Name:
First ___________________ Middle ___________________ Last ___________________
(if none, write “none”)

Your DOB:
Month: ________  Day: ________  Year: ________  Age: ________

Child’s Name __________________________________________

Relationship to Child __________________________________

E- Mail address _________________________________________

Daytime Phone # ________________________________

Parent Street address: ________________________________

Name of Science Teacher (circle one):
Alvarado or Hoffmann or Comroe or Zatz

Please return by Friday, January 24, 2020

Thank you,

Mrs. Hoffmann, & Miss Alvarado, Mrs. Daga and Mrs. Hewes