

Hanover Township Public Schools
Memorial Junior School

61 Highland Avenue
Whippany, New Jersey 07981

Dear *Future* 6th Grade Parents:

Welcome to Memorial Junior School! One of the first major involvements for 6th graders is the Resident Outdoor Education Program, which will be held on October 21st, 22nd, and 23rd. This program will take place at Fairview Lake, which is a YMCA camp located in Stillwater, New Jersey. Our school district has been participating in this educational trip for approximately 60 years.

The Outdoor Education Program is a valuable experience that teaches students about conservation and the environment, emphasizing the importance of teamwork. Students participate in activities such as canoeing, climbing wall, lake limnology, orienteering, and hiking to the ridge of the Appalachian Trail. Most importantly, they will learn the skills necessary to solve problems as a team by working together as groups to complete activities. We urge every student in the 6th grade to attend this three-day field trip.

In order to help us defray a portion of expenses, each student who attends the program is assessed a fee of \$130.00 which included lodging, meals, and evening programs. Please be reminded that students will not be denied participation because of financial need; arrangements for a fee deferment can be made.

Please be aware that this year's Outdoor Education Registration Packet and all necessary forms (permission slip, medical forms, etc...) are available online through the Memorial Junior School link on the district website, (www.hanovertwpschools.com). In order to assist us in processing all applications and chaperone requests in a timely manner, we respectfully request that all applications be submitted with your payment by Monday, August 3, 2009. Please make your check payable to **Memorial Junior School**. In addition, please be reminded that a special orientation meeting for all parents regarding the Resident Outdoor Education Program will be held on Monday, October 5, 2009 at 7:00 PM in the Memorial Junior School Auditorium.

I look forward to meeting with you to share information about this exciting, educational program. If you have any questions regarding this trip, please call me at 973-515-2427.

Sincerely,



Michael Anderson
6th Grade Team Leader and
Resident Outdoor Education Advisor

MEMORIAL JUNIOR SCHOOL
Outdoor Education Program
Permission Slip

(Please respond by Monday, August 3rd)

I give permission for my son/daughter _____
(circle one) (please print child's name)

to participate in the Resident Outdoor Education Program at the Fairview Lake YMCA
on October 21st, 22nd, and 23rd.

Parent's Signature

*Please make sure to enclose a check for \$130.00
to cover the cost of the trip.
Thank you.*

_____ My son/daughter will not attend the Resident Outdoor Education Program. I understand that this trip is a school function, and if my child does not attend, he/she is expected to be in school on those three days.

Reminder: Fairview Lake YMCA is a drug-free environment.

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

Parent Volunteer Form

(please respond by Monday, August 3rd)

Attention Parents:

We need some parents to help chaperone during the entire three-day trip. This would involve:

- ❖ riding the bus with the students to and from Fairview Lake YMCA
- ❖ participating in daily activities and meals
- ❖ supervising the cabins overnight

Chaperones will be selected on an as-needed basis. Additional chaperones will be selected if needed. All chaperones will be notified by the end of September.

_____ Yes! I would like to volunteer as a chaperone for the entire trip.

Volunteering Parent's Name- Please Print

Work Telephone Number

Home Telephone Number

Cell Telephone Number

Child's Name- Please Print

Thank you for volunteering!

Reminder: Fairview Lake YMCA is a drug-free environment.

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

Dropping Off Luggage:

- Tuesday between 4:00-10:00 PM or Wednesday between 7:00-7:30 AM
- Place luggage on the trailer parked in front of the school by the main office

Return Day (Friday):

- Students will return at approximately 2:15 PM
- You can pick up your child and their luggage at that time or he/she can go home on the regular 2:45 PM bus

Departure Day (Wednesday):

- Students should come to school at regular time
- Departure will be at approximately 9:00 AM

Picking Up Luggage:

- No later than 10:00 PM on Friday

Reminder: Please do not send luggage on the regular bus as there isn't enough room.

Packing Information

- Pack as lightly as possible because students have to carry their possessions a considerable distance.
- Do not use plastic bags as luggage.
- Name tags are recommended for all personal belongings. Fairview Lake YMCA is not responsible for lost items.
- Comfortable shoes are recommended but no sandals or loafers.
- Students should leave all valuables at home including iPods and cell phones.
- Students will visit the camp store. If students would like to purchase items, they need to bring money with them. The most expensive item in the store is \$40.00.
- Please make sure to pack rainproof clothing and shoes.

A packing list is included on the back of this sheet.

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

(Place this sheet in the top of student's suitcase as a checklist when packing.)

Packing Essentials

| | Packed at home | Packed at camp |
|---|----------------|----------------|
| sleeping bag and/or blanket & bed linens | _____ | _____ |
| pillow | _____ | _____ |
| 2 bath towels | _____ | _____ |
| 1 wash cloth | _____ | _____ |
| toothbrush & tooth paste | _____ | _____ |
| soap and shampoo | _____ | _____ |
| comb, brush, nail file, etc. | _____ | _____ |
| face tissues or handkerchief | _____ | _____ |
| laundry bag | _____ | _____ |
| | | |
| pajamas or other sleeping attire | _____ | _____ |
| bathrobe and slippers (optional) | _____ | _____ |
| underwear (several changes) | _____ | _____ |
| 2 pair jeans | _____ | _____ |
| 1 pair of shorts | _____ | _____ |
| 2 shirts | _____ | _____ |
| 4-6 pair of socks | _____ | _____ |
| 2 pair of shoes | _____ | _____ |
| sweater or sweatshirt | _____ | _____ |
| | | |
| flashlight (w/ extra batteries) | _____ | _____ |
| heavy jacket, hat, gloves | _____ | _____ |
| waterproof jacket/poncho, rainhat, and boots | _____ | _____ |
| <i>(rain repellent clothes are not enough)</i> | | |
| | | |
| Water bottle | _____ | _____ |

Please do not bring:

iPods, gaming systems, knives, hair dryers, fireworks, matches, pets, candy, gum, or other edibles

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

Medical Information

- **Annual Health Update- must be completed & returned for all students**
- **Authorization for Medical Treatment- must be completed & returned for all students**
- **Immunization Letter From School Nurse- FYI**
- **Hanover Township Public Schools Notice to Parents- FYI**

The following information is important if your child will need to take any medication while on the Outdoor Education Program

- All medications **must** be provided to the school nurse by October 12th in its original packaging. Parents may bring medication to the orientation on October 5th, as the school nurse will be present.
- A completed Request for Administration of Medication by the School Nurse/Registered Nurse form **must** accompany *each* medication and **must** be signed by both the parent/guardian and the child's physician. These forms may be obtained in the health office or the main office over the summer.
- Board of Education policy stipulates that students who are permitted to self-administer their medication (*for asthma, bee stings, or another potential life-threatening illness*) **must** have their parent/guardian complete the Request for the Self Administration of Medication form. If an Epi-Pen is needed, an additional form entitled "Emergency Administration of Epinephrine via Epi-Pen" is also required. These forms may be obtained in the health office or the main office over the summer.

Please return the Annual Health Update and the Authorization for Medical Treatment by Monday, August 3rd with the other Outdoor Education information.

If you have any questions, you may contact our school nurse at 973-515-2431 during the school year.

**HANOVER TOWNSHIP PUBLIC SCHOOLS
ANNUAL HEALTH UPDATE**

Please complete. Confidential information will be shared with teaching staff as necessary.

Child's Name: _____ **Date:** _____

Homeroom Teacher: _____ **Grade:** _____

1. Has your child had any accidents, injuries, illnesses, or surgeries over the summer? If yes, please explain:

2. Is your child currently taking any medication? If yes, please explain: _____

3. Does your child have any medical/physical problem (allergies, tires easily, headaches, nosebleeds, disabilities, etc.) the school should know about? If yes, please explain: _____

4. Does your child have asthma? Does your child have any allergies to medications, foods, insects, pollens? If yes, please explain and list care required: _____

5. Has your child been diagnosed hyperactive by your physician? If yes, please list medication, amount, and time of administration: _____

6. Does your child have a seizure disorder, bleeding tendencies, diabetes, or chronic disorders? If yes, please explain: _____

7. Does your child wear glasses or contact lenses? _____ If so, is the correction for near vision or distance vision? _____ When is your child to wear glasses? _____
Date of last eye exam: _____ Date of last prescription change: _____
Other vision problems: _____

8. Does your child have any ear or hearing difficulties? If yes, please explain: _____

9. Do you have any other information about your child's health, development, behavior, family/home life that you would like the school to be aware of? If yes, please explain: _____

Does child have Health Insurance?

Yes _____ If Yes, name of insurance company: _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ **Printed Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

Parent name (please print)

Parent Signature

Date

Memorial Junior School
Authorization for Medical Treatment of a Minor
Temporarily Separated from Her/His Parent(s) or Guardian(s)

Dear Parent or Guardian:

While your child is attending the 6th Grade Resident Outdoor Education Program, he/she may need medical attention. To avoid delay in obtaining your consent, to make clear your choice of physician, and to provide other information about your child's health care needs, please complete this form and sign it. This form should be left with the person or institution who will be in charge of your child while at the 6th Grade Resident Outdoor Education Program. This authorization will be effective if the school nurse is unable to reach the parents or guardians.

I (We) _____
(Parent/Guardian)

(City) (County) (State) (Zip Code)

(Home Phone Number) (Business Phone Number)

do hereby state that I am / we are the parent(s)/guardian(s) having legal custody of:

(Child's Name)

is a minor, age _____, born on _____

who resides with me/us at _____
(Address)

If I/we cannot be reached, I/we authorize the following persons to authorize medical services for my child:

Darrin Stark, Assistant Principal or Michael Anderson, Outdoor Education Advisor
(School Representative)

an adult who works at _____
Memorial Junior School, 61 Highland Avenue
(School and Address)

in the city of _____
Hanover Township

county of _____
Morris state of _____
New Jersey

to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

This authorization will expire on _____
October 31, 2009

Dated this _____ day of _____ 2009

(Parent/Guardian Signature and Date)

(Parent/Guardian Signature and Date)

★ Please Complete Both Sides ★

Additional Medical Information

Child's Full Name: _____

Home Phone Number: _____

Father at Work: _____ Cell: _____

Mother at Work: _____ Cell: _____

In an emergency, if unable to reach parent or guardian, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Co: _____

Group No: _____ Identification No: _____

Child's allergies, if any: (medications, insects, foods, etc.) _____

Describe Reaction: _____

Usual Treatment: (i.e. **Epi-Pen**) _____

Existing medical problem(s) of child, if any: _____

Medication your child is presently taking or will be taking during Outdoor Education (**NOTE-** a doctor's note must accompany any medication the child will be taking. Forms are located in the health office or in the main office over the summer.)

Dietary Restrictions: (low fat, lactose intolerant, vegetarian, allergies, etc.) _____

Date of last Tetanus shot: _____

You have permission to give my child Tylenol _____ or Benedryl _____ while at the 6th Grade Resident Outdoor Education
check check

Program per standing orders from our school physician, Dr. Anthony J. Cioce, Jr. _____

Parent/Guardian Signature

Hanover Township Public Schools
Memorial Junior School
Health office

61 Highland Avenue, Whippany, NJ 07981
Phone: 973-515-2431 Fax: 973-515-2481

Jay Clare Voorhees, RN
School Nurse

June 2009

Dear Parents/Guardians of Fifth Grade Students,

The New Jersey Department of Health and Senior Services has recently revised the vaccine requirements for students born on or after January 1, 1997 and entering sixth grade on or after September 1, 2008. These students will now be **required** to receive the following two immunizations:

- **One dose of Tdap (Tetanus, diphtheria, a cellular pertussis) given no earlier than the 10th birthday**
- **One dose of a meningococcal-containing vaccine given on or after the 11th birthday**

If your child has already received these immunizations please contact your physician for documentation and send it in to school with your child so that their records can be updated.

If your child receives these immunizations over the summer please send documentation to Jay Clare Voorhees, School Nurse, Memorial Junior School.

This letter is being sent home to inform you of the new requirements so that you will have adequate time to comply. Those students who meet the above criteria must have the immunizations by September 1, 2009. Thank you for your timely response and cooperation. If you have any questions or concerns, please contact your school nurse.

| | | |
|-------------------------|------------------------|--------------|
| Mrs. Valerie Ward | Bee Meadow School | 973-515-2421 |
| Mrs. Mary Conner | Mountview Road School | 973-515-2426 |
| Mrs. Wendy Busby | Salem Drive School | 973-515-2442 |
| Mrs. Jay Clare Voorhees | Memorial Junior School | 973-515-2431 |

Failure to comply will result in exclusion of your child from school as per NJAC 8:57-4, Immunizations of Pupils In School.

HANOVER TOWNSHIP PUBLIC SCHOOLS NOTICE TO PARENTS

The Hanover Township Board of Education recently adopted a revision to a policy on the dispensing of medication to students in school or at school-related events. Based on New Jersey statute, the following guidelines will govern the dispensing of medication effective immediately.

1. The administration of medication to pupils shall be done only in exceptional circumstances when the child's health or comfort may be jeopardized without it or where the child's attendance at school would be distracting without the medication.
2. Pupils requiring medication at school must have a written statement from the physician which identifies among other information: the type, dosage, and purposes of the medication.
3. The medication so prescribed may be administered to the student only by the school nurse, another registered nurse, or the student's parent/guardian.
4. Parents must bring the medication in the pharmacy-labeled container to the school nurse, which will be returned to the parent at the termination of the medication or at the end of the school year. Any unused medication that remains in the school at the end of the school year or two weeks after the pupil stops taking the medication will be destroyed or discarded by the school nurse in accordance with proper medical controls.
5. Parents must give written permission for medication to be administered during school hours. The note must include:
 - a. name of the medication
 - b. time it is to be given
 - c. dosage
 - d. purpose of its administration to the specific pupil for whom it is intended
 - e. its possible side effects
 - f. for how long the medication is to be administered

Parents' (or guardians') requests for the administration of medication in school must be made in writing, signed by the pupil's physician, and approved by the building principal. The request must include:

- a. pupil's name
- b. name of the medication
- c. purpose of its administration to the specific pupil for whom it is intended
- d. proper timing and dosage of medication
- e. any possible side effects of the medication
- f. time when the medication will be discontinued
- g. a statement that the pupil is physically fit to attend school and is free of contagious disease
- h. a statement that the pupil would not be able to attend school if the medication is not administered during school hours
- i. the request must be updated annually

An exception can be made for pupils with asthma or another potentially life-threatening illness who shall be allowed to self-administer medication when a nurse is not physically present at the scene, provided permission for such administration is on file in the office of the school nurse. The parents/guardians of the pupil must sign a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the school district, the Board, and its employees or agents from any and all claims arising out of the self-administration of the medication.

Copies of the revised policy and two-page *Self-Administration of Medication* form are available on request from the health office in each school.