

Hanover Township Public Schools
Memorial Junior School

61 Highland Avenue
Whippany, New Jersey 07981

April 22, 2016

Dear *Future 6th* Grade Parents:

I would like to thank you for attending last night's Fifth Grade Parent Orientation Program. It is always a pleasure to meet and greet our future MJS parents. For those of you who were not able to attend, one of the topics discussed was our Resident Outdoor Education Program. This program, which is one of the most exciting experiences of becoming a sixth grader at Memorial Junior School, is a tradition we have been participating in for over 60 years. Held at Fairview Lake YMCA in Stillwater, New Jersey, the trip is scheduled to take place October 19th, 20th, and 21st.

The Outdoor Education Program is a valuable experience that teaches students about living "green" and respecting our environment. In addition, students will participate in various activities such as boating, a lake study, Geocaching, and hiking to the ridge of the Appalachian Trail. They will also participate in various team-building activities. We urge every student in the 6th grade to attend this fun and exciting 3-day field trip.

In order to help us defray a portion of expenses, each student who attends the program is assessed a fee of \$155.00, which includes lodging, meals, and evening programs. Please be aware, as per Board Policy #2340, "No pupil shall be denied an opportunity to participate in a field trip because of financial need, and the Board of Education shall incur such costs." Parents who are in need of financial assistance should contact the main office at Memorial Junior School.

The 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 you print and complete all registration forms and return them, with your payment, to **Memorial Junior School** by Friday, June 10th. 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 in late September/early October.

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
Interim Assistant Principal/
Outdoor Education Advisor

MEMORIAL JUNIOR SCHOOL
Outdoor Education Program
Permission Slip

(Please respond by Friday, June 10th)

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 19th, 20st, and 21st.

Parent's Signature

*Please make sure to enclose a check for \$155.00
to cover the cost of the trip.
Thank you.*

_____ My son/daughter will not attend the Resident Outdoor Education Program.

Parent's Signature

.....
For internal use only:

Paid by: _____
Cash Check # Money Order

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

Parent Volunteer Form

(please respond by Friday, June 10th)

Attention Parents:

We need around 40 parents to help chaperone during the entire three-day trip. This would involve:

- ❖ riding the bus to and from Fairview Lake YMCA (no driving)
- ❖ 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

Home Telephone Number

Cell Telephone Number

Email Address

Child's Name- Please Print

Thank you for volunteering!

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

MEMORIAL JUNIOR SCHOOL

Outdoor Education Program

Medical Information

- **Authorization for Medical Treatment- must be completed & returned for all students**
- **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 14th in its original packaging. Parents may bring medication to the orientation held in late September/early October, 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, the health office's webpage on the school's website, 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, the health office's webpage on the school's website, or the main office over the summer.

***Please return the Authorization for Medical Treatment
by Friday, June 10th
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.***

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:

Colleen Murphy, 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, 2016

Dated this _____ day of _____ 2016

(Parent/Guardian Signature and Date)

(Parent/Guardian Signature and Date)

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, the health office's webpage on the school's website, 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 check _____ or Benedryl check _____ while at the 6th Grade Resident Outdoor Education Program per standing orders from our school physician, Dr. Michael Kelly. _____

Parent/Guardian Signature

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.