



Mandatory Fairview Lake Parent Meeting

The Sixth Grade Fairview Lake Environmental Education trip is scheduled for February 4th, 5th, 6th, and 7th.

On Thursday, December 5, 2019 at 6:30 PM, we will hold a very important **MANDATORY** meeting to give you the information you need before your children leave for the Environmental Education trip. Due to the significance of your child being away from home, and to make this trip as successful as possible, it is mandatory that at least 1 parent/guardian attend this meeting.

This meeting will give you the opportunity to see slides of Fairview Lake, meet some of the staff, learn more about the required clothing list, to understand why we ask for certain times, and to ask questions you might have.

Please bring your completed Fairview Lake packet to this meeting or return these packets prior to the meeting to his/her teacher.

What: Mandatory Parent Meeting
When: Thursday, December 5th at 6:30 PM
Where: Chesterfield Media Center
Why: To get first-hand information to prepare your child for the Fairview Lake Environmental Education Trip

Parent Chaperones?

We may be asking some parents to assist as trip chaperones. If you are interested please joins us prior to the Mandatory Parent Meeting on December 5th at 6:00 PM in the Media Center for more information

Chesterfield Township School District

30 Saddle Way
Chesterfield, NJ 08515



Tel: 609-298-6900
Fax: 609-298-7884

www.ChesterfieldSchool.com

Office of the Principal of Operations

November 22, 2019

Re: 6th Grade Fairview (FVL) parent chaperone meeting

Dear 6th Grade Parents and Guardians,

Shortly you will be receiving information regarding our 6th grade trip to FVL in February, 2020. One of the items included with this information will be notification about a mandatory meeting for the parents of students attending FVL at 6:30 PM on Thursday, Dec. 5, 2019 in the school all purpose room.

Prior to the start of that meeting at 6:00 PM, I will also be holding a separate meeting for any parents that are interested in *chaperoning this trip*. As you are aware, the staff population of Chesterfield School, like most other elementary schools, is mostly female. Year after year we are usually understaffed with men for this trip and periodically women.

If by some chance you are interested in attending this trip (Tuesday, February 4 through Friday, February 7, 2020) as a chaperone, please attend the 6:00 PM meeting on Dec. 5 in the Media Center. If you are selected to attend, there are several other commitments you will need to satisfy prior to attending the trip. I will go over these on Dec. 5.

Feel free to contact me if you have any questions. Thanks for your support and if I do not see you prior to next week, have a great Thanksgiving holiday with your family and friends.

Michael Mazzoni
Principal of Operations

Chesterfield Elementary School strives to build a premier institution of learning where students are challenged to their fullest potential in a safe and caring environment.

**Chesterfield Township Elementary School
30 Saddle Way
Chesterfield, NJ 08515**

FIELD TRIP PERMISSION SLIP

WHO? The Sixth Grade

WHERE? Fairview Lake Environmental Center, Newton, NJ

WHEN? 9:00 AM, Tuesday, Feb. 4th – 2:00 PM Friday, Feb. 7th

The trip described below has been planned for your child to participate in the Environmental Education Program. Transportation to Fairview Lake will be provided by a charter bus service which will depart from and return to Chesterfield Elementary School on the dates and times above. **Students will bring their luggage, medications and money the Monday night before the trip and take the bus as usual on Tuesday morning. Students must be picked up on Friday by their parent/guardian.**

Please initial each item below to indicate completion.

_____ My child and I have gone over the Behavior Contract together and have both signed the contract.

_____ I have completed and returned the Health Packet and have included a front/back copy of the insurance card.

_____ I give permission for my child's picture to be taken while at Fairview Lake as well as to be used for classroom and PTA/CPEF purposes.

I hereby give permission for _____ to take part in the field trip described above.
(Student's Name)

Parent/Guardian's Signature _____

**PLEASE READ, INITIAL, SIGN AND RETURN
TO YOUR CHILD'S CLASSROOM TEACHER
BY THURSDAY, DECEMBER 5, 2019**

Chesterfield Township Elementary School
30 Saddle Way
Chesterfield, NJ 08515

Re: Student Behavior Contract at Fairview Lake

Dear Partners In Learning,

The Sixth Grade Teachers, Outdoor Education Staff, and students are all looking forward to our “Environmental Education” experience at Fairview Lake. As you are well aware the safety of our students is always a high priority, thus, it is important that you are well informed of the guidelines regarding student behavior at the Fairview Lake Environmental Education Center.

Since our trip to Fairview Lake is an extension of our education program, it is expected that students adhere to the classroom rules and procedures that have been established for the duration of the stay at Fairview Lake. These rules will extend beyond classroom settings and include behavior within the cabin, dining hall, and outdoor areas. As needs arise, individual students will be reminded of appropriate behavior a maximum of three times. A fourth time will necessitate parental pick up of their child at Fairview Lake.

Under extreme circumstances a student will be sent home

Please read and sign the attached behavior contract and return it to school no later than Thursday, December 5, 2019. If you have any questions please call the school. Thank you for your support and cooperation on this matter.

Sincerely,

The Sixth Grade Teachers and Outdoor Education Staff

Fairview Lake Behavior Contract

1. First Offense- Warning that their behavior is inappropriate.
NAME WILL BE WRITTEN ON A LIST
2. Second Offense- Warning that their behavior is still inappropriate.
CHECK IS PLACED NEXT TO NAME
3. Third Offense-Phone call to inform parents that student exhibited inappropriate behavior(s) and no improvement has resulted.
SECOND CHECK IS PLACED NEXT TO NAME AND PHONE CALL HOME
4. Fourth Offense- Parents will be called to drive to FVL and immediately transport their child home.
CHILD LOSES TRIP PRIVILEGE. PARENT PICKS UP STUDENT UP AT FAIRVIEW LAKE

****UNDER EXTREME CIRCUMSTANCES A STUDENT WILL BE SENT HOME****

Please sign the following agreement and return it to your child's teacher by Thursday, December 5th .

I understand and agree to follow the rules while I am on the Fairview Lake field trip.

(Student Signature)

I am aware of the rules and consequences for the Fairview Lake field trip and have discussed them with my child.

(Parent Signature)

Clothing List for Fairview Lake

Please label all clothing and personal items.

NECESSARY EQUIPMENT	Check List
Sleeping Bag or Bedroll	
Pillow & Pillowcase	
Pajamas	
Underclothes (4 sets)	
Insulated Underwear/base layer (3 pairs)	
Sturdy, waterproof boots	
Sneakers (wear on the bus)	
Rain gear	
Socks (8 pairs, including at least 4 pairs of wool or warm socks)	
Shirts (4 Turtlenecks or flannel)	
Jeans or Warm pants	
Waterproof pants or snow pants	
Winter coat	
Sweatshirts (2 hooded)	
Hats (2 or more)	
Scarves (2 or more)	
Gloves (2 or more pairs, 1 waterproof)	
Body Soap	
Deodorant	
Shampoo & Conditioner	
Comb/Brush	
Toothbrush	
Toothpaste	
Towels (2)	
Washcloth (1)	
Chapstick (2)	
Laundry Bag	
Paperback Book(s)	
Shower Shoes	
OPTIONAL ITEMS	
Hand & Toe warmers	
Shower Cap	
Field Glasses	
Disposable Camera -NO DIGITAL CAMERAS	

FAIRVIEW LAKE

HEALTH PACKET

PLEASE COMPLETE ALL FORMS AND RETURN to Nurse at mandatory FVL PARENT MEETING on December 5th

Attached: Please check that you have completed the following forms

Students Name: _____ Teacher _____

- Page 1: Consent to authorize emergency treatment (Sign and return)
- Page 2: Medical information form (Emergency Numbers, Allergies, Dietary restriction)
- Page 3: Insurance information, Personal information
- Copy of Insurance card, both sides (Please attach to forms)
- Page 4: Tylenol and Motrin form, (Must be filled out and signed by parent)
- Medication Administration form filled out by parent and Doctor if taking any prescription or over the counter medications: (Additional forms available on-line at Chesterfield web page, go to Departments, Health Office, school medical forms.)

Parent Signature: _____

Please contact the Health Office with any questions.

Marylyn Campanella, RN, BSN, CSN at 609-6900 X1212

Health Office Fax Number: 609-920-5261

Revised 11/12/19

Consent to Authorize Emergency Treatment

I, the undersigned, hereby consent to and authorize Newton Memorial Hospital and the physicians in charge of the treatment of _____ (student's name), to carry out emergency treatment and/or diagnostic procedures deemed medically necessary, while my child is at Fairview Lake Environmental Education Center from February 4th –February 7th, 2020.

I understand that in case of illness or accident, I will be notified immediately, and this permission is **for emergency care only**.

Promoting safety is a priority throughout the trip. Should your child be injured or become ill at any time during the trip, you might be required to travel to Fairview Lake to transport your child home. In the event that a physician's medical treatment is needed, you will be contacted with the expectation that you will be immediately available to pick your child up either from the Fairview Lake location or a medical facility. If your child requires medical care, transportation will be provided by ambulance or EMT, and a Chesterfield Staff member will accompany and remain with your child until you arrive to transport your child home. The decision regarding whether a child's illness requires transport home is at the sole discretion of the trip chaperones.

*****In addition, any expenses incurred, such as medical co-pays, will be the responsibility of the parent/guardian.**

Signature: _____

Printed Name: _____

Relationship: _____

Date: _____

Newton Memorial Hospital is within 12 miles of Fairview Lake and the Township of Stillwater has a Rescue Squad that responds to Fairview Lake.

Newton Memorial Hospital (973) 383-2121

Stillwater Rescue Squad (973) 383-2525

Medical Information/Emergency numbers

(All information is strictly confidential)

In order to ensure a safe and healthy trip, please provide the following information:

Student Name: _____

Circle Class: 6Ancelo (Damiano)/ 6Angelucci / 6Biddle / 6Lydon / 6Sakimura

Contact #1-Parent/Guardians Name(s): _____

Number(s) Cell: _____
Home: _____
Work: _____

Contact #2-Parent/Guardians Name(s): _____

Number(s) Cell: _____
Home: _____
Work: _____

***If parents cannot be reached in an emergency. Please contact:**

Name: _____

Phone: _____

Relationship: _____

Family Doctor: _____

Office Phone: _____

Dietary Restrictions: _____

Known Food Allergies / Medication Allergies (Y/ N) Please Specify:

Has your child been exposed to communicable diseases within the past 21 days? (Y/ N) If yes, please explain: _____

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity? (i.e. Heart, asthma, recent injury, etc.)

Is your child covered by health insurance? (Y/ N)

Please Check: School : _____ Private: _____

Insured Parent/Guardian: _____

Employer of Insured Parent/ Guardian: _____

Insurance Carrier: _____

Policy Number(s): _____

***Please attach a copy of the insurance card.**

(Front and back)

In order to protect your child from possible embarrassment, the following information is necessary:

- Does your child periodically bed wet? (Y/ N)
- Sleepwalk? (Y/ N)
- Experience nightmares? (Y/ N)
- Exhibit nervous behaviors? (Y/ N)
- Have any particular fears? (Y/N) If yes, please explain:

Has your child ever been away from home for more than a day? (Y/ N) ***If NO please have your child spend the night with a family relative or friend prior to the Fairview Lake trip.*** Revised 11/12/19

Part 2: To Be Completed by Parent/Guardian for ALL STUDENTS going to Fairview Lake.

Does the staff nurse have your permission to administer the following medications as needed?

Yes _____ No _____ Tylenol _____ Motrin _____ (Please check all applicable)

Date: _____ Parent/Guardian Signature: _____

Students Date of Birth: _____

Tylenol and Motrin will be provided by the staff nurse.

ALL MEDICATIONS WILL BE UNDER THE CONTROL OF THE STAFF NURSE. ALL MEDICATIONS WILL BE ADMINISTERED BY THE STAFF NURSE.

Revised 11/12/19

*****IF YOUR CHILD TAKES MEDICATION AT SCHOOL, that particular medication will be brought on the trip and no additional forms will be required.*****

Administration of Medication Request form MUST be filled out if your child is taking any prescription or over the counter medications that are NOT IN SCHOOL. If you need extra forms they can be found on the Chesterfield web site under Health Office.

If your child is not going to be taking any medication at FVL, you can write N/A on the form.

Administration of Medication Request Form for Fairview Lake:

Date: _____

Health Office Fax # 609-920-5261

You have requested that your child: _____

receive medication while at Fairview Lake. In order to comply with state code and school policy, your physician must complete the form below and you must complete the parent/guardian section. **Your child cannot receive medications at Fairview Lake without the completion of this form.**

Part 1: To Be Completed and Signed by Child's Physician: _____

1. Reason for medication: _____
2. Name/Description of medication: _____
3. Dosage: _____ Time: _____

Method of administration: _____

4. Side Effects/Precautions: _____

5. Date to Begin: 2/4/20 Date to Conclude: 2/7/20

6. ***Student may self-administer inhaler:*** _____ Yes _____ No

7. **Fairview Lake Procedure:** Students may attend a partial or full day field trip during the day. If the trip time interferes with administration times and the medication is not an emergency medication, please indicate what action you want taken: _____ Give dose late and notify parent. _____ Omit dose

Other Guidelines: _____

Date: _____

Signature of Child's Physician

Name of Physician: _____ Office #: _____

******Part 2: To Be Completed by Parent/Guardian of student taking medication.******

I request permission for my child, _____

to take medication at Fairview Lake. I shall provide, to the school nurse, the appropriate amount of **unexpired medication, in the original labeled container, with my child's name, medication name, and dosage.** I acknowledge it is my responsibility to have my child's physician complete the request form. I understand information regarding my child's health and medications may be shared with school staff on a need to know basis.

Date: _____ Parent/Guardian Signature: _____

Medication must be provided by the parents and brought to school by the parents in a zip-lock baggie with students name, teacher and date of birth on the bag. All medication must be in original container.

ALL MEDICATIONS WILL BE UNDER THE CONTROL OF THE STAFF NURSE. ALL MEDICATIONS WILL BE ADMINISTERED BY THE STAFF NURST UNLESS INDICATED ABOVE (SEE LINE 6) BY PHYSICIAN. Revised 11/12/19