



REACH OUT 2017

Respect, Environment, Awareness, Cooperation, Helping, Opportunity, Understanding and Trust

TO: Incoming Sixth Grade Students and Parents

RE: Sixth Grade Overnight Trip to *Club Getaway Outdoor Education Center* in Kent, CT

Please keep this page for reference.

WHEN: **Monday, September 18th & Tuesday, September 19th**

We are looking forward to a successful *REACH OUT* experience (Respect, Environment, Awareness, Cooperation, Helping, Opportunity, Understanding and Trust) for our new sixth grade students! The outdoor setting and varied activities at *Club Getaway* will provide students many opportunities to make new friends, get to know their teachers, develop interpersonal and team building skills, build self-confidence and, most of all, have a terrific time!

The trip includes:

- 1) Round trip transportation to and from TMS
- 2) One night's accommodation in an assigned cabin
- 3) One breakfast, two lunches, one "family style" dinner and snacks
- 4) Instruction by *Club Getaway* staff with additional supervision by TMS staff

The cost for food, lodging and transportation is \$175.00 per student. *No student, however, will be prevented from attending because of a financial hardship.* If there is a concern, please contact the Middle School Guidance Office to discuss and work out arrangements in advance. *These requests are always treated sensitively and confidentially.*

In the event of emergencies ONLY, please retain the following camp telephone number:

Daytime: (860) 927-0006

Please complete and return the attached **permission slip (blue) and medical form (white) together with a check in the amount of \$175.00 payable to Tenafly Middle School.** In order for us to best plan for the needs of your child, ***please return forms and payment to your child's 5th grade teacher, as early as possible before the end of this school year.***

After June 7th please return forms and payment in a single envelope to:

Tenafly Middle School
10 Sunset Lane
Tenafly, NJ 07670
Att: Reach Out

If you need additional copies or wish to send to your pediatrician via email, downloadable forms are available on the TMS homepage at <http://ms.tenafly.k12.nj.us/> under the heading *Reach Out 2017 Forms and Info.*

For additional information or questions, please contact the trip coordinators, Mr. Ciliento at mciliento@tenafly.k12.nj.us and Mrs. Lanni slanni@tenafly.k12.nj.us

NOTE: Due to present world conditions, it is possible that this field trip might be cancelled or postponed, even at the last minute. Neither Tenafly Middle School nor the Tenafly Board of Education can be financially responsible for any monies, which might be lost. Every attempt will be made to refund your payment, however, this cannot be guaranteed.



REACH OUT Packing List & Schedule

Please keep this page for reference.

Check Weather Report and pack accordingly for Kent, CT

- Pajamas and shower shoes
- 2 sets of underclothes
- 1 pair of comfortable closed toe sneakers/shoes
- 1 pair of sturdy outdoor waterproof shoes/boots
- 1 rain coat/poncho or hat
- At least 2-3 pairs socks
- 1 bath towel & wash cloth
- 1 warm jacket for season
- 1 sweatshirt
- 2 pairs pants or jeans
- 2 shirts (different weights)
- 1 pair of gloves and hat
- Personal toiletries
- 1 laundry bag
- Flashlight and batteries
- *Insect repellent (Optional)*
- *Disposable camera w/ name written on it (Optional)*
- *Sunscreen (Optional)*
- *Tissues (Optional)*
- *Bathing Suit (Optional)*

PLEASE NOTE: NO SUITCASES! USE DUFFEL BAG OR ATHLETIC BAG

-----ALL ITEMS SHOULD BE LABELED WITH STUDENT'S NAME-----

THE FOLLOWING ITEMS ARE NOT PERMITTED AT CAMP

CELL PHONES

MP3 PLAYERS/I-PODS

VIDEO GAMES/ELECTRONICS

PERSONAL RADIO

FOOD OF ANY KIND

CANDY OR GUM

KNIVES OF ANY KIND

MONEY

I-PADS, KINDLES, NOOKS

FIREWORKS OF ANY SORT

PERSONAL VALUABLES

***With prior permission some form of candy/gum may be permitted ONLY during the traveling portion of the trip to relieve motion sickness.

The following is a typical schedule of the **REACH OUT** Activities:

DAY 1

6:30 AM Students report to TMS cafeteria, check-In, and receive t-shirts
 7:30 Load Buses
 9:30- 10:30 Arrive; Unload Gear & Go to Cabin Assignments
 10:30 - 12:25 Large Group Welcome & 1st Activity
 12:30 - 1:25 Lunch
 1:30 – 5:30 Rotations through 4 Different Activities & Snack Break
 5:30 - 6:30 Free Time
 6:30 - 7:30 Dinner
 7:30 - 9:30 Getaway Showdown, Presenters, & Lights Out

DAY 2

7:30 - 8:00 Clean Cabins & Gather Belongings
 8:00 - 8:45 Breakfast
 8:45 - 11:40 Rotation through 3 Different Activities
 11:45 - 12:30 Lunch
 12:30 - 1:00 Gather Gear, Load Buses & Depart for TMS
 3:00 Arrive at TMS

ACTIVITIES include nature programs, team building, kayaking, zip lines, bungee trampoline, and wall climbing, among others.

If you have further questions or need more information please contact the Tenafly Middle School Office at 201-816-4900.

Stacey Lanni & Mike Ciliento
REACH OUT Coordinators

Tenaflly Middle School
REACH OUT Permission Slip

Respect, Environment, Awareness, Cooperation, Helping, Opportunity, Understanding and Trust

Please return permission slip, medical form and payment to your child's 5th grade teacher, as early as possible **before** the end of this school year.

I give permission for my son/daughter (**please circle one**), _____,
to attend the TMS sixth grade overnight trip to Club Getaway Outdoor Education Center in Kent, CT on

Monday, September 18th & Tuesday, September 19th

I assume full responsibility for the conduct and welfare of my son/daughter, _____,
during the entire *REACH OUT* trip. I understand that if my child's behavior is deemed unacceptable
by a supervising teacher, he/she may be excluded from some camp activities for a designated supervised
period of time. I have discussed the necessity of proper conduct with my son/daughter and I am confident
that he/she understands the TMS Code of Conduct and school policies that apply to all school functions,
including *Reach Out*. (TMS Code of Conduct and school policies are available online @ www.tenaflly.k12.nj.us.)

Student's Full Name (Please Print)

Parent Telephone Number(s)

Signature of Parent or Guardian

Date

NOTE: Due to present world conditions, it is possible that this field trip might be cancelled or postponed, even at the last minute. Neither Tenaflly Middle School nor the Tenaflly Board of Education can be financially responsible for any monies, which might be lost. Every attempt will be made to refund your payment, however, this cannot be guaranteed.

_____ Check here if student requires vegetarian meals

_____ Check here if any food allergies/other allergies are listed on medical form

I HAVE COMPLETED AND ENCLOSED THE FOLLOWING:

_____ *REACH OUT* Permission Slip (this blue form)

_____ Check in the amount of \$175.00 payable to *Tenaflly Middle School*

_____ Emergency Contact/ Field Trip Medical Form (white form)

*****Please note that the dispensing of ANY medication, prescription and/or over the counter (including Tylenol, Advil, or aspirin), requires a physician's and parent's signature on the medical form. ****

In order for us to best plan for the needs of your child, please return all forms and payment to your child's 5th grade teacher as early as possible, before June 7, 2017.

After June 7th please return forms and payment in a single envelope to:

**Tenaflly Middle School
10 Sunset Lane
Tenaflly, NJ 07670
Att: Reach Out**

TENAFLY PUBLIC SCHOOLS
FIELD TRIP AND EMERGENCY CONTACT FORM 2017-2018 – page 1 of 3

Student's Name: _____
Last
First
Initial/Nickname

Student's Grade (Sept. 2017) _____ Team (if known) _____

I. EMERGENCY AND HEALTH INSURANCE INFORMATION

Home Address: _____	Telephone # _____	
Guardian 1 Name _____	Cell Phone # _____	
Guardian 1 Work Place _____	Telephone # _____	
Guardian 2 Name _____	Cell Phone # _____	
Guardian 2 Work Place _____	Telephone # _____	
Two (2) Emergency contacts (local) if parents are unavailable:		
Name: _____	Telephone # _____	
	Cell Phone # _____	
Name: _____	Telephone # _____	
	Cell Phone # _____	
Physician: _____	Telephone # _____	
Dentist: _____	Telephone # _____	
Health Insurance Status: Is student currently insured: Yes () No ()		
Name of Health Insurance Provider: _____		

II. MEDICAL EMERGENCIES: *In the event of a medical emergency, the procedure on this trip will be to call the parent, time permitting, before taking a student to a doctor or hospital. When a parent/guardian, or his/her designee, cannot be reached, the following permission will permit prompt attention:*

In the event of an emergency, I acknowledge that school personnel shall attend to the immediate safety of my child prior to notification of the parent/guardian. I give permission for the school field trip leader or designee to sign any consents which may be necessary to allow hospital personnel and/or licensed personnel to examine my child and perform any emergency procedures or emergency treatment which may be necessary. In providing this consent, I acknowledge that the Tenafly Public Schools are not in any way responsible and shall incur no liability for the actions of hospital, emergency ambulance and/or medical personnel, and as such I indemnify, hold harmless and waive any right of legal action against the Tenafly Public Schools for the actions of said personnel.

III. UPDATED HEALTH HISTORY AND INFORMATION

My child has the following (*Please read, consider and answer the following statements carefully before signing*):

- A. Dietary needs: _____
- B. Allergies: _____
- C. Specific medical conditions and/or illnesses: _____

- D. Other conditions of which the school should be aware (surgeries, serious injuries, etc.): _____

- E. Date of most recent tetanus booster: _____
- F. I give my permission for my child's health information to be shared with pertinent school staff if necessary to maintain his/her wellbeing and safety. Yes () No ()

The signature below attests to the fact that the above information will be in force for the 2017-2018 academic year.

Parent/Guardian Signature (MANDATORY)

Date

TENAFLY PUBLIC SCHOOLS
FIELD TRIP AND EMERGENCY CONTACT FORM 2017-2018 - page 2 of 3

THIS PAGE TO BE FILLED OUT FOR STUDENTS WHO TAKE MEDICATION.
SKIP TO PAGE 3 IF THIS DOES NOT APPLY.

Medicine Dispensing Form

Student's Name (Last, First): _____ **Grade/Team:** _____

IV. MEDICATIONS: Only medications prescribed by a licensed physician may be administered to a child and only by a registered nurse or physician. If your child requires medication (prescription or non-prescription) please complete this Medicine Dispensing Form.

NOTE: If a child is to receive a prescription medication during the course of a field trip, a school nurse or School Health Aide must accompany the students to administer the medication, or the parent may accompany the child on the field trip to administer the medication, or the self-administration section is completed below.

V. PHYSICIAN'S REQUEST/INSTRUCTIONS FOR MEDICINE TO BE GIVEN BY SCHOOL NURSE TO BE FILLED OUT BY PHYSICIAN (IF APPLICABLE)

The following medication is to be administered to my patient (state patient's name): _____

MEDICATION _____ DOSE AND ROUTE _____ TIME GIVEN _____

DIAGNOSIS _____ LENGTH OF TREATMENT _____

SIGNIFICANT SIDE EFFECTS _____

M.D. Signature M.D. Name (Please Print) Date Physician's Phone Number

VI. PHYSICIAN'S REQUEST / INSTRUCTIONS FOR STUDENT SELF-ADMINISTRATION OF MEDICATION FOR A POTENTIALLY LIFE THREATENING ILLNESS. TO BE FILLED OUT BY PHYSICIAN (IF APPLICABLE)

The following medication is to be self-administered by my patient, _____.

I hereby certify that my patient has a life threatening illness and that my patient is capable of and has been instructed in the proper administration of the required medication.

MEDICATION _____ DOSE AND ROUTE _____ TIME GIVEN _____

DIAGNOSIS _____ LENGTH OF TREATMENT _____

SIGNIFICANT SIDE EFFECTS _____

M.D. Signature M.D. Name (Please Print) Date Physician's Phone Number

VII. PARENT REQUEST AND RELEASE TO BE COMPLETED BY PARENT/GUARDIAN

I request my child, _____ to () receive () self-administer (please check one) the medication designated above. I have been informed by the school district that the school district, its agents, servants, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medicine by my child. I hereby indemnify and hold harmless the **TENAFLY BOARD OF EDUCATION**, its agents, servants, and employees from any and all claims and shall defend any lawsuit that may arise out of or in connection with the administration of medicine by my child.

Date

Signature of Parent/Guardian

TENAFLY PUBLIC SCHOOLS
FIELD TRIP AND EMERGENCY CONTACT FORM 2017-2018 – page 3 of 3

2017 – 2018 LOCAL FIELD TRIP PERMISSION FORM

TEAM: _____

HOMEROOM TEACHER: _____

_____ has permission to take any class
Child's Name

trip to local points in conjunction with the class for the school year as planned by the teacher. I understand that the mode of transportation will be walking or by bus.

Print Parent Name

Parent Signature

Date