



Harbor Country Day School
Embracing the extraordinary in every child.™

Dear 7th & 8th Grade Parents,

Our history trip to Boston is quickly approaching. Below you will find the details of our trip as well as an itinerary, packing list, **emergency contact form**, **permission to administer medication form**, and a **doctor's order form**. If you have any questions or concerns, please do not hesitate to contact me. **Please send in a check for \$100** to cover the cost of the trip by **Friday, April 12, 2024**. The emergency contact and medical forms are also due by **April 12, 2024**.

*If your child does not require medication, you **do not** need to fill out the medical forms, but please fill out the emergency contact forms.*

Thank you,
Nicole Fotis
nfotis@hcdsnny.org

Cost- \$100 due Friday, April 12, 2024

**If your child does not attend this trip they will be given an alternative history assignment to complete at home.*

Departure: 4/17/24 (Wednesday)

Bus will depart promptly at 7:00 a.m.

Meet in Harbor's backfield, the bus will park on Thompson Hill Rd. Please arrive no later than **6:45 a.m.** so luggage can be packed onto the bus.

Return: 4/19/24 (Friday)

ETA 6:30-7:00 p.m.

Students will call parents from the bus with updates and Harbor will send updates periodically via email. Please be waiting in the back parking lot for pick up (Please note that we cannot predict what traffic will be upon our return therefore ETA may change at any time).

Transportation:

Hampton Jitney (*with a restroom*)

Chaperones:

Nicole Fotis, Ralph Pepe, Rachel Weir

Hotel:

[SpringHill Suites](#) by Marriott
400 Ocean Ave, Revere, MA 02151

Phone: (781) 629-1551



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Harbor History Trip Itinerary

Wednesday, April 17

- 7:00 Bus will promptly depart Harbor Country Day School
- 7:15 Bagel breakfast on the bus
- 12:00 Arrive in Boston; meet CTA Trip Director
- 12:15 Lunch at Walburgers
- 2:30 Fenway Park Tour
- 4:30 Faneuil Hall Marketplace: Time to shop, browse, and enjoy the street performers
- 6:00 Dinner at Bertuccis
- 8:00 Check-in: [SpringHill Suites](#) by Marriott
- 9:00 Pool time (optional)
- 10:00 Bedtime/lights out

Thursday, April 18

- 7:45 Breakfast Buffet in hotel
- 9:00 Board bus: depart the hotel
- 10:00 Freedom Trail: Paul Revere Park, Old North Church, Copp's Hill Burying Ground
- 11:00 Freedom Trail: Continue walking Freedom Trail, including Paul Revere House
- 12:30 Lunch: Shake Shack
- 2:00 FT: Old State House, Boston Massacre Site, Old So Mtg House, Kings Chapel
- 4:00 Boston Tea Party Ship and Museum: Meet the colonists, explore the ships, and dump tea overboard just as the Sons of Liberty did in 1773
- 5:15 Holocaust Memorial: glass towers symbolize major concentration camps
- 6:00 Dinner at Back Deck
- 7:30 Spirits & Mayhem of Bostontown: Ghost Tour
- 9:15 Board bus: depart for hotel
- 10:00 Bedtime/lights out

Friday, April 19

- 7:30 Breakfast Buffet in the hotel
- 8:30 Check Out/ Board bus: depart the hotel
- 10:30 Salem Witch Museum: Admission (arrive 15 minutes prior)
- 11:45 Gallows Hill: Flat rate Gallows Hill Main Show (arrive 15 min early)
- 1:00 Brothers Taverna: Box Lunch to go
- 5:00 Rest stop: quick rest stop en route
- 7:00 Bus drop off at Harbor Country Day School (could be earlier or later depending on traffic)



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Packing List

We will be doing quite a bit of walking, so please wear comfortable shoes. All clothing should be school-appropriate (Try to dress in layers). Boston can still be cold in April.

- Sneakers
- Backpack
- *At least* three changes of clothes (the average high in April is 60 degrees and the low is 30 degrees, so pack accordingly)
- Coat, hat, and gloves for an evening walk
- Pajamas
- Toiletries (toothbrush, toothpaste, deodorant, shower necessities, etc.) ● Sunscreen (we will be in the sun all day)
- Rain jacket and/or umbrella
- Reusable water bottle
- Spending money (optional)
- Snacks (optional)

Phone Policy:

- **Phones will be collected on the bus, please call the Harbor cell phone if you need to speak with your child at **631-432-3564**. Please also make sure your child knows your phone number.**
- **Phones will be collected at bedtime, students will have a hotel phone in their room and a TV. Chaperones will be either across the hall or next door to students.**

During the day, phones *may* be used for the following:

- Calling or texting parents for a quick check-in or before bedtime.
- Taking photos during the trip if a chaperone gives permission.

Students may not take photos of other students or chaperones without their permission. Students should not share any photos on social media or group texts. Phones may **not** be used for the following:

- Posting photos on social media.

*No student is permitted to post **any aspect** of this trip, including the bus ride, on social media during or after this trip.*

- Using social media

No student should be accessing or using social media during the trip.



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Permission to Administer Medication

Please complete and return to Ms. Fotis by **Monday, April 15, 2024**. ***Medication will not be accepted on the day of departure.***

All medications and directions must be placed in a clear plastic bag with your child's name in a permanent marker on the bag. ***A doctor's order*** must be included for all medication, **including OTC medications**. You do not need to duplicate a doctor's order if the nurse already has a doctor's order.

I acknowledge that while on the HCDS history field trip to Philadelphia, all of my child's medication will be held and administered by Ms. Nicole Fotis (girls) or Mr. Ralph Pepe (boys) **unless a self-administer form is completed by a physician (attached)**.

I have attached a doctor's order to this document.

If my child requires an EpiPen or inhaler, I will provide at least **ONE** for Ms. Fotis to hold (this one may be taken from the school nurse).

Student's Name _____

Medication/'s _____

Additional Directions/Notes _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date _____



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Self-Administer Medication Release Form

OTC -Advil/Tylenol/allergy medications and prescription medications

Medication Name _____

This is a request that (child's first and last name) _____
be permitted to carry the medication listed above on his or her person as we consider him/her
responsible. I assure the school that he/she has been instructed in and understands the purpose,
appropriate method, and frequency of use. I assure the school that my child understands he/she may
not give this medication to any other child.

We (guardian and physician) hereby acknowledge that we shall hold harmless the Harbor Country
Day School and its personnel in the event of any illness or injury to the student caused by the
improper administration of the medication or the student's failure to self-administer the medication,
as instructed.

Physician's signature _____ Date _____

Parent/guardian signature _____ Date _____



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Emergency Contact Information

Please return by Monday, April 15, 2024

Student Name _____

Parent /Guardian 1 Name _____

Home Number _____

Work Number _____

Cell Number _____

Parent /Guardian 2 Name _____

Home Number _____

Work Number _____

Cell Number _____

In case of an emergency and you cannot be reached, please provide two additional contacts.

1) Name

Relationship

Contact Information

2) Name

Relationship

Contact Information