



Fairview Lake

Parent Information Packet

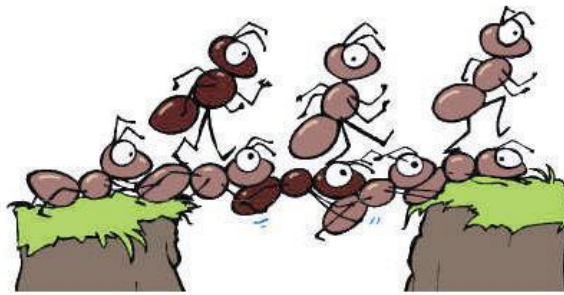
Use this quick reference checklist to ensure you have completed all requirements.	EVERYONE must complete #1, even if your child is not attending the trip!	
		✓ when complete
	1. Registration	
	<ul style="list-style-type: none"> Log on to Community Pass (www.ebnet.org) then select "Activity Registration and Pay") At the bottom of the page, choose EITHER register OR decline registration. <p>Detailed instructions can be found on page 5 of this packet.</p>	
	If your child is attending the trip, you must also complete #2-4.	
	2. Medical Forms: Complete all FOUR medical forms. All four forms are required and must be signed for your child to attend Fairview. These can be found on pages 9-12 of this packet.	
<p>Detailed instructions can be found on pages 6 and 7 of this packet.</p> <p>**Please note that for everyone's safety, medical forms must be submitted by the due date <u>February 4th, 2024.</u></p>		
3. Medication: The nurse may dispense Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil) and Tums with your permission. The "Consent to Administer OTC Medication in School" form is attached. See medical form 3 . Please read and sign this form to allow the nurse to dispense these common medications at camp, if necessary.		
<p>BEFORE sending in the medical forms, make a photocopy for your records. This will ensure that you send in the proper medication prior to the trip. Legally, the nurses cannot administer any medications except those documented on these forms.</p>		
4. Minor Participant Waiver: Sign the release waiver from Fairview Lake YMCA Camps.		
5. Parent Chaperone Form: Please complete this digital form if you are interested in attending the trip as a parent chaperone. Look for this form in an email from your child's Science teacher or access it from the HUES website's digital backpack.		
<p>If you have questions about chaperoning reach out to your child's Science teacher or Ryan Higgins at 732-613-6775.</p>		

Fairview FAQs

Q: Why do our 6th graders go to Fairview Lake Camp?

A: To learn valuable life skills and gain...

- An outdoor education experience.
 - Experience the science skills and concepts they have learned throughout the year.
- Socialization opportunities.
 - Build new friendships!
 - Gain independence!
 - Understand the importance of teamwork and cooperation!



Q: What is the length of the trip?

A: 2 days and 1 night

Q: Where is Fairview Lake Camp?

A: Stillwater, New Jersey - Northwest NJ, South of Stokes State Forest.

Fairview Lake Road

Newton, NJ 07860

(973) 383-9282

www.fairviewlake.org

Daytime Activities

Action Socialization Experience (ASE):

Groups will be presented with physical challenges to solve by working together and planning strategies.

Water Ecology:

Groups of students explore the lake ecosystem on a pontoon boat, take water samples, and learn about aquatic ecosystems.

Campus Hike:

Students hike campus trails to observe the streams, rock formations, and plant life unique to this area.

Ridge/Swamp Hike:

Students hike an ascending and descending mountain trail. They will observe changes in plant life, look for signs of animal life, tour the swamp, and investigate wetland life and succession stages.

Boating:

After a short course on boating safety, students will take a rowboat out on Fairview Lake.

Archery:

Students will have a chance to practice the art of archery with a real bow and arrow.

Evening Activities

Led by Fairview Staff

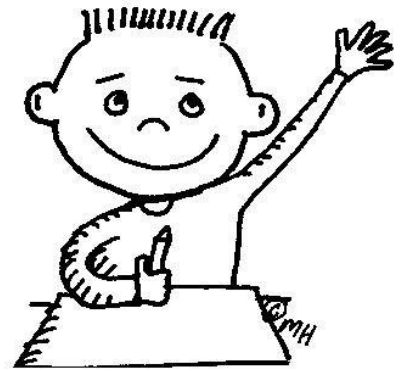
- Campfire

Led by Hammarskjold Staff

- Animal Presentation by *A Touch of Nature*

Daily Meal Schedule

Breakfast	8:00 am
Lunch	12:30 pm
Dinner	6:00 pm
Evening Snack	Between nighttime activities



Clothing and Equipment List for Fairview



Students must carry their own belongings from the bus to the cabin. The quantities listed below represent the minimum number for a two-day resident program. Student's name should be written on all items with permanent ink.

Bag #1: Bedding (garbage bag labeled with student's name)

- _____ sleeping bag/blanket
- _____ twin sheet
- _____ pillow
- _____ additional large garbage bag with your name written on it in sharpie

Bag #2: Backpack (to be always kept with students)

- _____ water bottle
- _____ sunscreen
- _____ tissues
- _____ ChapStick
- _____ flashlight
- _____ fresh batteries
- _____ raincoat/poncho (**NO umbrellas**)
- _____ hat
- _____ insect repellent
- _____ inhaler (if needed)

Bag #3: Clothing/toiletries (duffle bag/suitcase)

- _____ 2 towels, 2 washcloths
- _____ toothbrush
- _____ toothpaste
- _____ soap
- _____ shampoo
- _____ deodorant
- _____ comb/brush
- _____ flip flops for shower
- _____ pajamas
- _____ underwear (3)
- _____ socks
- _____ 2 pairs of pants
- _____ shirts (2)
- _____ sweater or sweatshirt
- _____ 2 long sleeve shirts
- _____ jacket/gloves/hat
- _____ 2 pairs of shoes
- _____ dirty clothes bag
- _____ 2 clothes hangers

Items not permitted

- **Cell phones**
- Curling irons
- Blow Dryers
- Gum/Candy/Snacks
- Jewelry
- Smart watches, iPads, etc.
- Shorts/Capri pants
- Perfumes
- Expensive items



Optional Items

- Camera
- Tennis racket
- Baseball glove
- Softball
- Money for Trading Post
- Book



Permission Slips, Non-Attendance Form, and Medical Forms

A. How Do I Sign My Child Up for the Fairview Trip?



Online registration and payment

1. Access online registration by visiting www.ebnet.org and select “Activity Registration and Pay.”
2. Login with Community Pass username/password. (Note: if you do not know your username and password you can send an email to ebonlinepayments@ebnet.org) or call 732-613-6674.
3. Once you are logged in you will select “Register Here” and then select the option “**Fairview Trip 2023-2024**”.
4. **Make sure you know your child’s science teacher and class period to ensure you are registering for the correct trip!**
5. Follow the step-by-step directions on the screen.

NOTE: Registration will begin on Monday, November 27, 2023, and ends on Monday, February 4, 2024.

B. Medical Forms (Every student must complete these forms to attend.)

a. **Hard copies of the four required medicals forms are found at the end of this packet.**

b. **Need additional copies? Follow the steps below.**

1. Go to ebnet.org.
2. Select: Schools – Hammarskjold.
3. Under the “About Us” tab Select: Virtual Backpack.
4. Select: Fairview Medical Forms 2023-2024.
5. Print and complete the **FOUR** medical forms.
6. All **FOUR** medical forms **must** have a parent signature.
7. Return them to your child’s Science teacher.

C. What do I do if I do not want my child to attend?

1. Access your online payment account as directed in “A” above.
2. Check the box that indicates that your child will not be attending.
3. Follow all directions on that web page.

IMPORTANT MEDICATION NOTICE

Since medication is an extremely important issue, we thank you in advance for your attention to detail and cooperation in following these procedures.



General Information

- There will be a registered nurse at Fairview 24 hours a day.
- Students are NOT to bring any medications with them into their cabin or to self-medicate at any time. The only exception to this rule is their personal **inhaler** which should always be kept with them in their backpacks. Only students that have a physician's order that states they can self-carry are allowed to keep their inhaler with them. **The nurse should have a back-up inhaler.**
- All medications must be kept in the nurse's cabin and the nurse will dispense all medications.
- Please make sure there is enough medication for the duration of the trip.
- All prescription medications and over the counter medications (**except for Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), and Tums**) will **not** be administered without **a written doctor's note (see medical forms 2, 3 & 4)**.
- If your child will need allergy medication in April/May please be sure to have the doctor include these medications in the physician's orders.
- Make a copy of the doctor's orders for medication. Keep this copy to ensure that only the exact medications are sent to camp with your child. No substitutions will be allowed.
- The nurse will transport all medications to Fairview and back to Hammarskjold. They may be picked up by parents upon our return or during normal school hours. No medication will be sent home with a student.

Medication Stored at HUES

Any medication currently stored in Hammarskjold's Nurse's Office will be boxed and sent to Fairview. If the daytime medications are already at Hammarskjold, you do not need to send more for the trip, we will bring those medications.

Other Medication (both prescription and over the counter)

Medications are to be sent to school the week prior to the trip in the following manner:

1. Medications must be taken directly to the **Nurse's Office**.
2. Each medication must be in **the original container** with the child's name on the container.
3. A doctor's note designating the dosage and time to be dispensed is required for each medication. This note along with the medication container should be placed in a self-sealing baggie labeled with the child's name.
4. Please do not send Acetaminophen (Tylenol), Ibuprofen (Advil/Motrin) or Tums. The nurse at camp will have these medications in her supply. **Reminder: These stock medications will only be administered on an as needed basis to students with signed parental permission. (Medical Form 3).**

Please abide by the above directions as it is important that this be taken care of prior to the trip as medications are a very important issue.

Thank you in advance for your cooperation,
Nurse's Office and Fairview Coordinators

Medication FAQ's

Here is a list of the most common questions our school nurses get about medications.

Question #1 How do I fill out the medical form if there is already medication in the nurse's office?

Answer: You can indicate on the medical form that there is medication in the nurse's office and the physician does not need to reorder this medication. If there is additional medication that the student takes at home, this needs to be indicated on the form and signed by the doctor.

Question #2 Do I need the physician to sign the form if my child takes no medication?

Answer: There is a place you can sign on the medical form indicating that your child will not be taking any medication while on the trip and the doctor does not need to sign the form.

Question #3 What happens if my child's medication changes (dosage, new medication, etc.) after the forms have been completed and returned?

Answer: You can print a new form and send in an amended form to the nurse's office with the doctor's signature.

Question #4 If my child only takes medication in the spring (allergy medication, eye drops, etc.) do I need to have that indicated on the form?

Answer: All prescription medications and over the counter medications (**except for Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), and Tums**) will **not** be administered without **a written doctor's note (see medical forms 2, 3 &4)**.

Question #5 When do I bring in the medication to school?

Answer: You will receive notice from your child's teacher when the medications are being collected in the nurse's office. They must be brought in before the trip as the nurse will already be at Fairview the morning the trip is leaving. The only medication that will be accepted on the bus is a new medication your child was prescribed right before leaving for the trip (e.g., newly prescribed antibiotics).

REMEMBER

- All medication must be brought in the original container and placed in a zip-lock bag labeled with your child's name. Prescription medication must be in a pharmacy labeled container.
- Any medication sent to school without a doctor's order will NOT be administered to your child during the trip.

HELPFUL HINTS

- Make a copy of the medical form that you have sent to school so that you are clear as to what the doctor ordered.
- Send in the exact medication that has been ordered. For example, if Claritin prescribed, you cannot send in Zyrtec, etc.



The following **four** pages (pages 9-12) contain the medical forms that are **required** for your child to attend the Fairview Trip.

**Pages 9-12 must be completed and
SIGNED BY A PARENT/GUARDIAN.**

**These forms have a STRICT DEADLINE of
Monday, February 4, 2024.**

Things to consider:

- You may need to send these forms to your doctor. Be sure to give yourself enough time to do so.
- The trip takes place during the height of allergy season. Consider this when completing these forms.
- Once completed, make a copy of these forms for your records.

Student Name: _____

Trip Date: _____ Science Teacher: _____ Science Period: _____

Spring 2024 Fairview Environmental Education Experience
Medical Form 1 of 4
(2 days/ 1 night)

MEDICAL INFORMATION

All blanks are to be filled in.
Write "NONE" if the information does not apply to your child.

Is your child covered by a health or accident policy? Yes____ No ____

If YES: Name of Carrier _____ Policy # _____
Name of insured: _____ Group # _____

If your child requires medication, it will need to be sent to the school based on the chart below.

Trip Date	Send in Medication
April 15 th – April 16 th	April 10-14
April 29 th – April 30 th	April 17-21
April 30 th - May 1 st	April 24-28

- Any allergies (medications, foods, insect bites or latex) _____

- If your child is asthmatic and uses a nebulizer or inhaler, it **must** be sent to camp.

Please Note: Any health or medical questions should be directed to the school nurse at 732-613-6896.

This is the most current information available: _____
Parent Signature _____ Date _____

EAST BRUNSWICK PUBLIC SCHOOLS Student Services
Authorization for Administration of Medications for Hammarskjold Fairview Trip

Parent(s)/Guardian of (print name of child) _____

Check one:

- _____ April 15-16: Bondi/Bartlinski, Duffy, Kennish, Leach, Pinello (pd. 5), Sacks
- _____ April 29-30: Burns, Cintron/Dudek, Cravo (pd. 5), Perno, Robertson, Zhao
- _____ April 30-May 1: Brown, Corazza, Cravo (pd. 9), Chup, Dery, Grinshpun, Kerrigan, Madison, Molnar, Pinello (pd. 9), Player, Santos, Sudol

Administrative policy of the East Brunswick Public Schools requires the school nurse to have the WRITTEN PERMISSION of a child's parent/guardian AND physician in order to administer any medication during the school day or on a school trip. This includes PRESCRIPTION and MOST OVER-THE-COUNTER MEDICATION (eg. Seasonal allergy medication, cough/cold medication, etc.).

Make a copy of the medication names listed by the physician and send in only those **EXACT** medications. NO SUBSTITUTIONS ARE PERMITTED. For example: If the physician orders Claritin, then Zyrtec cannot be given to the nurse for the trip.

The prescription medication must be given to the school nurse, in a pharmacy labeled container which includes the name and the telephone number of the pharmacy, the prescription number, the student's name, directions for administering the medication, and the name of the physician prescribing the medication. Over the counter medication must be given in the original packaging. Information regarding medication will be shared with staff on a need-to-know basis.

Any student whose physician orders a pre-filled auto-injector mechanism (Epi-Pen) for the treatment of anaphylaxis, shall have a volunteer, non-medical designee to administer one dose of prescribed epinephrine via a pre-filled auto-injector mechanism when the school nurse is unavailable. This also pertains to those students who are capable of and have self-medication orders.

I release, indemnify, and hold harmless the Board of Education and its employees against any and all liability for damage or injury arising out of approval of this request.

I hereby authorize the school nurse to administer his/her medication to:

_____, as prescribed by: _____
Child's Name Physician's Name - please print
(STAMP NOT ACCEPTABLE)

Parent Signature Date
OR

My child _____ will **NOT** be taking ANY

PRESCRIPTION OR OVER THE COUNTER MEDICATIONS on the Fairview Trip. _____
Parent Signature- required

**CONSENT TO ADMINISTER OVER THE COUNTER
MEDICATION IN SCHOOL**

DUE Feb. 4th

For over the counter (OTC) medication to be given to your child during school, this form needs to be completed by the child's parent or legal guardian.

Name of child _____ Date of Birth _____ Grade _____

PARENT INFORMATION

Parent Name _____

Parent Name _____

Tel # (H) _____

Tel # (H) _____

(C) _____

(C) _____

Email _____

Email _____

PARENT CONSENT

The school nurse has permission to give my child the following over the counter (OTC) medications:

- | | | | |
|--|-----------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Acetaminophen 325mg | <input type="checkbox"/> 1 tablet | <input type="checkbox"/> 2 tablets | (same ingredient as TYLENOL) |
| <input type="checkbox"/> Ibuprofen 200 mg | <input type="checkbox"/> 1 tablet | <input type="checkbox"/> 2 tablets | (same ingredient as ADVIL) |
| <input type="checkbox"/> TUMS™ | <input type="checkbox"/> 1 tablet | <input type="checkbox"/> 2 tablets | |

Please note: Only Registered Nurses may administer OTC medications in school

I give permission to the school nurse to share relevant information with school staff as s/he determines appropriate for my child's health and safety.

YES

NO

Parent Signature

Please Print Name Here

Date

Nurse Signature

Please Print Name Here

Date

**EAST BRUNSWICK PUBLIC SCHOOLS - Student Services
PHYSICIAN'S INSTRUCTIONS FOR ADMINISTERING MEDICATION FOR FAIRVIEW**

Student's Name: _____

Check one:

- _____ April 15-16: Bondi/Bartlinski, Duffy, Kennish, Leach, Pinello (pd. 5), Sacks
- _____ April 29-30: Burns, Cintron/Dudek, Cravo (pd. 5), Perno, Robertson, Zhao
- _____ April 30-May 1: Brown, Corazza, Cravo (pd. 9), Chup, Dery, Grinshpun, Kerrigan, Madison, Molnar, Pinello (pd. 9), Player, Santos, Sudol

The Fairview Environmental Education Experience is a 2-day residential trip during the spring semester of Grade 6. This trip includes multiple activities such as hiking wooded trails, walking through forests and other native New Jersey ecosystems, and boating on a glacier lake. Please consider these activities as you determine appropriate medications for your child.

TO BE COMPLETED BY THE PHYSICIAN:

Prescription and/or Over-the-Counter medication for the above-named child is necessary for the Fairview Trip and should be administered as follows:

Date of Order: _____

1. Name of Medication _____ Diagnosis: _____
Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.
2. Name of Medication _____ Diagnosis: _____
Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.
3. Name of Medication _____ Diagnosis: _____
Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.
4. Name of Medication _____ Diagnosis: _____
Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.
5. Name of Medication _____ Diagnosis: _____
Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.

Student may self-carry and administer **Inhaler ___ Yes ___ No **Epi-Pen** ___ Yes ___ No

Parent will provide an additional inhaler or pre-filled auto-injector mechanism (Epi-Pen) identical to the one the student is authorized to carry which will be retained by the school nurse in accordance with the district medication policy.

I certify that the above named student has been trained in the use of the (check all that apply) **Inhaler** _____ and/or **Epi-Pen** _____.

Please note: **NO** other medications may be self-carried or self-administered by the student.

Name of physician (please print) Signature of physician (**STAMP NOT ACCEPTABLE**) Date

Physician Address: _____ Phone # _____

Parent's Signature Date

OR

My child _____ will **NOT be taking ANY**

PRESCRIPTION OR OVER THE COUNTER MEDICATIONS on the Fairview Trip. _____
Parent Signature

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING [Fairview Lake YMCA] FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of [Fairview Lake YMCA] facilities, services, equipment and premises ("Facilities") and any participation in [Fairview Lake YMCA] programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that [Fairview Lake YMCA], its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)