



# Fairview Lake

## Parent Information Packet

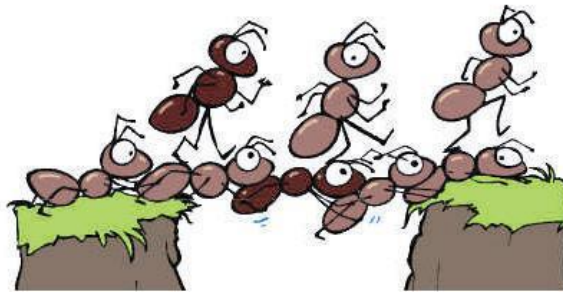
Use this quick reference checklist to ensure you have completed all requirements.	<b>EVERYONE must complete #1, even if your child is not attending the trip!</b>	
		✓ when complete
	1.	<p><b>Registration</b></p> <ul style="list-style-type: none"> <li>Log on to Community Pass (<a href="http://www.ebnet.org">www.ebnet.org</a> then select "Registration and Pay for Activities")</li> <li>At the bottom of the page, choose <b>EITHER</b> register <b>OR</b> decline registration.</li> </ul> <p>Detailed instructions can be found on page 5 of this packet.</p>
	<b>If your child is attending the trip, you must also complete #2-4.</b>	
	2.	<p><b>Medical Forms: Complete all</b> medical forms. All two forms are required and <b>must be signed</b> for your child to attend Fairview. These can be found on pages 10-11 of this packet.</p> <p>Detailed instructions can be found on pages 6 -8 of this packet.</p> <p style="text-align: center;">**Please note that for everyone's safety, medical forms must be submitted by the due date <b>March 14th, 2025</b>.</p>
	3.	<p><b>Medication:</b> 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 <b>medical form 1</b>. Please read and sign this form to allow the nurse to dispense these common medications at camp, if necessary.</p> <p><b>BEFORE</b> sending in the medical forms, <b>make a photocopy for your records</b>. 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.	<p><b>Minor Participant Waiver:</b> Sign the release waiver on page 12 from Fairview Lake YMCA Camps.</p>	
5.	<p><b>Parent Chaperone Form:</b> Please complete this <a href="#">digital form</a> 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.</p> <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 6<sup>th</sup> 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:** 1 day – Depart at 8:00 am – Return at 9:00 pm

**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](http://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.

Ridge and Swamp Hikes:

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.

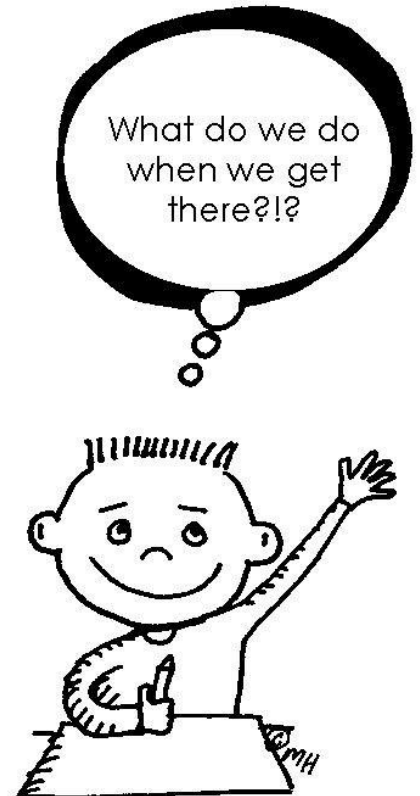
Evening Activities

Led by Fairview Staff

- Campfire

## Daily Meal Schedule

Lunch	12:00 pm
Dinner	5:00 pm
Evening Snack	After campfire



## Clothing and Equipment List for Fairview

Students must carry their own belongings during the trip. The quantities listed below represent the minimum number for a single-day Fairview trip. Student's name should be written on all items with permanent ink.



### **Backpack (to be always kept with students)**

- \_\_\_\_\_ Water bottle
- \_\_\_\_\_ Tissues
- \_\_\_\_\_ ChapStick
- \_\_\_\_\_ Flashlight
- \_\_\_\_\_ Raincoat/poncho (**NO umbrellas**)
- \_\_\_\_\_ Layers – hat, sweatshirt, sweater, etc.
- \_\_\_\_\_ Insect repellent and sunscreen
- \_\_\_\_\_ Inhaler (if needed)

### **Optional Items**

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

### **Items not permitted**

- **Cell phones**
- Gum/Candy/Snacks
- Jewelry
- Tablets/Electronics.
- **Shorts/Capri pants**
- Perfumes
- Expensive items
- Umbrellas

## 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](http://www.ebnet.org) and select "Register and Pay for Activities."
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](mailto: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 2024-2025**".
- 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 Thursday, January 16, 2025, and ends on Friday, March 14, 2025.

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

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

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

1. Go to [ebnet.org](http://ebnet.org).
2. Select: Schools – Hammarskjold.
3. Look for Fairview Information Packet tab
4. Print and complete the medical forms.
5. 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

### General Information

- There will be a registered nurse at Fairview.
- Students are NOT to bring any medications and 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 with the nurse 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 1 and 2)**.
- If your child will need allergy medication in April 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 1).**

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

## **Medication Frequently Asked Questions**

### **My child manages medical issues and has medication and emergency plans in school. Are those plans and medications going to be available for my child while at camp?**

Yes, students who manage conditions such as epilepsy, food allergies, asthma and diabetes are going to have access to their emergency medication and plans while at camp.

### **My child takes medications prescribed by our pediatrician or specialist outside of school. Can they still take them while on the trip?**

Yes, students who take medications at home before or after school can take these prescriptions or over-the-counter medications with doctors' orders. It is against the law for the school nurse to dispense medications without a prescription from a doctor. This includes over-the-counter medications such as Zyrtec or Claritin. If your child needs medications on this trip, please have your doctor complete the "Medication Orders" portion of page 11 of this packet.

### **I understand that I need a prescription for medications that my child needs to take. What about over the counter medications like Tylenol, Motrin, Advil and TUMS? My child might need them, but they probably won't. Do I need a doctor's prescription for those too?**

Our district doctor has given the nurse's office a standing order (written permission) for Tylenol 650mg, Motrin and Advil 200mg and TUMS 2 tablets, to be given for specific symptoms such as minor discomforts. The nurse will be bringing tablets and liquid suspensions of Tylenol, Motrin and Advil, as well as TUMS on the trip. If you would like your child to have these medications, if needed, please sign the "Permission to Give Tylenol, Motrin, Advil or TUMS" section on page 9 of this packet.

### **My child is going to need medication while at Fairview Camp. When and how should I send it in?**

Medications should be stored in a pharmacy or manufacturer's container. Please not send in unlabeled, unmarked medications in plastic bags, pill organizers, or envelopes. Please provide only the amount of medication needed if possible. Medications that do not have the appropriate paperwork completed by you and your doctor will not be dispensed at camp.

Please send in medications 1 week prior to the date your child leaves for camp.

**What if my child becomes ill a week before the trip and is still on prescription antibiotics?**

**Can the nurse dispense the remaining doses and complete the course of treatment?**

Yes, the nurse will need a note from the prescribing doctor that states, "Nurse may dispense x-medication, x-dose, times per day while at camp." Please include any storage or dispensing instructions when you drop off this medication.

**My child doesn't suffer from seasonal allergies, but sometimes has allergy symptoms in the spring. Do you think they might need allergy medication?**

Please discuss this with your pediatrician. The students will be outside hiking wooded trails, walking through forests, and rowing on a glacier lake.

#### **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 **two** pages (pages 10-11) contain the medical forms that are **required** for your child to attend the Fairview Trip.

**Pages 10-11 must be completed and SIGNED BY A PARENT/GUARDIAN.**

**These forms have a STRICT DEADLINE of Friday, March 14, 2025.**

**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.

**Spring 2025 Fairview Environmental Education Experience  
Medical Forms  
Day Trip**

Student Name: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Science Teacher: \_\_\_\_\_ Science Period: \_\_\_\_\_

Medical Information

Is your child covered by an insurance policy?       YES                       NO

If so, please complete the following:

Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

If not, please visit, <https://njfamilycare.dhs.state.nj.us/> for the NJ state funded insurance plan for children.

Does your child manage allergies?       YES                       NO

If yes, please specify:

Seasonal               Foods               Bee Stings               Latex

Other: \_\_\_\_\_

Does your child manage asthma?       YES                       NO

If your child manages asthma, they must have their asthma medications at camp.

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

- Acetaminophen tablet or liquid
- Ibuprofen tablet or liquid
- TUMS

Dosage and medium will depend on the student's weight and ability to swallow tablets.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Spring 2025 Fairview Environmental Education Experience  
Medical Forms  
Day Trip**

**Student Name:** \_\_\_\_\_

**Trip date:** \_\_\_\_\_

**My child will require a prescription medication during the trip:**  Yes  No

**Parent Signature:** \_\_\_\_\_

**To be completed by the physician:**

Prescription medication for \_\_\_\_\_ is necessary for the Fairview trip and should be dispensed as follows:

**Date of Order:**

1. **Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRN** \_\_\_\_\_
2. **Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRN** \_\_\_\_\_
3. **Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRN** \_\_\_\_\_
4. **Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRN** \_\_\_\_\_
5. **Medication:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_  
**Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **PRN** \_\_\_\_\_

Student may self carry and administer inhaler:  Yes  No  NA

Student may self carry and administer their own auto-injector:  Yes  No  NA

\_\_\_\_\_  
Name of Physician (please print)

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**If your child requires medication, it will need to be sent to the office between 3/28/25 and 4/3/25**

## 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.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)