



## **8<sup>th</sup> Grade Washington, D.C. Trip Parent Meeting**

**When:** Monday February 25, 2019

**Time:** 6:30P.M.

**Where:** Room 315

### **Information to be covered:**

Overview of the Trip

Approximate Cost of Trip

Promotion Ceremony

**BEDMINSTER TOWNSHIP PUBLIC SCHOOL DISTRICT**

234 Somerville Road  
Bedminster, NJ 07921  
Telephone (908) 234-0768 Fax (908) 234-2318  
www.bedminsterschool.org

Alicia Schauer  
Business Administrator

Jennifer Giordano  
Superintendent

Corby Swan  
Principal

Dr. Jane Petrozzino  
Director of Student Services

Todd St. Laurent  
Vice Principal /  
Curriculum Supervisor

February 11, 2019

Dear 8<sup>th</sup> Grade Student Parent/Guardian:

On Monday, February 25, 2019 at 6:30 pm in Room 315, there will be a meeting regarding the 8<sup>th</sup> grade class trip to Washington, D.C. scheduled for June 12-14, 2019.

On this evening, we will go over many aspects of this trip. We will also be distributing many important forms for parents to complete and submit to the school. These forms will include the student emergency contact information, physician's prescription request, student medical consent and medical insurance information.

Also included will be the Bedminster School behavioral rules. We ask that you review the behavioral rules with your child after next week's meeting.

**\*\*If you know your child will not be attending the 8<sup>th</sup> grade trip, please notify me in writing as soon as possible.**

If you have any questions or concerns, Mr. Philips can be reached at [jphilips@bedminsterschool.org](mailto:jphilips@bedminsterschool.org).

Sincerely,



Mr. Corby Swan  
Principal

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Curriculum Supervisor

February 25, 2019

Dear Parents, Guardians and 8th grade students,

Enclosed in this packet you will find:

- The **Student Emergency Contact Form**-must be completed and returned
- The **Student Medical Consent & Medical Insurance Information Form**-must be completed and returned
- Behavior Rules and **parent signature page**-must be signed and returned
- The **Physician's Prescription Request Form**-must be completed and returned with specific medical/prescription information and documentation if applicable prior to departure
- Clothing information and dress code
- Dining and money information

Please read all the material and forms thoroughly. Sign and complete all the information as requested.

**The total cost of the trip, which includes everything except individual spending money will be between \$700.00 - \$750.00 per student. The actual cost will be confirmed once the total number of students attending has been confirmed.**

For the safety of all the students, a luggage and backpack survey will be taken in the Bedminster School cafetorium by the trip chaperones before the trip. Students must enter through the doors closest to the cafetorium at **6:15 a.m. on Wednesday, June 12th**. The students should place their luggage and backpacks on a table and wait for a chaperone. After the items have been checked, the students will be asked to bring the luggage to the bus for loading. There will be a light breakfast provided for the students in the cafetorium during this time.

**Students will return to Bedminster School at approximately 7:30 p.m. on Friday, June 14th.**

Thank you for your cooperation and a special thank you for making this trip possible.

Sincerely,



Mr. Corby Swan  
Principal

BEDMINSTER TOWNSHIP SCHOOL  
Bedminster, New Jersey 07921

WASHINGTON, D.C. – JUNE 12-14, 2019

STUDENT EMERGENCY CONTACT FORM

PRINT STUDENT'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Name and telephone number of individuals to be called in the event that a parent/guardian cannot be reached.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Print Name)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Print Name)

**KNOWN ALLERGIES** \_\_\_\_\_

**Any dietary concerns:** \_\_\_\_\_

**A physician's note describing the kind of medication, dose, route and frequency of administration must be sent or given to the RN prior to departure on June 12th. The medication must be sent in a pharmacy container with the student's name on the prescription label.**

**Print Parent/Guardian Name:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed form to Mr. Philips by Friday, March 22, 2019.**

BEDMINSTER TOWNSHIP SCHOOL  
Bedminster, New Jersey 07921

STUDENT MEDICAL CONSENT & MEDICAL INSURANCE  
INFORMATION FORM

Although the teachers will exercise every possible means to care and provide for the welfare and safety of everyone, accidents are possible.

We ask that you complete this form in its entirety and sign below giving us authority to request medical assistance if needed during the trip.

I hereby give permission for my child/ward to be treated at a medical center selected by the staff on the Washington, D.C. trip, June 12-14, 2019 inclusive, in the event of an accident or illness.

Print Student's Name \_\_\_\_\_

(Please complete if appropriate)

I have medical insurance coverage with: \_\_\_\_\_

Policy No. # \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**\*\*\*Additionally, in the absence of medical insurance, I will assume full financial responsibility for such treatment/care of my child.**

\_\_\_\_\_  
**Signature/Relationship**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Return completed form to Mr. Philips by Friday March 22, 2019.**

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Curriculum Supervisor

Re: \_\_\_\_\_  
Student's Name

To whom it may concern:

In the absence of medical insurance, I will assume full financial responsibility for such treatment/care.

**Please sign and return to Mr. Philips by March 22, 2019.**

\_\_\_\_\_  
Signature/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **BEHAVIORAL RULES**

In order that students and chaperones fully enjoy the trip and focus our attention on the many national and historical sights of Washington, D.C., we expect every student to comply with all of the following rules.

### **GENERAL:**

1. All instructions by the chaperones, tour guides, and security personnel are to be followed. Chaperones will be acting in place of the students' parents/guardians and should be treated as such.
2. Students are to behave courteously at all times and in a manner that represents our school and our community in the best possible way.
3. Students are to remain with their group leaders at all times except when indicated otherwise by the group leader. At no time is any student to go anywhere alone. He/she must be accompanied by his/her partner at all times. Partners must stay with their group and with their chaperone.
4. In the event that any student blatantly defies instructions issued by the chaperones, or endangers himself/herself or others due to reckless actions (leaving the hotel room after "lights out"), **the student's parents/guardians will be called and required to pick the student up immediately.**
5. In the event that any student is found in the possession or under the influence of alcohol, tobacco or drugs or possess drug paraphernalia, **the student's parents/guardians will be called and required to pick the student up immediately.** The students will be suspended from school and the matter will be reported to legal authorities. In addition, the student will lose the privilege of participating in the 8th grade Dinner Dance and the Graduation.

### **ON THE BUS:**

1. The student's assigned seat will be for the entire trip. The student must sit with his/her partner.
2. All students must remain seated unless directed otherwise.
3. All windows must remain closed.
4. The bus is to be kept clean. Each student is responsible for his/her area.
5. Special bags for students suffering from motion sickness will be on the bus. If you feel sick, let your chaperone know immediately. If you know you have a tendency to get motion sickness, consider taking an over-the-counter medication, such as Dramamine. This must be reported to the nurse on the trip.
6. Be courteous at all times to the bus driver. Follow his/her instructions.
7. Students may bring PG or PG13 rated videos for the bus ride. All music and videos must be approved by the chaperones.

### **IN THE HOTEL:**

1. Chaperones' rooms will be located throughout the area of the student rooms. If there are any problems, students should notify a chaperone immediately. During the night, a security guard will be on duty and available.
2. There are other guests in the hotel and we must be respectful of their rights. There is to be no running, shouting or horseplay in the lobby, corridors or rooms.
3. Treat hotel property with the same respect that you would your own personal belongings. Any damage done in any room will be paid for by the person(s) responsible. If the responsible student(s) cannot be determined, the cost will be borne by the students assigned in the room. All rooms will be inspected before we leave the hotel.
4. No one will be permitted to leave his/her room after 11:00 p.m. There will be no visiting other rooms.
5. At 11:30 p.m., students are to retire for the night. No noise beyond this time. Chaperones will visit rooms periodically. A security guard will also be on duty. Leaving the room after "lights out" will result in parents/guardians being called for immediate removal from the trip.
6. Telephones in the rooms cannot be used. Visitors in rooms are not allowed.
7. No one is to leave the hotel for any reason.
8. Contact a chaperone in the event you feel ill.

### **ON TOUR:**

1. Students are to remain with the tour guide and their chaperones and follow his/her instructions.
2. Respect all locations, building, and historical sights. Remember, you represent Bedminster Township School.
3. When crossing streets, stay in the crosswalks and use normal caution. Follow your chaperone. Walk on sidewalks, not on the grass or in the street.
4. Backpacks may be taken on the bus, but will not be allowed during touring.



**BEHAVIORAL RULES**

**8TH GRADE TRIP  
WASHINGTON, D.C.  
JUNE 12-14, 2019**

I have read the Behavior Rules for the 8th grade trip to Washington, D.C. and have discussed them with my child. We agree to the terms and conditions therein.

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

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Sign and return to Mr. Philips by Friday, March 22, 2019.**

## Bedminster Township School

If your child takes a prescription medication or an over the counter medication, a physician's written order is required in order to administer medications. The prescription must include the medication, name, dose, route and frequency of administration. This order must be given to the school nurse or faxed to the school by May 24, 2019. The medication must be sent in the original container and given to the nurse prior to departure Wednesday June 12, 2019. The medication can also be brought in prior to that date. No medication should be given to the student.

If your child already has a physician's order or over the counter form already in the health office, there is no need for another. Please contact the health office with any questions or concerns regarding medication administration for the trip.

It is a NJ Department of Health State law that medications cannot be administered without a physician's written order. This includes all over the counter medications. The forms can be obtained on the health office web site and in the health office.

908-234-0768 EXT. 225      Fax 908-234-1168

Thank you for your cooperation.

Michelle McKeown, RN

**BEDMINSTER TOWNSHIP SCHOOL**

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS (OTC) DURING SCHOOL HOURS**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I request that my child be administered the following OTC medication(s) by the school nurse if needed throughout the current school year as directed by my child's medical provider below. I have read the reverse side of this form and understand and assume the responsibilities as required. Medication authorization forms are effective for the school year in which the order was written. New forms must be submitted each school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**This section for completion by Licensed Medical Provider:**

Licensed Medical Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Provider's Stamp:** *(Must be present to validate order)*

**The Following OTC Medications will be stocked in the school health office. Medications not listed must be supplied by the parent/guardian and hand delivered to the school nurse.**

*Acetaminophen (liquid) (160 mg/5 ml), Acetaminophen/Children's Tylenol melt-away tabs (80 mg/tab & 160 mg/tab), Acetaminophen/Tylenol Regular strength (325 mg/tab), Ibuprofen liquid (100mg/5 ml) Ibuprofen/Motrin Junior Strength (chewable tabs) (100 mg/tab) Ibuprofen/Advil (200 mg/tab), Diphenhydramine Hydrochloride/Benadryl liquid (12.5 mg/5 ml), and Diphenhydramine HCL/Benadryl tablets (25 mg/tab)*

**MEDICATION:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Reason for use/signs & symptoms:** \_\_\_\_\_

**List side effects and/or contraindications:** \_\_\_\_\_

**MEDICATION:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Reason for use/signs & symptoms:** \_\_\_\_\_

**List side effects and/or contraindications:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Medication(s) supplied by parent: \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

## ADMINISTRATION OF MEDICATION

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. At the same time, the Board recognizes that a pupil's attendance may be contingent upon the timely administration of medication duly prescribed by a physician. **The Board will permit the dispensation of medication in school only when the pupil's health and continuing attendance in school so require and when the medication is administered in accordance with this policy.**

No medication will be administered to pupils in school except by the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, or the pupil's parent(s) or legal guardian(s). Medication must be delivered to the school nurse by the pupil's parent(s) or legal guardian(s). The medication must be brought to the school nurse in the original container labeled by the pharmacy or physician. Written orders signed by the pupil's private physician or an advanced practice nurse for the use of a pre-filled single dose auto-injector mechanism containing epinephrine, must be provided stating the name of the medication, the purpose of its administration to the specific pupil for whom it is intended, its proper timing and dosage, its possible side effects, and the time when its use will be discontinued. If written orders for use of a pre-filled single dose auto-injector mechanism containing epinephrine are provided, the orders must say the pupil requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication. These written orders must be reviewed by the school physician prior to school approval for self-administration of any medication. The school physician may also issue standing orders to the school nurse regarding the administration of medication. Medication no longer required must be promptly removed by the parent(s) or legal guardian(s).

The school nurse shall have the primary responsibility for the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. However, the certified school nurse may designate, in consultation with the Board or the Superintendent, another employee of the district trained by the certified school nurse in accord with the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education, to administer the pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The pupil's parent(s) or legal guardian(s) must consent in writing to the designated person if applicable. In addition, the parent(s) or legal guardian(s) must be informed that the school district has no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine, and the parent(s) or legal guardian(s) must sign a statement that shall indemnify and hold the district and employees harmless against any claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. The permission for the emergency administration of epinephrine via a pre-filled single dose auto-injector mechanism containing epinephrine to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

A pupil is only permitted to self-administer medication for asthma or other potentially life-threatening illnesses.

The school shall have and maintain for the use of pupils at least one nebulizer in the office of the school nurse. Every pupil that is authorized to use self-administered asthma medication pursuant to N.J.S.A.18A:40-12.3 or a nebulizer must have an asthma treatment plan prepared by the pupil's physician which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the Department of Education.

**All pupil medications shall be appropriately maintained and secured by the school nurse, except those medications to be self-administered by pupils. In those instances the medication may be retained by the pupil with the prior knowledge of the school nurse.** The school nurse may provide the Principal and other teaching staff members concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best educational interests. The school nurse may report to the school physician any pupil who appears to be affected adversely by the administration of medication and may recommend to the Principal the pupil's exclusion pursuant to law.

The school nurse shall document each instance of the administration of medication to a pupil. Pupils self-administering medication shall report each incident to a teacher, coach or other individual designated by the school district to be in charge of the pupil during school activities. Such individuals shall report such incidents to the school nurse within twenty-four hours of the self-administration of medication. The school nurse shall preserve records and documentation regarding the self-administration of medication in the pupil's health file.

**Bedminster School 8<sup>th</sup> Grade Class Trip**  
**June 12-14, 2019**

**What To Bring . . .**

**\*\*\*Each student is allowed one (1) suitcase and one (1) carry-on\*\*\***

**Clothing Requirements:**

- **Comfortable shoes!!! No Flip-Flops.**
- Sweater or light jacket

**Suggested items to pack:**

- Plastic rain coat or poncho or collapsible umbrella
- Sunglasses
- Sunscreen
- One extra change of clothes in addition to clothing for the duration of the trip
- Pajamas
- Camera
- IPOD and DVD players are permitted *only* if used with earphones for the bus rides
- Cell Phones are permitted. However, due to the availability of picture/video messaging, students will be reminded that they may only take *appropriate* photos/videos with their cameras (this would also apply to Flip video cameras). If the school is apprised of any inappropriate photos/videos, students will be suspended and they may not be allowed to participate in this year's graduation ceremony.

**Do not pack expensive items (jewelry, etc.) as the school is not responsible for missing or lost items.**

The dress code for school, as stated in the Student Handbook will apply throughout the duration of the trip. Students represent Bedminster Township School in their behavior and appearance and should act accordingly at all times.

Bedminster Township School  
8<sup>th</sup> Grade Washington, D.C. Trip  
June 12-14, 2019

**DINING ARRANGEMENTS:**

All meals will be provided to the students and are included in the cost of the trip except any personal purchases and any snacks. If there are any dietary requirements needed for a student, it should have been noted on the **Student Emergency Form**.

**MONEY:**

We would suggest that each child bring between \$50 to \$75. This will cover the food listed above and souvenirs.

**OVERNIGHT ARRANGEMENTS:**

**Our floor will have a security guard on duty both nights.**

**HOTEL ACCOMODATIONS:**

Holiday Inn Express  
14030 Telegraph Rd  
Woodbridge, VA 22192  
(703) 576-1600