

GFMS Washington Trip Packet

Dear Parents/Guardians,

Enclosed please find pertinent dates and information regarding the Washington DC Trip for 2018. All medical forms are provided. Please complete this information as soon as possible and have your child return it to their Social Studies teacher. Here are a few important dates that are coming up regarding the trip:

- **Week of January 29** – Balance Due payment. Please refer to Balance Due Sheets that will be going home with your child. ***Make checks out to GFMS Washington Fund.***
- **Tuesday, April 17** – Students receive rooming assignment sheets in Social Studies classes.
(Note: Any students who have outstanding balances, missing permission slips or health inventories will not be given a rooming sheet until all items are handed in)
- **Thursday, April 19** – All student rooming sheets due to Mr. Mazzotta or Ms. Zimmerman by the end of the school day.
- **Tuesday, May 1** – ***All medical paperwork and prescriptions that require a doctor's note due. This includes any prescribed medication as well as any OVER THE COUNTER medication. (Advil, Tylenol, stomach meds. If you have questions please contact nurses office.)***
- **Wednesday, May 2** – Washington DC Parent Information Meeting. GFMS Auditorium- 7pm.
- **Thursday, May 3** – DC Packing Agreement Form Due to Social Studies Teachers.
- **Monday, May 14** – Depart for Washington DC. Students report to GFMS at 6:20 am
- **Thursday, May 17** – Return from Washington DC -- Approximately 6:00 pm

If you have any questions, please feel free to contact Dino Mazzotta (dmazzott@carmelschools.org) or Jaime Zimmerman (jjzimmerm@carmelschools.org).

Sincerely,

Dino Mazzotta

Jaime Zimmerman

Table of Contents for Forms

PERMISSION FORM FOR PRESCRIBED MEDICATION FORM

- If you have an existing medication AND medication order from the doctor with us, we will send the medication on the trip. However, if your child has an inhaler and self-carries, we need to have the attached form from the doctor stating this.
 - We also need the form filled out for “take as necessary (prn)” medications. This includes both prescribed medications AND over the counter medications (Tylenol, Advil, Pepto Bismol, etc). Please email or call the nurses office if you have any questions.
 - ***EPI-PENS*** -- If we have an epi-pen for your child in our office with a current doctor’s order, we will send it. If your child needs an epi pen please fill out the attached form and send in by the due date.
 - You need to have a doctor fill out one form for EACH medication.
- ***HEALTH INVENTORY FORM***
 - Every student must fill out this form. No exceptions.
 - ***WHAT SHOULD I BRING LIST for Girls & Boys***
 - Use this checklist to help your child pack for the trip
 - ***DC PACKING AGREEMENT FORM***
 - Every student must fill out this form. No exceptions.

**Please send in medications and doctor’s orders by the
May 1ST deadline.**

If you have any questions, please call 228-2300
Nancy McCormack, RN (ext. 516) or Carol Burns, RN (ext. 514).

Carmel Central School District
South Street
P. O. Box 296
Patterson, NY 12563

PERMISSION FORM FOR PRESCRIBED MEDICATION

Date form received by the school: _____ Student's Name: _____

Grade: _____ Date of Birth: _____ School _____

To be completed by the physician or authorized prescriber:

Reason for Medication: _____

Name of Medication: _____

Form of medication/treatment: (circle one) Tablet/Capsule Liquid Inhaler Injection
Nebulizer Other _____

Instructions (schedule and dose to be given at school): _____

Start Date: (please circle): Date form received OR Other: _____

Stop Date: End of school year OR Other date/duration _____

For episodic/emergency events only

Restrictions and/or important side effects: None Anticipated If Yes, please describe: _____

Special storage requirements: None Refrigerate Other: _____

This student is both capable and responsible for self administering this medication:

Please Circle: NO YES – Supervised YES – Unsupervised

This student may carry this medication: NO YES

Please indicate if you have provided additional information:

on the back of this form as an attachment

DATE: _____ SIGNATURE: _____

STAMP (include address, phone #, license #)

TO THE SCHOOL: Please report concerns about medication or disease to the above physician.

To Be Completed by Parent/Guardian

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy.

****Medication must be brought to the school nurse by parent/guardian and be picked up at end of school year or it will be destroyed.**

Signature: _____ Relationship: _____

Cell: _____ Work: _____ Home: _____

Student Health Inventory Form

STUDENT'S NAME _____

TEAM _____

GENERAL INFORMATION NECESSARY FOR STUDENTS PROTECTION AND CARE

(Please answer all questions no or yes with an explanation.)

1. Any food allergy: Yes [] No [] What? _____

2. Are there any foods the student is not permitted to eat? Yes [] No []

Name foods _____

3. Is the student allergic to any type of medicines? Yes [] No []

a. Penicillin _____ b. Aspirin _____ c. Sulfur _____

d. Are there any allergies to other substances? i.e., Grass, pollen, dust—does this require any medication? Yes [] No [] If so, what? _____

4. Is your child a diabetic? Yes [] No []

Restrictions _____

5. Are there any prescribed medicines that are taken regularly by your child?

Yes [] No [] If so, what? _____ Dosage _____

Times given _____

6. Is your child an asthmatic or does your child suffer from asthma symptoms?

Yes [] No [] If so, what procedures should be followed? _____

7. Does your child suffer from motion sickness? Yes [] No [] If so, what medication is taken? _____

8. Is your child allergic to bee stings? Yes [] No [] Medication _____

9. Do you know of any health factor that makes it advisable for your child to follow a limited program of activity? Yes [] No []

Explain: _____

10. Is there any other medical history needed in an emergency? Yes [] No []

Explain: _____

11. Recent immunization against tetanus. Yes [] No [] Date _____

12. Physician's name _____ Telephone number _____

*All medications must be sent in current prescription containers in a Ziploc bag with student's name. Send only as much medication as will be needed. Clearly label medicine package with name, dosage, time(s) to administer.

WASHINGTON, D.C. "WHAT SHOULD I BRING?" LIST FOR GIRLS

DRESS: Bring enough clothes for FOUR full days

Touring:

- Very comfortable shoes or sneakers
- Pants or skirts (follow school dress code)
- Tops/blouses (follow school dress code)
- Jeans (clean, no oversize)
- Shorts may only be worn if temperature forecast is for 75 degrees or higher

Dining: - Dinner dress is casual. On the dinner cruise students typically dress up a bit. Girls typically wear a dress or dress pants and a nice top.

Outerwear:

- Jacket and/or sweater for cool weather
- Raincoat or poncho or umbrella (in case of rain)
- Hat (for use outside only)

Other:

- Pajamas
- Bathrobe or cover-up
- Four changes of underwear

Medication: All medication must be given to the school nurse **one week prior to departure**. They must be in the original prescription container and placed in a plastic bag with the child's name on it. **EXCEPTION:** Tylenol and Advil will be purchased by the school and administered as per your physician's order. No Tylenol or Advil will be administered without a doctor's note.

| | | | |
|---------------------------|------------|------------|---------------|
| <u>TOILETRIES:</u> | Comb | Shampoo | Hygiene needs |
| | Brush | Shower cap | Sunscreen |
| | Toothpaste | Deodorant | Sunglasses |
| | Toothbrush | Band-aids | |

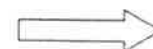
| | | | |
|----------------------|--------------|-------------|--------------|
| <u>Share:</u> | Curling iron | Safety pins | Straightener |
|----------------------|--------------|-------------|--------------|

IPOD You may bring an IPOD for the bus ride down to Washington, D.C. and back, and/or for use in your room. Please label it with your name. You may not wear the earphones outside the bus or your room.

CAMERA & FILM: Label your camera with your name (masking tape is fine.) Disposable cameras are a worthwhile investment because the film is included. Digital cameras are even better! Make sure you have enough memory and the battery charger.

SPENDING MONEY: Money for souvenirs is not included in the cost of the trip, so bring additional funds for these purchases. Not a lot of extra money is needed.

WALLET/PURSE: Bring a purse or wallet to carry your money. Have ID in it. (name, address, home phone in case of loss)



WATCH: Either bring a watch or make sure your buddy is bringing one. **This is essential!**

PEN: Remember to pack at least one! You will need one for your Washington project, as well as any postcards you write.

DRINKS: Bring lots of water. You will get dehydrated if all you bring is soda and sugary drinks. No Energy drinks are allowed.

SUITCASE: Bring **ONE** suitcase with a name tag (or masking tape ID) on it. When packing perfume or other liquids, put them in a plastic bag and cushion them between clothes. If you need it, you may bring an additional makeup bag or backpack. This will have to be carried on the bus and left on the bus while we tour.

If you lock your suitcase, make sure you bring the key with you!

Leave all your valuables at home. We can't guarantee against theft.

PLEASE NOTE: We must pass through security and metal detectors in many places we visit. Avoid wearing metal objects, e.g. large belt buckles, chains, etc. Also, pocket knives or any other sharp objects are prohibited.

Leave the name and phone number of our hotel at home in case your parents need to reach you. If they call, have them leave a message for one of the teachers of the George Fischer Middle School group, and we will make sure you get the message.

Embassy Suites – Old Town Alexandria
1900 Diagonal Road
Alexandria, Virginia 22314

Telephone: 703-684-5900
Fax: 703-684-0653

Embassy Suites – Crystal City
1300 Jefferson Davis Highway
Arlington, Virginia 22202

Telephone: 703-979-9799
Fax: 703-892-8121

WASHINGTON, D.C. "WHAT SHOULD I BRING?" LIST FOR BOYS

DRESS: Bring enough clothes for FOUR full days

Touring:

- Very comfortable shoes or sneakers
- Pants
- Tops (follow school dress code)
- Jeans (follow school dress code)
- Shorts may only be worn if temperature forecast is for 75 degrees or higher

Outerwear:

- Jacket and/or sweater for cool weather
- Raincoat or poncho or umbrella (in case of rain)
- Hat (for use outside only)

Dining: - Dinner dress is casual. On the dinner cruise students typically dress up a bit. Boys typically wear dress pants and a collared shirt.

Other:

- Pajamas
- Bathrobe or cover-up
- Four changes of underwear
- Four changes of socks

Medication: All medication must be given to the school nurse **one week prior to departure**. They must be in the original prescription container and placed in a plastic bag with the child's name on it. **EXCEPTION:** Tylenol and Advil will be purchased by the school and administered as per your physician's order. No Tylenol or Advil will be administered without a doctor's note.

TOILETRIES:

| | | |
|------------|-----------|------------|
| Comb | Shampoo | Sunscreen |
| Brush | Deodorant | Sunglasses |
| Toothpaste | Band-aids | |
| Toothbrush | | |

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WATCH: Either bring a watch or make sure your buddy is bringing one. **This is essential!**

PEN: Remember to pack at least one! You will need one for your Washington project, as well as any postcards you write.

DRINKS: Bring lots of water. You will get dehydrated if all you bring is soda and sugary drinks. No Energy drinks are allowed.

SUITCASE: Bring **ONE** suitcase with a name tag (or masking tape ID) on it. When packing cologne or other liquids, put them in a plastic bag and cushion them between clothes. If you need it, you may bring an additional backpack. This will have to be carried on the bus.

If you lock your suitcase, make sure you bring the key with you!

Leave all your valuables at home. We can't guarantee against theft.

PLEASE NOTE: We must pass through security and metal detectors in many places we visit. Avoid wearing metal objects, e.g. large belt buckles, chains, etc. Also, pocket knives or any other sharp objects are prohibited.

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2018 D.C. Trip Packing Agreement

After meeting with student representatives of the Government Organization (G.O.) and parents from the P.T.A, we have drafted the following document to serve as a "security checkpoint" for the trip to Washington D.C. **Once this form is received in your packet, please go over it with your parents, fill out all related areas, and return to your social studies teacher.**

Forbidden Items:

| | |
|---|--|
| <ul style="list-style-type: none"> • Medications not given to the nurse | <ul style="list-style-type: none"> • Illegal non-prescription drugs |
| <ul style="list-style-type: none"> • Vape-Pens and related products | <ul style="list-style-type: none"> • Tobacco/Nicotine Products |
| <ul style="list-style-type: none"> • Alcoholic beverages | <ul style="list-style-type: none"> • High Caffeine Energy Drinks (Red Bull/Monster, etc.) |
| <ul style="list-style-type: none"> • Gaming Stations that connect to televisions or monitors | <ul style="list-style-type: none"> • Other objects consistent with the Code of Conduct (see student planner pages 9-21) |

If forbidden list items are discovered, the range of consequences include anything from a phone call home to immediate removal from the trip, which will require a parent pick-up.

Discouraged Items:

| | |
|---|---|
| <ul style="list-style-type: none"> • I-Pads | <ul style="list-style-type: none"> • Hand-held gaming systems |
| <ul style="list-style-type: none"> • Laptops | <ul style="list-style-type: none"> • Any other personal items of value |
| <ul style="list-style-type: none"> • Cash in excess of \$100 | |

- He/she is bringing items on the "discouraged" list (circle above) at my own risk _____
- He/she does not have items from the "discouraged" list _____

Parent/Guardian search agreement:

I acknowledge that I will search all of my child's bags. They will not contain items from the "forbidden" list. These "forbidden" items will not be in other bags or on their person.

Print Student Name _____

Student Signature _____

Parent/Guardian Signature _____