

Washington Township School District
"Making a Difference"

Brass Castle School
16 Castle St.
Washington, NJ 07882
908-689-1188
Jessica L. Garcia, *Principal*

District Central Office
Old Schoolhouse
One East Front Street
Washington, NJ 07882
908-689-1119
Keith T. Neuhs, *Superintendent*

Port Colden School
30 Port Colden Rd.
Washington, NJ 07882
908-689-0681
Michael J. Neu, *Principal*

June 15, 2018

RE: 6th Grade Stokes Overnight Camping Trip, September 26 – September 28, 2018

Dear Parents/Guardians of Current 5th Grade Students,

As a 6th grade student, your child will have an opportunity to participate in our Stokes Environmental Trip scheduled for September 26 through 28, 2018. You will receive information regarding the Stokes trip at the 6th Grade Back to School Night on September 12, 2018. I'm sure students are as excited about the trip, as the Sixth Grade staff. If you have any questions or concerns, please feel free to contact me via email at pcasserly@washtwpsd.org.

Please note the information below from the Brass Castle School Nurse with regards to medical information and any medications that your child may need for this trip. Thank you and have a fun and relaxing summer!

Sincerely,
Pam Casserly, Stokes Trip Coordinator

+++++

MEDICATIONS:

The state of New Jersey does not allow students to carry medications during school hours, including overnight trips. The **exception** to this rule includes emergency, lifesaving medications for Asthma (rescue inhalers), Severe Allergies (Epipens), and Diabetes. In order for a student to carry a rescue inhaler, Epipen, or diabetes medications, the Healthcare Provider (HCP) must sign the appropriate paperwork stating they have been trained and are capable of self-administering these medications.

All other medications, **including over the counter (OTC)**, must follow the following guidelines for the trip:

- All completed HCP orders (required) for the Stokes trip **only must** be submitted to the Brass Castle Nurse **no later than August 30, 2018. The form for the Stokes trip only is attached.**
- Actual medications (appropriately labeled by pharmacy, in unopened original container if appropriate) will be accepted on a pre-scheduled date one week before the Stokes trip. **Parents must bring in the medication(s) to the School Nurse, per state regulations.**

Medication orders obtained/provided for the school year 2018-2019, on district Medication Authorization forms, will be given during the Stokes trip.

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The following medications are available for the School Nurse to administer:

- | | |
|--|-------------------------------|
| • Acetaminophen (generic for Tylenol) | Caladryl/Calamine/skin lotion |
| • Hydrocortisone cream | Cough drops |
| • Diphenhydramine (generic for Benadryl) | First aid cream |
| • Bacitracin | Sting-eze |

ALL OTHER MEDICATIONS, INCLUDING OTC, WILL REQUIRE HCP ORDERS

Please also fill out the confidential information form provided and return it in a sealed envelope marked “Confidential: School Nurse.” This may be returned over the summer or at the very beginning of the school year.

Additional reminders from the School Nurse for incoming 6th grade students:

*All eleven-year-old students entering 6th grade in September MUST provide proof of having received one dose of Tdap and one dose of a meningococcal vaccine before the start of school (**submitted by August 30, 2018**) per state code (N.J.A.C. 8:57:4). If your child does not turn eleven until after school starts, you have one week from their birthday to provide documentation to the Health office, after which your child will be excluded from school until proof of vaccine is received.

Also, any student participating in school sponsored athletics is required to complete and submit a NJ State Preparticipation Physical Evaluation. These forms may be found at: <http://www.washtwpsd.org/6th-grade-requirements/>. Thank you.

Sincerely,
Brass Castle School Nurse
908-689-1188, ext 3607

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WASHINGTON TOWNSHIP SCHOOL DISTRICT
STOKES ENVIRONMENTAL TRIP

PLEASE COMPLETE THE FORM BELOW AND RETURN IT, ADDRESSED TO THE SCHOOL NURSE IN A SEALED ENVELOPE MARKED "CONFIDENTIAL". THANK YOU.

Child's name: _____ **DOB:** _____ **Teacher:** _____

Mother's name/cell phone number: _____

Father's name/cell phone number: _____

Emergency contacts (if either parent cannot be reached)—names and phone numbers:

1. _____

2. _____

Family Healthcare Provider and phone number: _____

Please note: immunizations must be current/compliant and on record in the Health Office prior to Stokes trip, if not already done so.

1. **Food allergy: YES / NO** If yes, indicate: _____

2. **Medication allergy: YES / NO** If yes, indicate: _____

3. **Insect allergy: YES / NO** If yes, indicate: _____

4. **Has your child been exposed to any communicable disease within the past 21 days? YES / NO** If yes, indicate: _____

5. **Are there any health factors that limit or may limit physical activity? YES / NO**

~Recent surgery or illness: _____

~Recent bone fractures: _____

~Weak ankles or arches: _____

~Other: _____

6. **In order to protect your child from possible embarrassment,** please provide the following information:

Does your child wet the bed at night? **YES / NO** If yes, please provide information about how you support your child with this at home:

Does your child walk in their sleep? **YES / NO**

7. Nervous habits (please indicate): _____

8. Any particular fears: _____

9. If you have any doubt that your child may not be healthy for the trip, please contact your Healthcare Provider.

Please indicate:

My child **WILL / WILL NOT** require medication during this trip.

** (if medication, **prescription or over the counter**, may be needed, please have your Healthcare Provider write orders on the "Stokes Trip Medication/OTC Medication Orders" form).

Parent/Guardian signature and date: _____

Any comments/information that you feel we should know about your child:

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- Actual medications (appropriately labeled by pharmacy, in unopened original container if appropriate) will be accepted on _____, which is the week before the trip. **Parents must bring in the medication(s) to the School Nurse, per state regulations.**

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WASHINGTON TOWNSHIP SCHOOL DISTRICT: STOKES TRIP MEDICATION/OTC ORDERS
Parental and Healthcare Provider Authorization for Medication Administration
To Students for Stokes Trip

TO BE COMPLETED BY THE HEALTHCARE PROVIDER ONLY:

I request that my patient, as listed below, receive the following medication/OTC medication during the Stokes Camping Trip, school year **2018-2019**:

Student Name: _____ **DOB:** _____

Diagnosis: _____

Name/Dose/Route/Schedule of Medication: _____

Healthcare provider signature (required): _____

Healthcare provider STAMP (required):

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I request that my child, _____, grade/teacher _____, date of birth _____ receive the medication as prescribed above by our healthcare provider for the Stokes camping trip. I understand the medication/OTC medication is to be furnished and brought in to school by me in the properly labeled or original container from the pharmacy. I understand that the School Nurse will administer the medication.

I do hereby release, discharge, and hold harmless Washington Township school district, its agents and employees from any and all liability and claim whatsoever for administration by the Nurse, of the medication listed above as a result of any injury arising from stated medication. I understand that this medication request needs to be approved by the Principal and School Nurse prior to administration.

Parent/Guardian Signature: _____ **Date:** _____

Phone #(s): _____

TO BE COMPLETED BY THE SCHOOL:

This medication request/HCP order has been reviewed and is:

_____ approved

_____ denied, please see attached for explanation of denial

Principal Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____