

Student's Name: _____

Science Teacher: _____

Class Color: _____

Dear Families,

October 1, 2013

For the past 20 years the 8th grade science classes have been traveling to the Connecticut River Valley and Eastern New York to explore geology. **Due to the distances involved in this trip to NY, students are asked to arrive at the middle school at 5:45 AM. for a 6:00 AM departure. The trip will return to the middle school between 8 PM and 9 PM. Students will be going on this trip by science class, with a portion of the grade going on Thursday October 24th and the other portion going on Friday October 25th.**

During the geology field trip, students will be applying their book learning and field observations to develop theories about the formations they see. Students measure dinosaur footprints, collect ocean fossils, explore a cave, observe deep river cuts, glacial evidence, and walk along limestone cliffs gathering evidence which will allow them to form a theory about the geologic events of the last 500 million years.

As you might imagine, the medical history of your child is critical to his or her safety. Along with this sheet you will find one medical form attached as well as a field trip medication order/consent form. There is also an Emergency Contact Information form. You will also find a packing list for posting on the fridge at home. Additionally, you will find a parental waiver form from the Northeastern Cave Conservancy. The cave has recently moved from private ownership to administration by the Cave Conservancy. As a result, this form is required for each child prior to exiting the bus on the property. Please note for the parental waiver for the cave both student and parent must date and sign, as well as two witnesses.

Please return these completed forms by Monday, October 7th.

What day is my child attending?

If this packet is blue then your child is going onto the NY Geology Trip on Thursday October 24th. If this packet is Yellow then your child is going onto the NY Geology trip on Friday October 25th.

We look forward to working with your children outside of the classroom.

Rich Battaglia

Jennifer Nichols

8th Grade Science Teachers

The following forms are due back to your child's science teacher.

1. This permission slip form completely filled out with a check for the expense of the trip
2. The medical information form completely filled out (2-sided)
3. Waiver form for entering the Clarksville Cave – completely filled out including your child's signature, your own, and 2 witnesses
4. Electronics Policy Agreement
5. The emergency contact information form with health insurance information included
6. The medical consent form – only if required please read carefully to see if this is applicable

Student's Name: _____
Science Teacher: _____
Class Color: _____
NY Trip Date _____

Permission Slip for NY Geology Trip

Please sign both permission sections below.

_____ has my permission to go on the **NY Geology** field trip.
(Student's Name)

Parent/Guardian Signature

1. **The cost of the trip is \$51.00. Please make your check payable to Wayland Middle School.** We welcome any contributions to help fund trip-ships (student scholarships). Thank you for your support.

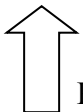
2. I would be delighted to host a Boston Resident Student. **Yes** **No**

3. A phone chain will be created for each bus going to NY. Buses returning from NY will activate the phone chain between 6:00-7:00PM to let you know exactly when they will arrive back at the Middle School.

My Name is _____ (please print)

My number for the NY phone chain is _____

4. I am willing to be a **phone chain captain.** **Yes** **No**



Phone tree captains will be asked to call 6-8 other parents to inform them of the arrival time of the bus. You will receive a call from you child's science teacher between 6:00 and 7:00PM to start the chain. Thank you in advance if you choose to volunteer!

**All forms should be returned to your child's science teacher by
Monday, October 7th**

**EMERGENCY CONTACT
INFORMATION**

Student Name: _____
Science Teacher: _____

If Wayland Middle School staff have any questions or concerns about your child's health or well-being they will call immediately. **Please print clearly.**

DOB: _____ Home phone: _____

Street Address: _____ City: _____ Zip: _____

Parent/Guardian #1 Name: _____

Address: _____

Home Phone: _____ Cell Phone or Pager: _____

Employer: _____

Work Phone: _____

Parent/Guardian #2 Name: _____

Address: _____

Home Phone: _____ Cell Phone or Pager: _____

Employer: _____

Work Phone: _____

If unable to reach parent/guardian, please notify: Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone or Pager: _____

*Student's physician: _____ Phone: _____
*Student's dentist: _____ Phone: _____

Attach a copy of your insurance card or complete the information below in blue or black ink. Please print clearly.

Health Insurance Company: _____ Insurance phone: _____

ID# _____ Policy #: _____
Policyholder's name: _____ Subscriber: _____

<i>For Office Use Only</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Epi</i>	<i>Med</i>	<i>OTC</i>	<i>Inhaler</i>

Student Name: _____ Science Teacher: _____

Medical Information Form

Eighth Grade NY Geology Trip, October 24 and 25 2013 Wayland Middle School

In preparation for the upcoming extended day field trip, we ask that parents take a moment to answer the following questions regarding important medical information that helps us ensure your child's health and safety. If you have any questions or concerns, please do not hesitate to contact us at the middle school.

1. Does your child take any prescription medication? **It is important that children continue to take any medication they are on currently, even though they will not be in academic classes.**

_____ **YES** (If yes, please have your pediatrician complete the white "Field Trip Medical Order/Consent Form" at the end of this packet.) _____ **NO**

2. Does your child carry an EpiPen? _____ **YES** – *see part 'a' below* _____ **NO**

a. Is there a current medication order for their EpiPen on file at the school nurse's office?
 _____ **YES** _____ **NO** (If not, please have your pediatrician complete the white "Field Trip Medication Order/Consent Form" at the end of this packet)

3. Does your child carry an inhaler? _____ **YES** - *see part 'a' below* _____ **NO**

a. Is there a current medication order for their inhaler on file at the school nurse's office?
 _____ **YES** _____ **NO** (If not, please have your pediatrician complete the white "Field Trip Medication Order/Consent Form" at the end of this packet)

4. Please indicate the date of your child's last tetanus booster (listed as Td or Tdap) on your child's immunization record: _____

5. Please list all pertinent medical conditions: _____

If you listed asthma or reactive airway disease, what medicines does your child use for maintenance and for emergencies? _____

6. Is your child under professional care for any condition? _____ **NO** _____ **YES** (If yes, please explain) _____

7. Please list all *known* drug or food allergies: _____

8. Has your child ever been bitten or stung by an insect that caused an unusual reaction?

_____ **NO** _____ **YES** If yes, what kind of insect? _____

Describe the reaction (breathing difficulty, swelling, hives, etc.) _____

How was this reaction treated? _____

Is your child now under treatment for this problem? _____ **NO** _____ **YES**

If yes, please describe: _____

TURN SHEET OVER



9. Has your child ever been hospitalized? _____NO _____YES (If yes, list when, for how long, and the condition) _____

10. Please provide us with any other medical information you would like staff to be aware of while your child is on a field trip: _____

Over the Counter Medications

1. Wayland Middle School staff first aid bags are equipped with Ibuprofen (e.g. Motrin) and Acetaminophen (e.g. Tylenol) **tablets only**, in the dosages listed below. If deemed appropriate by a staff member, and if parental permission is granted, then the medicine will be administered to students as described below, unless other instructions are given. **Please check the appropriate box, indicating if you grant permission or not for the drug to be administered to your child, and then initial. You must also indicate the dosage you would like administered to your child.**

Acetaminophen (e.g. Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
500 mg tablet once every 4-6 hours	500mg _____	_____
as needed for pain / fever.	Yes (Initials)	No (Initial)

Ibuprofen (e.g. Motrin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 mg tablet once every 4 - 6 hours	200mg	400mg	
as needed for pain/fever	Yes (check dosage) _____	No _____	
	(Initials)	(Initials)	

Special Instructions: _____

2. Please list any **over-the-counter medications** you will be sending and note the reason or condition for administration and dosage.

1) Name of Medication: _____ Dosage: _____

Specific Directions: _____

2) Name of Medication: _____ Dosage: _____

Specific Directions: _____

In the event of illness during the 2013 8th grade NY Geology trip, I hereby grant authority to school personnel to dispense the over-the-counter medications listed above when necessary and as determined by the chaperone.

Signature of Parent/Guardian

Date



Field Trip Medication Order/Consent Letter
READ THIS SIDE FIRST!

Dear Parents,

This letter will provide answers to some of your frequently asked questions regarding prescription medication administration on day and overnight field trips.

Q: What forms do I need to fill out so that my child can receive their prescription medication while on a field trip?

A: You will need to complete one Field Trip Medication Order/Consent Form for any prescription medications. This form has to be completed by a licensed prescriber and signed and dated by parents/guardians.

Q: What if I have already filled out a Medication Order Form for this prescription medication during this school year?

A: Please make a note of this on the back of this form, sign it and date the parental/guardian consent section and return it to the School Nurse. The original form will then be copied from the Nurse's records and attached to this Field Trip Medication Order/Consent Form.

Q: Who will administer my child's prescription medication during a school day field trip?

A: A Wayland Middle School Staff member, trained and delegated by the School Nurse, will administer your child's prescription medication.

Q: Who will administer my child's prescription medication during an extended-day field trip?

A: A Wayland Public School Staff member, trained by the parent or guardian, will administer your child's prescription medication.

Q: Will my child be carrying their prescription medication while on the field trip?

A: No, the delegated staff member will carry and administer the medication. The only exception to this will be in the instance of an Albuterol Inhaler or an EpiPen. ****Students are strongly encouraged and asked to carry these medications on their persons at all times while on field trips****

Q: How will the medication be sent on a field trip?

A: On a school day field trip, if the School Nurse has possession of the medication, she will pack it from the Nurse's office, and give it to the delegated staff member to carry and administer to your child. For the overnight field trips, please send only enough medication for the field trip in the original pharmacy bottle, with the original pharmacy label. All medication being sent on a field trip must come in the original pharmacy bottle or container.

Sincerely,

Marcia R. Nims, RN, BSN, CLC, CCE

WAYLAND PUBLIC SCHOOLS
Field Trip Medication Order/Consent Form

Student's Name: _____ Date of Birth: _____ Sex: _____
Grade _____ Address: _____
(street) (City/town)
Pertinent Medical Condition(s): _____
Allergies: _____
Name of Licensed Prescriber: _____ Title: _____
Telephone Number: _____ Fax Number: _____

Administration of Prescription Medications (completed by a **LICENSED PRESCRIBER**)

1. Name of Medication: _____ Dosage: _____ Route: _____
Frequency: _____ Specific Directions: _____

2. Name of Medication: _____ Dosage: _____ Route: _____
Frequency: _____ Specific Directions: _____

3. Name of Medication: _____ Dosage: _____ Route: _____
Frequency: _____ Specific Directions: _____

4. Consent for Self Administration of Inhalers Only: ___ Yes ___ No

5. Other Medications Taken by the Student: _____

6. ___ **Yes** ___ **No** The student is allowed to take OTC drugs such as Acetaminophen, Ibuprofen, Benadryl, Claritin, Dramamine, etc. in combination with their prescription medications listed above, and as deemed appropriate by parents and staff.

Physician's comments:

Licensed Prescriber's Signature

Date

Parental Consent

I give permission for a Wayland Public School staff member to administer the above medication(s) to my child while on an overnight or extended day school trip.

Parent or Legal Guardian's Signature

Date

Northeastern Cave Conservancy, Inc.
National Speleological Society Inc.

WAIVER OF LIABILITY
THIS IS NOT A PERMIT

NOTICE!!
Please READ CAREFULLY before signing.
You give up certain rights by signing this document.

I am _____ . My legal address is:

Street: _____

City, State & zip: _____

I hereby represent that I understand and accept the fact that cave exploration and outdoor activities may involve risk or injury or death from various hazards, both obvious and obscure, including, but not limited to, injury by acts of other cavers, falling, being struck by falling objects, becoming lost, the presence or sudden appearance of water, and other risks not specifically set out in this document.

I accept and assume all such risks, whether or not specifically set out herein, and I acknowledge that the **Northeastern Cave Conservancy, Inc.** and **National Speleological Society Inc.**, their members, and the individual members of any cave trip in which I may participate are not responsible for my well-being and I do not look to them, or any of them, to protect me from such risks.

This release shall be effective as to all activities in which I participate on any properties owned or managed by the above organizations, regardless of whether actual entry into a cave is involved in my activities.

In consideration of participating in such cave trip or trips, or otherwise entering upon the lands indicated above, I, on behalf myself and on behalf of my heirs, assigns and representatives, do hereby irrevocably release all such individuals and organizations and their successors and assigns from any and all claims of whatsoever nature for injury or death or damage to persons or property that may occur as a result of my participation in activities related to cave exploration.

Group name _____ Date of trip ___/___/___

Signed _____ Date ___/___/___

Parent's signature if a minor _____ Date ___/___/___

Witness to signature _____ Date ___/___/___

Witness to signature _____ Date ___/___/___

Completed waivers should be sent to the NCC at PO Box 254, Schoharie, NY 12157.
All blanks must be completed. If over 18, enter N/A in the Parental signature line.

Revised: 05/07/2013

Name _____ Class _____ Date _____

My New York Trip Day is: THURSDAY 10/24 FRIDAY 10/25

New York Geology Trip Logistics

Arrive at WMS – 5:45 AM

Return to WMS – 8:00 - 9:00 PM (approximate)

Transportation – Silver Fox Coach Busses

Packing List:

Science Stuff(IN A BACKPACK TO BRING ON BUS)

- Camera – digital or disposable: you will need to take about 36-48 pictures
- Pencils (mechanical is best)
- Packet (To be picked up when you arrive at school)
- Clipboard

Food(IN YOUR BACKPACK)

- Breakfast if not eaten at home
- Morning snack (drink and healthy snack)
- Lunch (stored with 50 other lunches under the bus in an un-insulated container)
- Afternoon snack (drink and healthy snack)
- Bag dinner or money for fast food dinner at rest stop
- Water Bottle

After the cave students will need a complete change of clothing.

Tuesday October 22:

Bring a large plastic trash bag to school with:

- Your name on a piece of masking or duct tape taped to trash bag
- A bicycle helmet with the flash light duct taped on, fresh batteries in flashlight, it will be on for several hours.
- Extra sneakers or hiking boots to wear for the remainder of trip after cave
- Extra shirts
- Extra pants
- Extra sweatshirt
- Extra socks
- Towel or baby wipes to clean off mud

On your New York Trip Day:

- Wear your cave clothes with shorts and t-shirt underneath
- Remember there is no private place to change so you must have shorts or bathing suits on under your clothes.

Cave clothes: Long pants and shirt required. Sneaker or hiking boots. No shorts allowed in cave. NO EXCEPTIONS

Bring or wear a hat, mittens and a warm jacket.

SUDENT NAME _____ Class Color _____

ELECTRONICS POLICY – NY Geology Trip

The New York Geology Trip is an opportunity for us to take the science classroom into the field and see the geology we teach in class. Since the trip is the classroom and students will be required to put in their best effective effort and hard work both in the field and while on the bus working on their field guide we have the following electronics policy:

CELL PHONES

- Students may bring their cellphones with them for the purpose of calling for a ride when they return to the middle school in the evening if their ride has not arrived yet.
- Cellphones should remain in backpack and on the bus when we are at each site.
- Cell phones are not allowed for calling, texting, social networking, and any other social media at any time on the trip.
- Any violation of the policy will result in the device being taken away until the end of the trip and a loss of points on the NY Tip Packet Effort Portion of your rubric

ELECTRONIC DEVICES

- Portable electronic devices such as Ipods, mp3 players are allowed for music only while on the NY trip
- Electronic devices must be put turned off and put away when your teacher has instructed the group to do so.
- No laptops, dvd players, tablets, portable gaming devices allowed on this trip
- No portable speakers, headphones only when listening to your music
- Any violation of the policy will result in the device being taken away until the end of the trip and a loss of points on the NY Tip Packet Effort Portion of your rubric

Students are responsible for the care of their own electronic devices while on this trip.

Thank you,
Rich Battaglia and Jennifer Nichols
8th Grade Science Teachers

I agree to abide by these policies during the day of my Geology Trip:

Student Signature _____

Parent Signature _____

Geology Trip Learning Itinerary

Please note: All times are approximate

5:45 AM – Arrive at WMS, please park in the faculty parking lot, do not come up the main driveway – thank you!

7:30 AM – Holyoke, MA on the banks of the Connecticut River – Students observe dinosaur footprints and try to develop a theory as to what the dinosaurs were doing here when they left these tracks along a swampy lakeshore 200 million years ago

9:00 – From highway students observe the rock formations along the Mass. Pike – evidence of collisions of tectonic plates 400 million years ago. They are looking at the Berkshire hills today which at one point were as high as the Himalayas and volcanic

10:00 – Clarkesville Cave – Students travel through the cave in groups of 15, led by their science teacher and relying on each other to help navigate through the dark and wet passageways – developing teamwork and group responsibility during their cave experience

12:00 – John Boyd Thatcher Park – Students walk along the top of a 500 foot limestone cliff and take a trail down to the bottom of the cliff, New York 400 million years ago was a tropical, warm, shallow sea (limestone forms from coral reefs) during the walk they observe the rock that makes up the cliff, fossils that are located in the rock and under 2 waterfalls that plunge over this cliff

Late Afternoon – Students go to 2 fossil sites and collect, observe, and make theories about the fossils they find here.

Dinner – Mass Pike Lee Rest area. Bought by students or brought from home

8:00-9:00 – Arrive back at WMS

Enduring Understanding of this trip: How has the geology of Eastern New York and Massachusetts changed over the past 500 million years?