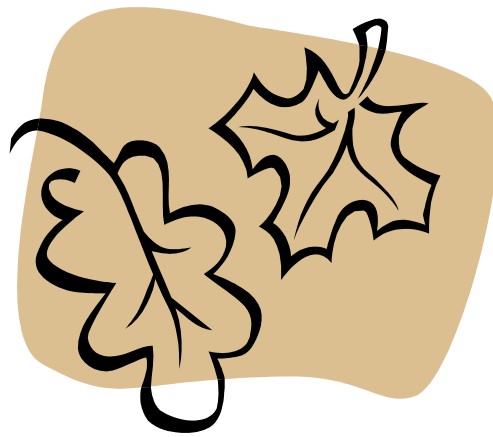


FROST VALLEY

THE SIXTH GRADE OVERNIGHT ENVIRONMENTAL EXPERIENCE



October 25th – October 27th, 2023
ALL FORMS DUE ON October 5th,

2023

Frost Valley YMCA 2023-24

Dear Parents:

We are so excited this year for our 6th grade overnight trip to **FROST VALLEY YMCA Environmental Center** located in the Catskills, Claryville, New York. I am so very excited to give our students the opportunity to explore, play and enjoy this beautiful facility. The purpose of our trip is to:

Help students observe and appreciate our environment.

Help students understand our role in protecting the environment.

Help students understand how we can live in harmony with our environment.

Help provide students with valuable social living experiences.

Encourage our students to meet new friends and engage in activities that may take them out of their immediate comfort zone.

This year's trip will be from **Wednesday, October 25th** through **Friday, October 27th, 2023**, each child who chooses to go to Frost Valley YMCA will be asked to pay **\$264** for the cost of room and board.

The trip of course, **optional**. The Middle School will also provide a program called "**The Long Island Experience**" for those students who **choose not to go to Frost Valley**. These children will also have an environmental experience but without the overnight component. **Please understand that to maintain the integrity of the trip we DO NOT TAKE PARENT REQUESTS for pairing children on the trip. No EXCEPTIONS.**

Enclosed is an example schedule of some of the activities your child may participate in while on the trip. Each day and evening are packed with wonderful experiences. **SOME ACTIVITIES INVOLVE VIGOROUS PHYSICAL ACTIVITY**. There is very little down time at Frost Valley YMCA. We will, however, be encouraging your child to shower at least one evening while we are away on the trip.

Our goal at Frost Valley YMCA is to provide each child with the most positive and rewarding experience possible. Your assistance is needed to provide information that will help your child adjust during their trip and ensure all their needs are met. Some parents hesitate to provide pertinent information about their child's behavior or past experiences, concerned that their child might be labeled, singled out or treated differently. However, having prior knowledge about your child is very important and helps us be sensitive to your child's need for patience, understanding and reassurance upon their arrival at Frost Valley YMCA.

Such information is invaluable in facilitating a smooth and happy transition into the Frost Valley YMCA experience – something we know all parents want too!

It is crucial that **all information** concerning your child's **HEALTH CARE** needs is shared with the school, including allergies. Often children have health care needs during a residential trip that do not surface in the regular school day. Please provide us with all the information you would want to know if someone has placed their child in your care.

Please fill out the attached **medical form and permission slip** completely and as accurately as possible. Your child **MUST** read and sign the **Behavioral Contract**, this also needs to be handed in with the additional paperwork. A medical examination is not required. If your child requires **medication** while away from home, please send it to our school nurse with the paperwork needed, during the week of **October 16th, through Friday, October 20th**. The adult chaperones will carry the medication to Frost Valley YMCA on the bus and it will be immediately placed in their Wellness Center. Our Nurse on the trip will see that each child receives the proper dosages at the proper times. **Medication must be in its original container** and properly labeled with **your child's name**, the name of the medication, amount and times to be given, and the prescribing physician's name. A **doctor's note is required for all medication (prescription and non-prescription)** that you will be bringing in for your child. **It is very important to follow directions for bringing in medication!**

Please make your check/money order for **\$264** payable to Woodmere Middle School. Do not send in cash with your child. **The Medical Form, the Permission Slip, the Check, and the Behavior Contract will all be collected at once. All forms are due by Monday October 5th**. Please refer to the "Collection of Forms and Money" page in this packet for specific directions for handing in your check and forms.

Thank you for assisting us as I prepare for your child's upcoming Frost Valley YMCA experience. I encourage parents to view their website if you have access to the internet. It is truly a beautiful facility, and we are looking forward to many years to come at Frost Valley YMCA(Frostvalley.org)

Sincerely,

Nicole Emerson
Trip Coordinator

Frost Valley Information Sheet
Woodmere Middle School
Wednesday October 25TH– Friday October 27th,
2023

ADDRESS:

Frost Valley YMCA Claryville, New York.

LOCATION:

On over 5,000 acres of forest in the Catskills, approximately 2 to 3 hours from NYC.

TELEPHONE:

(845)-985-2291 Please limit calls to **emergencies**.

TRAVEL:

Students will report to **WMS at 7:15 AM on**

Wednesday, October 25th. We will travel via one of the coach bus lines.

We expect to return to the school **NO EARLIER** than 3:25pm on Friday October 27th. Please make prior arrangements for your child's transportation since there is **NO BUS SERVICE** offered to (10/25) or from school (10/27).

RULES &

REGULATIONS: Please **do not phone** Frost Valley YMCA unless there is an emergency. The children are rarely near a phone. They are permitted to make calls only in emergency situations and a phone call home is only permitted if the child is going to be going home. We do not allow children to call home simply to speak to a parent/guardian.

-The children will not be allowed to keep candy, food (of any kind), or gum with them at any time during the trip.

-**Absolutely no Electronics or CELL PHONES are permitted on the trip.** Homesickness can best be avoided if you are enthusiastic about the trip. Avoid talking about how much you will miss your child.

-No one will be permitted on the trip without **all completed forms provided in this packet.**

-No child is allowed to keep any medication with them in the dorms! All medications (non-prescription included) must be handed in to Mrs. Bromley, our school nurse the week of, October 16th to October 20th.

-Please have your child bring only comfortable, old clothing. **Since the mountain air up at Frost Valley YMCA is considerably cooler than our local air warm clothing is necessary.** Footwear should be sturdy and well broken in before the trip. **LAYERS LAYERS LAYERS!**

-Since there are no laundry facilities at Frost Valley YMCA, please be sure to send enough clothing to last 3 days.

-Be sure to label all personal items. Frost Valley YMCA is not responsible for things that are lost. Do not bring expensive or valuable items on the trip.

Any student that has been suspended prior to the start of the trip WILL NOT be permitted to attend the trip.

Inappropriate behavior is not allowed at Frost Valley YMCA. If we are not successful in convincing your child to correct negative behavior, we will phone you to inform you of the situation and expect you to make arrangements to **pick your child up immediately. Please review the behavioral contract that we are asking your child to sign prior to the trip.**

-If your child is experiencing what the professional staff feels is severe **homesickness or illness**, which is interfering with their ability to actively participate in all activities, a member of the staff will call you. After evaluating the situation, you may be **required to pick up your child from Frost Valley.**

-If your child is ill (fever, stomach virus etc.) you will also be asked to immediately pick up your child, not only for his/her own comfort but for the safety of the other children/staff on the trip.

FROST VALLEY 2023

Collection of Forms and Check Due on October 5th

The **collection** of the permission slip, medical form and check for the Frost Valley trip will **begin immediately following back to school night** and will **end October 5th**.

Please **return** the following in an envelope to your child's **first period teacher**:

1. **Permission slip** (Pink sheet) – Make sure sheet is completed and **signed** by **both** the student and parent / guardian.
2. **Medical Form** (gold sheet – 1 page/2 sides) – Both sides must be **completed** fully and **signed** by a parent / guardian.
3. **Check** for **\$264 payable to Woodmere Middle School**. Make sure you **write** your **child's first** and **last name** and the word **Frost Valley** on the **memo/for** line of your check.
4. **FROST VALLEY STUDENT BEHAVIOR CONTRACT**
5. If your child currently uses an **Epi-Pen** a **form acknowledge they understand how to use the epi-pen is required**.

Have your child bring all forms necessary in a **sealed envelope** to school. Make sure your **child's name** and the **name** of his/her **first period teacher** are on the **outside of the envelope**. Your child's first period teacher will collect the envelopes.

If you have any questions and/or concerns, feel free to call Mrs. Emerson 516 792-4300 or email nemerson@hewlett-woodmere.net.

FROST VALLEY Permission Slip (pink)
Woodmere Middle School
October 25th –October 27th 2023

Name _____

Team _____

Address _____

Phone Number _____

Elementary School you attended:

PARENTS/GUARDIANS:

I give permission for my child to take part in the Frost Valley Environmental Education trip in Neversink, New York from October 25th through October 27th, 2023. I understand that he/she will travel by commercial bus. I understand that he/she will be subject to the rules and regulations as outlined by the adults who oversee the trip. I understand that in the event of an emergency, every possible attempt will be made to contact me. If I cannot be reached, I give my permission to have my child treated by a hospital or doctor selected by the adults in charge. I understand that if my child is disciplined for behavior that is not acceptable in school I am required to pick up my child. I also understand that if my child is ill, I will be required to pick him or her up immediately, so as not to endanger the well-being of others on the trip. (i.e., Fever, stomach virus ext.) I am aware that some of the activities at Frost Valley will involve vigorous physical activity. I have carefully reviewed the material on the trip given to me by the school. I have read both this statement and the statement addressed to the students, and I understand the concerns which prompt their use.

Parents/Guardian Signature _____ Date _____

MIDDLE SCHOOL STUDENTS:

The following promise establishes the conditions under which the participants on the Frost Valley trip agree to operate. Please read them carefully and sign your name below.

1. I agree to participate in all activities and will not go off on my own. I will follow all directions and instructions given by the adults on the trip.
2. I promise neither to bring with me nor use any tobacco, drugs, or alcohol while on the Frost Valley trip. I also recognize that it is my responsibility to tell adult advisors if I see anyone else who has brought or who is using drugs, alcohol, or tobacco.
3. I will respect and comply with the discipline of the adult advisors on the trip.
4. If I do not comply with the rules and regulations, I understand that my parents will be notified and required to come to Frost Valley and take me home.

Students Signature _____ Date _____

Frost Valley Outdoor Environmental Education Center (Gold)

Program Participation & Health Form -- Page 1

School Woodmere Middle School Dates of Frost Valley Experience: Oct. 25th – Oct 27th 2023

Students Name: _____ **Male/Female (Please circle)**

Last First MI

Age: _____ Birth date: _____ Frost Valley Birthday! Yes/No (Please circle)

Contact information:

Name of Parent/Guardian: _____ Relationship: _____

Home Address _____

Street Apt. # City State Zip

Home: () _____ Work: () _____ Cell: () _____

Name of Emergency Contact (NOT in same household): _____ Relationship: _____

Home: () _____ Work: () _____ Cell: () _____

Food/Dietary Needs:

Please notify and talk with the school regarding dietary needs. The school will coordinate with Frost Valley to ensure each students needs are met.

Health Concerns: It is extremely important that the school be advised of any/all health care matters regarding your child. Please note here any information that will be important for the Frost Valley instructional staff to be aware of in order for them to provide a safe and positive experience for your child.

Medication: Does your child need to take medication? Please circle one Yes/No If Yes, list names of all **prescription** and **non-prescription** medication.

Limited participation: Please understand that the students will be participating in Outdoor Environmental Education program which will include some physical activities, it is important to inform school of any activities which your child should not, or might have difficulty participating in:

Emergency Authorization REQUIRED

This health history is correct so far as I know, and the person herein described has permission to engage in all activities in the Frost Valley Outdoor Education at YMCA Camping Services program except as noted above.

Permission to Treat: I hereby give permission to the medical personnel selected by the school and/or YMCA to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school and/or YMCA to secure and administer treatment, including hospitalization, for the person named above. This complete form may be photocopied for trips out of camp.

Signature of parent/guardian: _____ Date: _____

Program Participation & Health Form – Page 2 (Gold)

Name: _____

Additional information

Health History:
(If yes, check or give approx. dates)

Allergies:
(Check all that apply)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting
- _____ ADD/ADHD
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment
- _____ Menstruation
- _____ Bed Wetting

- _____ Hay Fever
- _____ Insect Stings
- _____ Ivy Poisoning, etc.
- _____ Penicillin
- _____ Asthma
- _____ Other (specify)

Diseases
(check all that apply)

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Non-prescription medication available at Frost Valley:

If your child should become ill or injured at camp, The Camp will administer OTC medications to your child.

For minor scrapes antibacterial soap and water will be used along with triple antibiotic ointment.

Has this student ever required any psychiatric counseling or hospitalization? Yes/No (Please circle)

Explain: _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by physician _____

Special Consideration: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Do you carry family medical/hospital insurance? ____ Yes ____ No

If yes, indicate: Carrier _____ Policy or Group No. _____

Photo Release

Woodmere Middle School plans to **post photographs** from Frost Valley YMCA on the district Intranet. If you do **NOT** want your child's photo to appear on the Intranet, please check below.

Do **NOT** include my child's picture on the district Intranet or Internet.

_____ Student's Signature Parent's or Guardian's Signature



SCHOOL TRIPS at FROST VALLEY YMCA

Behavior Contract

I understand the following behavior is expected of me while I am at Frost Valley:

1. To cooperate with fellow students, teachers and the Frost valley staff.
2. To accept the responsibility for completing any work assigned to me.
3. To have good manners at all times.
4. To participate in all the activities
5. To be on time for all activities and meals.
6. To respect the property of others, not to enter anyone's room without their permission and not to touch anyone's property.
7. To remain in the lodges between lights out and the morning wake up call.
8. To keep my room neat and not harm any of the Frost Valley property. If I damage anyone else's property, I will pay for the damages.
9. To respect quiet hours in the lodge from 10:00 pm to 7:00 am, lights out is at 10:00 pm. It is VERY important that I am well rested and ready each day for the full day of activities.
10. To not collect any living things (plant or animal) unless supervised by a Frost Valley Program Instructor for a specific class activity.
11. To go in the lodges alone; I must be accompanied by an adult at all times.
12. To make the trip the most interesting and rewarding by getting involved in the activities and following instructions to the best of my ability.

Anyone who shows that he/she cannot live harmoniously with others, endangers his/her own safety or that of his fellow students, or cannot accept the rules and regulations , will be required to call his/her parents and will be removed from the group and asked to leave Frost Valley.

I have read and understand the above information. I promise to follow these guidelines and be on my best behavior during the trip.

Student's Signature

Parent's or Guardian's Signature

Frost Valley YMCA

2000 Frost Valley Road, Claryville, NY 12725

TEL: 845-985-2291 FAX: 845-985-0056 WEB: frostvalley.org



RE: WMS FROST VALLEY TRIP – EPI-PEN INFORMATION

*******This form ONLY applies to those children who are medically required by their doctor to have an EPI-PEN.*******

Dear Parent/Guardian:

As you know, there will be a nurse on duty at Frost Valley. However, it is also very important that your child can self-administer his/her own epi-pen in the case of an emergency. It will be your child's responsibility to carry the *epi-pen with him/her at all times.

Thank you for your cooperation.

Sincerely yours,

Al Bauer
Principal
AB/pf

*******IF NEEDED: return signed form with your Frost Valley packet.*******

I have read and understand this notice and my child has been trained to self-administer his/her own epi-pen. **He/she will carry his/her own epi-pen at all times during the Frost Valley trip.**

Child's Name _____

Parent/Guardian _____

Date _____

AB/pf
C: Lori Bromley

Dear Parents/Guardians,

It is sometimes necessary for me to give medication(s) to student during school days/hours. Enclosed is an "Authorization for Medication in School? Form in anticipation of the upcoming school year. The top portion is filled out by the parent and the bottom portion by the prescribing physician. A separate form is completed for each medication being given. A new form must be filled out for each new school year.

Please read the following:

**SCHOOL NURSES ARE PERMITTED BY LAW TO ADMINISTER MEDICATIONS,
BOTH PRESCRIPTION AND OVER THE COUNTER, AFTER FOLLOWING THE
PROCEDURES BELOW:**

1. The school nurse must have a written request on file from the physician indicating the frequency and the dosage of the prescribed medication(s).
2. The school nurse must have a written request on file from the parent requesting the administration of medication(s) as ordered by the physician.
3. The medication should be delivered directly to the school nurse by the parent/guardian.
4. Medication(s) must be in the original pharmacy container with the prescription label intact.
5. New regulation now requires a 2nd bottle with the pharmacy label be kept in school. This will enable us to be able to send your child's dose of medications on a field trip.

Please be aware that all medications must be picked up at the end of the school year by parent/guardian. Any medications that are not picked up will be discarded.

Thank you in advance for all your help and cooperation in this matter. If you have any questions or concerns, please feel free to contact me a 516 792-4310.

Sincerely,

Lori Bromley, RN

Instructions for medications to be given during the school year.

Part 1

To be filled out by students Parent/Guardian:

Students Full Name

I hereby request the administration of the medication prescribed by
Dr. _____, to my child as specified below.

Date

Parent/Guardian Signature

Part 2

To be completed by Prescribing Physician

Name of Student: _____

Name of Medication: _____

Dosage and Frequency: _____

Time of Administration: _____

Duration of Medication: _____

Other: _____

Signature & Date: _____