

IMPORTANT PAPERS FOR WASHINGTON D.C. TRIP

January 2019

To: LMS Parents of Eighth Graders

From: Richard Zacchilli, Principal

David Sutherland, Assistant Principal

Re: Important information on Washington D.C. Trip

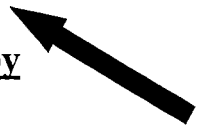
Dear Parents,

Although the 8th Grade Washington D.C. trip is a few months away we need to begin collecting the paperwork needed to provide your child with a safe and enjoyable experience. Carefully review the information below and complete the necessary forms for your child. **FORMS MUST BE RETURNED TO YOUR CHILD'S SOCIAL STUDIES TEACHER BY WEDNESDAY, MARCH 13th.** Failure to return all forms by the due date will result in your child being dropped from the trip. We cannot manage this massive undertaking without dates being strictly adhered to.

Completed paperwork due by Wednesday, March 13th.

All medications are due to the nurse by Wednesday, March 13th.

Any medications received after March 13th will require approval by school administration.



I. FIELD TRIP FORM

ALL students MUST have this updated field trip form before they will be allowed to go on the Washington D.C. trip.

II. TYLENOL FOR WASHINGTON D.C. TRIP FORM

Our school physicians (Londonderry Pediatrics) have prescribed Tylenol for students. However **PARENTAL PERMISSION IS ALSO NEEDED.** If you wish your child to have Tylenol as needed, you **MUST SIGN THIS FORM.** Remember this is only for Tylenol (not Advil, Motrin, ibuprofen, Aleve or any other over the counter medication). (See below for other medications). The school will provide a generic tablet equivalent of Tylenol 325 mg and 500 mg. Parents are requested to supply chewable or liquid forms of these medications if needed. Any current medication order on file at school will be valid for the Washington D.C. trip.

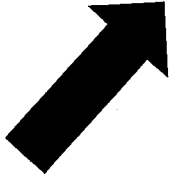
III. REQUEST FOR GIVING MEDICATION (other than Tylenol) OR TREATMENT FORM

Please use this form for all other medications, both over-the-counter and prescription. The Londonderry School District policy in regards to medication mandates that **ALL** medication must be brought in by an adult and deposited with the school nurse. The administration of the medication shall be prescribed by a licensed practitioner. This includes all over the counter medications such as Advil, allergy relief medications vitamins, etc. as well as prescription medications. **REMINDER-** if your child has environmental allergies, everything is in bloom in DC during April. Also if your child has motion sickness please ask your doctor to order an anti-nausea medication. Please note this form **requires a doctor's signature as well as parental permission.** Only return this form if student will be taking medication other than Tylenol. Any current medication order on file at school will be valid for the Washington D.C. trip.

All prescription medications must be in the original pharmacy labeled bottle indicating the student's name and instructions for administering. All over the counter medications must be in the original manufacturer's packaging/bottle. Parents are asked to provide all over the counter medication (except Tylenol) such as Advil, Dramamine, allergy relief medications, antacids, vitamins, herbal medications, etc. If you have any questions regarding medication on the trip please call Mrs. Boucher or Mrs. Glickman at 432-6925 EXT 3101 or 3102 as soon as possible. Thank You.

Please do not send any medications in your child's travel bags. As stated above, this is against school policy and if found will be taken from the student and administration notified. We appreciate your help with this.

IMPORTANT: PLEASE COMPLETE REVERSE SIDE



FIELD TRIP FORM
Londonderry Middle School
313 Mammoth Road
Londonderry, NH 03053

603-432-6925 – Main Office

Please PRINT or TYPE the following information. Thank You.

NAME _____ DOB _____ AGE _____

PARENT/GUARDIAN _____ HOME #: _____

MOM'S/GUARDIAN'S CELL #: _____ WORK #: _____

DAD'S/GUARDIAN'S CELL #: _____ WORK #: _____

HOME ADDRESS _____

PHYSICIAN'S NAME _____

HEALTH INSURANCE COMPANY _____ POLICY # _____

**IN CASE OF EMERGENCY PLEASE NOTIFY
(OTHER THAN PARENT/GUARDIAN)**

NAME _____

RELATIONSHIP: _____ HOME #: _____

CELL #: _____ WORK #: _____

HEALTH HISTORY

PLEASE LIST ANY MEDICAL CONDITIONS THAT YOUR CHILD HAS:

ALLERGIC CONDITIONS

BEE STING _____ PENICILLIN _____ DRUGS _____

FOOD _____

OTHER _____

My child is a vegetarian (please circle one) YES NO

In case of a medical emergency, I hereby authorize any licensed physician, hospital, clinic or other medical facility to administer proper treatment for my child as named above until I can be reached. I understand that it is my responsibility to notify the school of any changes in the above information.

Signature of parent/guardian: _____ Date _____




IMPORTANT: PLEASE COMPLETE REVERSE SIDE

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**TYLENOL/ACETAMINOPHEN FOR WASHINGTON, DC TRIP
April 15-18, 2019**

My child _____, a student at Londonderry Middle School, may require Tylenol/acetaminophen during the Washington, DC trip on April 15-18, 2019. I hereby authorize the nurse attending the over-night stay to administer Tylenol/acetaminophen. In consideration of this service, I (We) further hereby agree that I (We) will not hold liable, and will otherwise hold harmless, the Londonderry School District and any such member of the school staff thereof for any death or injury resulting from the administration of the medication described below.

Date: _____ Signature: _____
(Parent/Legal Guardian) 

OR

I do not wish my child to have Tylenol/acetaminophen during this trip.

Date: _____ Signature: _____
(Parent/Legal Guardian) 

PHYSICIAN'S STATEMENT

RE: Distribution of Tylenol/acetaminophen for over-night stays.

Londonderry School District physicians endorse the nurse attending the over-night stay, to administer Tylenol/acetaminophen in the following doses: 325 mg, 500 mg or 650 mg. There must be a signed consent from the parent for appropriate use per nurses' discretion.

PLEASE COMPLETE REVERSE SIDE

(field trip form)

LONDONDERRY SCHOOL DISTRICT

Londonderry, New Hampshire 03053

LMS Fax: 432-0714

REQUEST FOR GIVING MEDICATION (other than Tylenol)
OR TREATMENT

My child, _____, a student in Londonderry Middle School, requires medication and/or a medical procedure as prescribed by his/her physician. I hereby authorize the designated staff person to administer the medication/procedure prescribed below according to the directions. In consideration of the service, I (we) further hereby agree that I (we) will not hold liable, and will otherwise hold harmless, the Londonderry School District and any such member of the school staff thereof for any death or injury resulting from the administration or assistance in the administration of the medication/procedure described below.

Date: _____

Signature: _____
(Parent/Legal Guardian)

Optional Release – Signature Required

I hereby authorize communication and exchange of information between the school nurse and my child's health care provider pertaining to this medication order.

Parent signature _____ Date _____

PHYSICIAN'S STATEMENT

The above named child, _____, requires medication during the trip as follows:

| |
|--|
| Diagnosis: _____ |
| Medication: _____ Dosage: _____ |
| Time: _____ Frequency/Duration: _____ |
| Route of Administration: _____ |
| Possible side effects, adverse reactions, contraindications: _____ |

| |
|--|
| Diagnosis: _____ |
| Medication: _____ Dosage: _____ |
| Time: _____ Frequency/Duration: _____ |
| Route of Administration: _____ |
| Possible side effects, adverse reactions, contraindications: _____ |

Identification of medical procedure (explanation and details, i.e., time and duration):

Date: _____ Signed: _____
(Physician) ←

Physician Telephone #: _____ Print Name: _____

All medication (over the counter and prescribed) must be in the original pharmacy labeled container and accompanied by this signed form.

SEE REVERSE SIDE FOR ADDITIONAL MEDICATIONS

Londonderry Middle School

Washington, DC Trip

Return by: April 5th, 2019

Each year we are asked if students will be allowed to bring cell phones on this trip. The answer is yes but we do ask that all cell phones be used only at specific times by students for calls home to their parents. If there is an emergency and you need to reach your student, please call the school and they will get a message through Mr. Zacchilli to your student. You can also e-mail us at either: rzacchilli@londonderry.org or llambert@londonderry.org . We do not want students' calling/texting each other or home throughout the day as this is distracting while we are on tour and takes away from the educational purpose of this trip.

Please let us know if your student will be bringing a cell phone on this trip.



Students Name: _____

Team: _____

Bringing a cell phone: Yes _____ No _____

Cell phone Number: _____

Parent Signature: _____



Londonderry Middle School Washington, DC Trip

Group Photo - \$15.00

Brightspark Travel has made arrangements with Central Photo to have an entire group photo taken while we are in Washington, DC. The group photo will need to be preordered and students will receive them upon return to Londonderry Middle School.

If you are interested in purchasing a group photo, please complete the form below and return with your payment (checks made out to Londonderry Middle School) to your student's social studies teacher by Friday, April 5, 2019.

Washington, DC Group Photo

Yes, I would like to purchase the group photo.
Enclosed is my payment of \$15.00 (made out to LMS).



Student's Name: _____
Student's Team: _____ Social Studies Period: _____

Check #: _____ or Cash enclosed