Cherry Hill Public Schools

CARUSI MIDDLE SCHOOL

315 Roosevelt Drive, Cherry Hill, NJ 08002 • (856) 667-1220 • www.carusi.us
"Enter to Learn, Go Forth to Serve " Dr. Neil Burti, Principal
Dr. Julie Benavides, Assistant Principal • Mrs. Michelle Smith, Assistant Principal

September 08, 2023

Dear Mustang Parents/Guardians,

We are pleased to announce that our 6th grade Anchor Field Trip will be at the YMCA at the Pines in Medford, NJ. 6th grade students will have the opportunity to experience environmental education and apply valuable Social Emotional Learning traits (such as: Self-Awareness, Self-Management, Social Awareness, Relationship Skills and Decision Making). This two-day field trip will occur on Wednesday, October 25th, and Thursday, October 26th. A list of recommended items to bring, as well as a complete itinerary of events, will be provided closer to the date.

Students will be transported to and from Carusi on both days. On Wednesday, October 25th, students will depart from Carusi at 9:30AM and return at 1:45PM. On Thursday, October 26th, students will depart from Carusi at 9:30AM and will not return until 7:00PM. Children must be picked up by a Parent/Guardian at Carusi at 7:00PM on October 26th.

Please return the following forms no later than Thursday, October 5th, 2023.

1. $125 payment for the trip. We prefer payment online through PaySchools or checks payable to the Cherry Hill Board of Education.
2. The signed permission slip on the bottom of this paper.
3. Completed medical forms: 6th Grade Science Trip Medical Form, and a Field Trip Acetaminophen/Ibuprofen Authorization Form. (Medication Authorization Form is ONLY required if your child is not currently receiving medication at school)

If your child has a medical condition, or another extenuating circumstance, please contact Dr. Benavides at (856) 667-1220 ext.3554 or our school nurse, Ms. Jillian Thomas at (856) 667-1220 ext.3561.

If you have any special concerns, please feel free to contact my office or your child's guidance counselor. Also, if there is an emergency and you need to contact or pick-up your child at the YMCA at the Pines, please call Dr. Benavides (856) 667-1220 ext. 3554.

Dr. Neil Burti
Principal

Please complete the information below and return it to us with payment and your completed medical forms:

Student Name:_____Date of Birth_____House 6.3

____Yes, my child/children will attend the grade Anchor Trip at the YMCA at the Pines.

_____No, my child/children will not attend the 6th grade Anchor Trip at the YMCA at the Pines

Parent/Guardian Signature: _____Date:_____

CHERRY HILL PUBLIC SCHOOLS

Name of Parent/Guardian _____ Signature of Parent/Guardian _____

6th GRADE SCIENCE TRIP MEDICAL FORM

Student Name:	DOB	Grade:
Destination:		Date(s) of Trip:

Your child's class will be away from school on a field trip on the date indicated above. According to the Cherry Hill Public School Administrative Procedure M-10, medication MUST be administered by a Certified School Nurse. Every effort is made to secure a substitute nurse for each school trip. However, it is possible that a substitute may not be available. Please read the infonnation below carefully. If your child is not taking any medication, please indicate below. If your child takes medication during the school day, please indicate if the dose may be withheld or if it should be given by the nurse on the trip. Should a nurse not be available. your school's nurse will notify you.

Please note: Physician's orders and/or proper paperwork MUST be on file with the school nurse for all medications. Acetaminophen/lbuprofen can be administered provided the ATTACHED parental consent form is SIGNED.

Q No medication is needed

Q My child's school dose ofmay be given by the nurse.

Q My child's school dose of_____ ***may be withheld***.

Q Due to the extended trip hours, my child will require medication. *** *See attached healthcare provider order. Please use one form for EACH medication. Medication must be provided at least I week prior to the trip and must be brought to school by an adult. NO MEDICATION WILL BE ACCEPTED THE DAY OF THE TRIP.

Q My child has asthma and will self-carry an inhaler for this trip (Asthma plan with selfcarry authorization must be on file)

Q My child has a life-threatening food allergy. The nurse or delegate will carry my child's epinephrine autoinjector

Q My child has a life-threatening food allergy and will self-carry an epinephrine auto-injector for this trip (An anaphylaxis plan with selfcarry authorization must be on file)

I understand that if my child becomes ill or injured during this trip, school personnel witl attempt to contact me or one of the emergency contacts. If I or any of the emergency contacts cannot be reached, I understand and agree that my child will be taken to a medical facility for medical evaluation and treatment if necessary. I further agree to indemnify and hold harmless the Cherry Hill Public School District, School Board, employees, and chaperones for any injury that may occur to my child which is not the result of action or inaction by the listed representatives.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Parent/Guardian #1 :	Phone#:	Phone#:
Parent Guardian #2:	Phone#:	Phone#:
Emergency Contact:	Phone#:	Phone#:
Student's Cell:		

Parent/Guardian Signature:Date:

Developed 9.2022

Cherry Hill Public Schools

ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM FOR FIELD TRIP

Field Trip: Grade 6 Science Trip

New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child's weight and be administered by the School Nurse in accordance with the established protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. NO VERBAL PERMISSION WILL BE ACCEPTED.

Please note: Only one dose will be given per school day and will not exceed two doses per week.

If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more than twice per week, then you must obtain an order from your child's physician (see Consent for Prescribed Medication).

Name of Student: _____ Date of Birth: _____

Grade/Team/Graduation Year: _____

School: _____ Teacher: _____

O I give permission for my childto receive _____

O Acetaminophen
☐ Ibuprofen

O I do NOT give pennission for my child to receive Acetaminophen or Ibuprofen on the trip

I understand that a generic equivalent may be used. I understand that the dosage administered will be a weight- based dose in accordance with the established protocols developed by the school physician and in accordance with the Cherry Hill Public School medication policy. I understand that a maximum of one dose can be given per school day and will not exceed two doses per week.

MEDICATION HISTORY:

Is your child allergic to any medication? Yes No

If yes, please list the medication (s) and type of reaction: _____

_____

Does your child take any prescription or over the counter medication on a regular basis? Yes No

If yes, please list:

_____

Parent/Guardian Signature: _____Date:_____

CHERRY HILL PUBLIC SCHOOLS

PARENT _____ SIGNATURE:

Date:

Dr. Eric Requa. School Medical Director, Cherry Hill Public Schools

22-23

PROCEDURE FOR ADMINISTRATION OF ACETAMINOPHEN AND IBUPROFEN

Acetaminophen and Ibuprofen are administered from the health office by the school nurse.

Acetaminophen and Ibuprofen dosage will be calculated based on the child's weight (chart below) and be administered in accordance with the established protocols developed by the school physician.

School nurse is permitted to administer one dose per school day not to exceed two doses per week. Parent/Guardian will provide a written order from their child's health care provider should a different dose or frequency be indicated (See policy for administration of medication).

Parent/Guardian must complete the Acetaminophen/ibuprofen authorization fom each school year. Incomplete forms will be returned to the parent/guardian for proper completion.

Verbal permission will not be accepted as consentfor administration ofacetaminophen/ibuprofen.

Dosing Chart

Child's Wei ht	Acetaminophen Dose	Ibuprofen Dose
18-23 lbs	120mg	80mg
24-35 lbs	160mg	100mg
36-47	240mg	150mg
48-591bs	320mg	200mg
60-71 lbs	325mg tablet or 400mg (chewable/liquid)	250mg
72-95 lbs	480mg (chewable/liquid) or 500mg tablet	300mg
Over 951 bs	650mg	400mg

Resources:

https:.//'v'9 ww.healthvchildren.org.English!safetv•prevention..at-home.medication-saiZtly.Pages Acetaminophen-r or-Fever-and-Pain.aspx

https://www.healthychildren.org.English/safety-prevention/at-home medication-safetly/Pages/Ibqprofen-for-Fever-and-Pain.aspx

Dr. Eric Requa, District Medical Inspector 22-23

Parent/Guardian Signature: _____Date:_____

CHERRY HILL PUBLIC SCHOOLS

POLICY FOR ADMINISTRATION OF MEDICATION BY CERTIFIED SCHOOL NURSE

All medications are administered from the health office by the school nurse.

All medication must be in a prescription bottle with the name of the child and the medication.

All medication must be brought to and from school by the parent or another adult whom the parent designates.

PRESCRIPTION MEDICATIONS

If prescription medication is to be administered in school, all of the following are required:

l. A written order (validfor the current school year) from the child's physician which includes:
   a. Date of order
   b. Name of student
   c. Diagnosis
   d. Name of medication to be administered
   e. Dosage, frequency and duration of administration
   f. Time of administration
   g. Route of administration

2. Written parent/guardian permission form releasing the school district and nurse from any liability thereof.

NON-PRESCRIPTION MEDICATIONS

If a non-prescription (over the counter) medication is to be administered in the school setting, the physician's written order requirement will apply.

The only exception is Acetaminophen/lbuprofen which can be administered with signed parental permission in accordance with established protocols developed by the school physician (See Acetaminophen Ibuprofen Authorization Form).

The required permission form for prescription and non-prescription medication is on the reverse side.

Please contact the school nurse if you have any questions.

_____

Dr. Eric Requa, Chief Medical Inspector Date:

_____

Revised 3/2020

MEDICATION AUTHORIZATION FORM

I request the enclosed medication, in the original container be administered to my child and shall release school personnel from all liability.

Name of Student: DOB:

Grade Team/Graduation Year:

Name of Medication:

Dosage and frequency:

Diagnosis*urpose:

Parent's Signature: Date:

Primary Phone Number:

Secondary Phone Number:

TO BE COMPLETED BY THE PHYSICIAN ONLY FOR ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS: The only exception is Acetaminophen'lbuprofen which can be administered with signed parental permission in accordance with established protocols developed by the school physician (See Acetaminophen/lbuprofen Authorization Form)

Name of Medication:

Dosage, frequency, duration:

Diagnosis Purpose:

Reason that medication must be given during the school day:

Comments:

Parent/Guardian Signature: _____Date:_____

CHERRY HILL PUBLIC SCHOOLS

Physician's Signature : _____

Physician's Name (print): _____

Phone Number: _____

Physician's Stamp

Date: _____

THIS FORM IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

Revnscd 30020

I, the undersigned on his or her own behalf and on behalf of the Participant(s), waive and expressly grant YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including but not limited to editorial, illustration, promotion, advertising, Internet, or trade all photographic images and video or audio recordings taken by YMCA of the Pines, the YMCA Person and agents of me and the Participants while participating in the registered program. I agree to receive marketing information via email about YMCA of the Pines programs, including the specific program for which I and/or the Participants are registered.

I understand that nothing in this Waiver of Liability shall be construed as V.vaiving any of YMCA of the Pines' or the YMCA Personnel's rights, benefits, or entitlements pursuant to the New Jersey Charitable Immunity Act, N.J.S.A. 2A:53A-7.

I understand that this Waiver of Liability is intended to be as broad and inclusive as permissible by the laws of the State of New Jersey. I also understand that this Waiver of Liability shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

By signing this Waiver of Liability, I certify that 1 am 18 years of age or older, and that I am the legal guardian and/or parent of the minor Participant(s) intending to participate in the registered program, with authority to complete this Waiver of Liability on said minor's behalf. If I am signing for a minor, all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments and certifications apply equally to such minor(s).

By signing this Waiver of Liability on behalf of the Participant(s), I expressly give permission for such minor(s) to be transported for approved program activities.

Name of Participant(s):

_____
(Please Print)

_____
(Please Print)

_____
(Please Print)

_____
(Please Print)

_____ _____
Signature (ParentGuardian if under 18) Date

Name of Parent/Guardian (if under 1 8)

Email Address

Street Address

Phone Number

Parent/Guardian Signature: _____Date:_____