



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

October, 2015

Dear Fifth Grade Parents/Guardians,

We are very excited that your child will have the opportunity to take part in the 2016 Greenville Fifth Grade trip this year as we head off to Philadelphia! We will be traveling to Philly from March 21-23, 2016. We are pleased to give our students the opportunity to visit sites such as the Philadelphia Historic District, Pennsbury Manor, the Liberty Bell, Independence Hall and many others.

The cost of the trip is \$395.00. This includes hotel accommodations, meals and all attractions. This is a walking-based trip so we will save a considerable amount of travel time between sites. All meals will all be served in the centrally-located hotel.

Attached you will find information regarding the trip. Included in this packet you will find a tentative itinerary, an overnight permission slip to be signed by you, a code of conduct form, student emergency treatment release form and medical forms. There will be a **mandatory** meeting for the Fifth Grade Parents/Guardians to discuss this trip on Thursday, January 21, 2016 at 7:00 pm in the Greenville Lunchroom. The chaperones will be available to answer any questions.

If your child will be attending this trip, please send back the enclosed forms along with a check for \$395.00 made **payable to the Edgemont School District**. Forms and payment may be brought in as soon as you wish but the final deadline for submitting them is **Friday, February 5, 2016**.

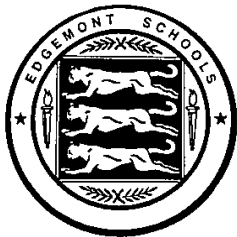
We will of course take every precaution to ensure the safety of your child on this trip, just as we do in school. This will be a highlight of our Fifth Grade program and the staff is looking forward to providing this wonderful opportunity to your child. More information will be shared with you and your child during the next few weeks.

Please feel free to contact Ms. Farrell at school (472-7760) if you have any questions about the trip.

Sincerely,

Ms. Jennifer Allen
Principal, Greenville School

Ms. Rose Farrell
Philadelphia Trip Coordinator



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

Dear Fifth Grade Parent(s)/Guardian(s),

The annual Fifth Grade trip to Philadelphia, PA trip is an exciting and educational experience that we look forward to each year. It's been my pleasure to accompany the students on the trip for many years and I am looking forward to doing so again this year. As part of our preparation for the trip, we are attaching a variety of materials for your review and signature (parent/guardian and child). We ask that you read everything carefully and turn in all required paperwork as soon as possible to your child's classroom teacher.

The attached paper work is:

- 1) Code of Conduct – parent and student signature required
- 2) Emergency Treatment Permission Slip – parent signature required
- 3) Over-the-Counter Medications Permission Slip – parent and physician signature required
- 4) Permission to Administer Prescription Medication – parent and physician signature required

Thank you very much for your assistance.

Sincerely,

Jennifer Allen



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

Code of Conduct

I, (student name): _____ agree to abide by the rules governing my behavior for the Fifth Grade Philadelphia, PA trip as discussed in our pre-trip class meetings.

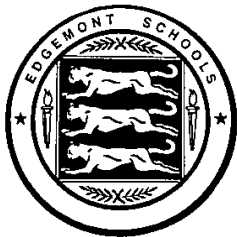
I understand that my parent(s)/guardian(s) will be called and asked to pick me up if I do not follow the rules.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

Emergency Treatment Permission Slip

In the event of an emergency, I hereby give the Fifth Grade Philadelphia, PA chaperones permission to secure proper emergency treatment for my child. I understand that I will be contacted as soon as possible concerning the situation.

Child's Name: _____

Parent(s)/Guardian(s) Contact Information:

Mother's Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

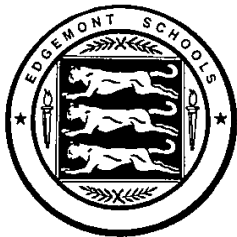
Medical Insurance Company Name: _____

Policy Number: _____ Group Number: _____

Name of Insured: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

Over-the-Counter Medications Permission Slip

Child's Name: _____ Teacher's Name: _____

Date of Last Medical Exam: _____

(Note: School medical form must be current and updated yearly)

Please note that the following three medications will be provided by the school. If necessary, one or more of these will be administered to your child as long as we have parent/guardian and physician signatures on file.

- 1) Acetaminophen (Tylenol) for fever, pain
- 2) Ibuprofen (Advil) for fever, pain
- 3) Diphenhydramine (Benadryl) for allergic reactions, hives

Please list any over-the-counter medication(s) below that your child will bring on the trip:

Name of Medication: _____ Dosage: _____

Administration Instructions: _____

When to Administer: _____

Daily or As Needed? (please select): Daily: _____ As Needed: _____

Name of Medication: _____ Dosage: _____

Administration Instructions: _____

When to Administer: _____

Daily or As Needed? (please select): Daily: _____ As Needed: _____

Please give all medications to Mrs. Rakoff, School Nurse.

Parent/Guardian Name: _____ Signature: _____

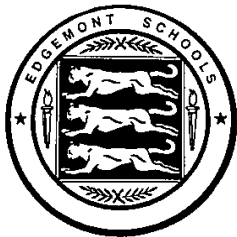
Date: _____

Physician's Name: _____ Physician's Signature: _____

Physician's License #: _____

Date: _____

Physician's Stamp: _____



Greenville School
100 Glendale Road
Scarsdale, NY 10583
(P): 914-472-7760
(F): 914-472-7785

Jennifer Allen, Principal

Permission to Administer Prescription Medication

If your child must bring any kind of prescription medication on the trip, it must be in the original container, with the medication name and administration directions clearly marked on the label. Medications must be received by the nurse either before the trip or upon your child's arrival on the morning of the trip. No medication(s) may be carried by your child.

Child's Name: _____ Teacher's Name: _____

This form must be signed by a parent and returned, even if your child does not require prescription medication.

Name of Medication: _____ Dosage: _____

Administration times: _____

Reason for Medication: _____

Contraindications: _____

Other Information: _____

Name of Medication: _____ Dosage: _____

Administration times: _____

Reason for Medication: _____

Contraindications: _____

Other Information: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

Physician's Name: _____ Physician's Signature: _____

Physician's License #: _____

Date: _____

Physician's Stamp: _____

Please check here if no prescription medication is needed and initial below: _____

Parent/Guardian Initials: _____ Date: _____

LET FREEDOM RING



Suggested Clothing List (clothes for 3 days) -Philadelphia, P.A.

- Please remember that you should dress appropriately at all times.
- Hat, gloves, scarf
- Rain gear – rain poncho (no umbrellas!)
- Slacks/pants and/or jeans, sweatpants **for 3 days**, shirts/blouses, sweatshirts/sweaters
- Comfortable walking shoes/sneakers – **2 pairs**
- 5 pairs of socks, 3 changes of underwear
- Pajamas
- Toiletries – toothbrush, shampoo, etc...
- Laundry bag
- Backpack or bag – to carry items on bus
- Pencils and pens – (Journals will be provided)
- Reading materials (appropriate)
- **Brown bagged lunch for Monday – NO glass bottles. Please pack your lunch as you would for a regular school day.**
- Camera – disposable or digital camera. Please put your name on each camera.
- **Please do not bring iPods, iPads, Kindles, electronic games, cell phones, radios or any other electronic equipment.**
- Souvenirs – There will be an opportunity to buy souvenirs. Please discuss with your parents/guardians what would be an appropriate amount of money for you to bring.

