

# HIGH BRIDGE SCHOOL DISTRICT

## HIGH BRIDGE MIDDLE SCHOOL

50 Thomas Street  
High Bridge, NJ 08829  
Ph: 908-638-4101  
Fx: 908-638-4211



## HIGH BRIDGE ELEMENTARY SCHOOL

40 Fairview Avenue  
High Bridge, NJ 08829  
Ph: 908-638-4105  
Fx: 908-638-4260

**Gregory A. Hobaugh, Ed.D.**  
Superintendent /Elementary School  
Principal

**Lisa M. Fallon**  
Supervisor of Special Education

**Richard J. Kolton**  
Middle School Principal

**Emma Alparone**  
Supervisor of Elementary Education

September 13, 2019

Dear Parents/Guardians,

On Thursday, September 26th we will be taking our Student Leadership group to the YMCA Camp Bernie, Port Murray, NJ. We will be leaving the Middle School at 8:45 am and returning that evening at 9:00 pm.

This is an annual trip in which we work with our officers and newly elected homeroom reps on team building, getting to know each other better, outdoor education and planning our yearly events. The students will participate in team building challenges, raft building, giant swing, an environmental awareness game and to conclude our trip a campfire with smores.

The majority of the cost of this trip is covered by the Hunterdon County Municipal Alliance Grant, we ask each student to pay **\$25.00 to cover the balance**. Please make your check payable to **High Bridge Middle School**. All payments are due by **Friday, September 20th**.

**Students should wear sneakers, dress for the weather, bring a refillable water bottle, a bagged lunch, and a change of clothes (in case they get wet during raft building). Dinner and smores will be provided.**

Please complete the attached three forms and return with your payment by Friday, September 20th. If you have any questions, please let us know.

Sincerely,

Courtney Shiffman, Megan Roth and Coleen Conroy  
High Bridge Middle School Student Leadership Advisors



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **YMCA Camp Bernie Program Waiver**

I understand that certain of the Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA, YMCA Camp Bernie activities. I hereby agree to waive and release all claims against and, indemnify and hold harmless, the Ridgewood YMCA, YMCA Camp Bernie, its volunteers, supervisors, officers, directors, trustees, participants, coaches, referees, as well as, organizers of any related event and any persons transporting participants to and from activities that are not on Ridgewood YMCA, YMCA Camp Bernie property from any claims or injury sustained during my use of the Ridgewood YMCA, YMCA Camp Bernie property, sustained during my use of equipment owned or leased by the Ridgewood YMCA, YMCA Camp Bernie or during my use of equipment or facilities at another property during an event in which the Ridgewood YMCA, YMCA Camp Bernie sponsors or participates.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Parent/Guardian if minor  
(Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

**High Bridge Middle School**

**Class Trip Medication Authorization for Prescription or OTC Medications**

Form & medicines are due one week before trip. One sheet for each medication. All items must be completed or this form will be returned to you for completion. Please write clearly.

*This form is NOT for those who already have Epi Pen, Asthma Plan or any other orders on file this school year. We will follow your previously submitted doctor's orders for the class trip. Contact nurse with any questions.*

**M.D., D.O., P.A. or A.P.N, please complete: Medication Order**

State law requires a signed prescription by the physician that includes the information listed below OR completion of the form below. If a prescription is faxed, the original must be forwarded to the Health Office.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Times \_\_\_\_\_ Route \_\_\_\_\_

Possible Side Effects \_\_\_\_\_ Termination date \_\_\_\_\_

\_\_\_\_\_ The student is free of contagious disease and is physically fit to attend school and this trip.

Initial \_\_\_\_\_

\_\_\_\_\_ The student would not be able to attend this trip unless the medication is given during school hours.

Initial \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Stamp (Required please)

**Parent/Guardian, please complete: Consent for Giving Medication in School**

I request and give my consent for the Nurse for the HBMS class trip to administer the following medications to my child during this trip:

Trip Date \_\_\_\_\_ Trip Location \_\_\_\_\_

Name of medication \_\_\_\_\_

Amount to be given \_\_\_\_\_

Dates to be given \_\_\_\_\_

Parent initial \_\_\_\_\_ The medication is to be furnished by me in the original pharmacy container, labeled with the student's name, date of prescription, name of medication, dosage and the prescribing physician's name

Parent initial \_\_\_\_\_ I understand that any medication not picked up by me will be disposed of on last day of school.

I give permission for the above information to be shared with appropriate staff members, coaches and trip chaperones for the safety and welfare of my child. \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of parent/guardian Date Signature of school nurse Date Signature of trip nurse

**For school use**

Medication amount received \_\_\_\_\_ Date received / / Initial, R.N. \_\_\_\_\_

Date returned to parent / / Initial, R.N. \_\_\_\_\_

**Record of Medication Administration on School Trip**

Date	Time/Initial	Time/Initial	Time/Initial	Time/Initial	Notes

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## CAMP BERNIE PERMISSION FORM

My child \_\_\_\_\_ may/may not attend the Camp Bernie day trip  
Thursday, September 26, 2019

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

In case of emergency, provide contact information and phone numbers:

Please list name and numbers in order of contact

Name	Phone #
1.	
2.	
3.	
4.	
5.	