



East Greenbush Central School District

HOWARD L. GOFF MIDDLE SCHOOL
35 Cilligari Road, East Greenbush, NY 12061
Phone (518) 207-2430 • Fax (518) 477-2667

January 24, 2018

Dear Parents and Guardians,

I am excited to announce that this year's sixth grade class field trip will be at *Nature's Classroom in Silver Bay, NY*. This trip provides students with an authentic learning experience where they are able to solidify their own understanding and appreciation of the world in which we live. The teachers from Nature's Classroom will lead groups of 12 students who will participate in various hands-on activities in the areas of science, math, humanities, and social studies. The Silver Bay location provides a wonderful place for students to hike, enjoy activities by the beautiful bay and experience a wide variety of wildlife. Due to Nature's Classroom's staffing and facility constraints, the sixth grade class will be divided by their team assignment and attend the trip on different days. Students will be chaperoned by their teachers and additional Goff staff.

The details are as follows:

Where: Nature's Classroom in Silver Bay, NY

When: Team **6-1** on Wednesday, May 9th

When: Team **6-2** on Thursday, May 10th

Departure from Goff: 8:00 a.m.

Return to Goff: 5:45 p.m.

Transportation: Yankee Trails

Cost: \$75.00 per student. (Includes ticket cost and busing)

Cash/Checks: Made payable to Goff Student Activities

- Please print your child's **first and last name** in the memo area of your check.

What to bring: See attached suggested equipment list.

Food: Lunch is **NOT** provided, please have your child bring a bagged lunch and snacks for the bus. Students can also bring their favorite movie for the bus ride. The movie must be PG or G rated.

Fill out the following forms and return to the Red House Office:

1. Notification of a Scheduled Field Trip
2. Medical Administration Form (if required and **NOT** currently on file with the Health Office)
3. Return all **completed** forms with your check or cash to the **Red House Office.**

NO forms will be accepted without payment.

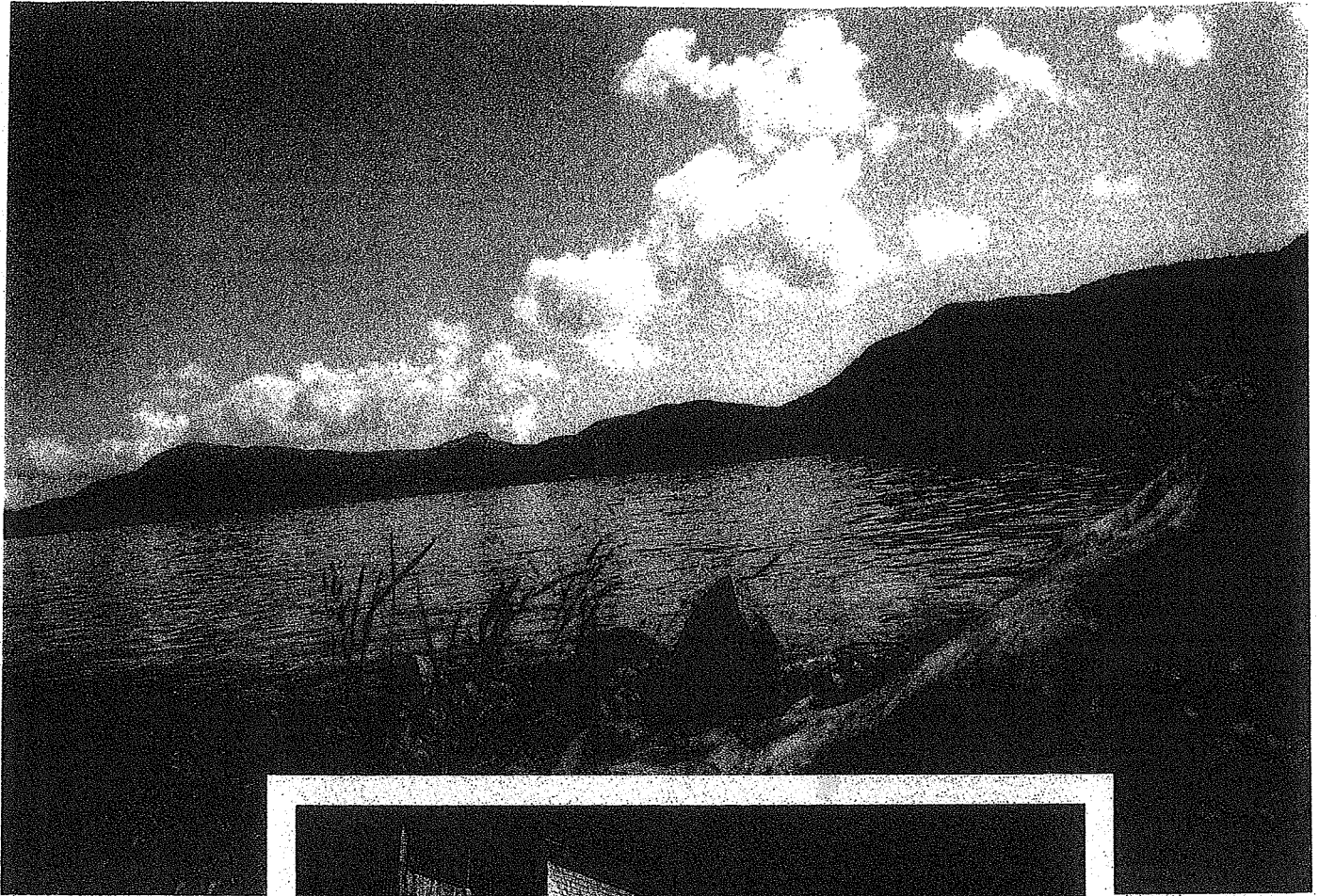
DEADLINE FOR SUBMISSION OF FORMS IS
THURSDAY, MARCH 29, 2018.

If you have questions regarding the trip, please contact Jude Shufelt shufeltju@egcsd.org or Jill Barker at barkerji@egcsd.org or call 207-2431.

Attachments

Nature's Classroom

at Silver Bay, NY



DIRECTIONS

From Albany, NY: Take I-87 north (the Northway) to exit 24. Exit 24 is approximately 75 miles north of Albany. Turn right off of the exit ramp. Drive east 5 miles on to the road's end at Route 9N. Turn left onto Route 9N headed north. Drive approximately 13 miles to Silver Bay, NY. Look for the Silver Bay Association signs on the right, about 2 miles north of Sabbath Day Point.



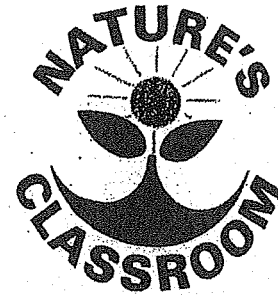
FEATURES

1200 acres of property in the Adirondack Mountains on the shores of Lake George, Queen of American Lakes. This property includes 3 mountain summit overlooks, waterfalls, streams, swamps, forests, and miles of wilderness. Students might stay in the historic Inn, over 100 years old. They can visit the Council Ring or have class in the auditorium, both on the National Register of Historic Landmarks.

SUGGESTED EQUIPMENT LIST FOR NATURE'S CLASSROOM

This list is for a one day program and dependent upon *seasonal weather*. Plan for everything!

- Water Bottle *** Super important!
- 1 Warm jacket/coat
- Hat(s): warm hat and/or ball cap
- Gloves, scarf
- 1 Raincoat or poncho- must of weather is questionable
- Sunscreen and/or hat with brim
- Insect repellent (no aerosols please)
- "Day pack" or backpack
- Camera: preferably disposable



These items may be used and left ON THE BUS!

- Electronics: cell phones, I-pods, MP3 players, portable gaming systems, kindles, nooks, tablets, etc. candy/gum/food

***Please do NOT buy new clothes or shoes for your child to wear at Nature's Classroom. Send old clothes that you do not mind your child getting dirty during outdoor activities.

***Please make sure that every personal item (shoes, camera, socks, etc.) are clearly labeled with your child's name. Sharpie everything!

***If your child loses any items at Nature's Classroom, contact the Program Coordinator immediately. NATURE'S CLASSROOM TAKES NO RESPONSIBILITY FOR LOST ITEMS.

NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Family Physician _____ Telephone (____) _____

I give permission for (Name) _____ to attend Nature's Classroom

for the period of _____ as part of the outdoor education program

of (School Name) _____ . I understand that the director of

Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes _____ No _____

Date _____ Signature _____ Relationship _____

If Ibuprofen or Tylenol needs to be administered, do you prefer:

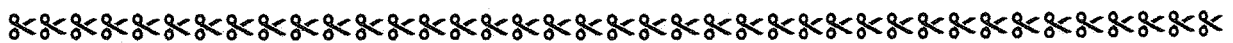
IBUPROFEN _____ TYLENOL _____ OTHER (Specify) _____

**East Greenbush Central School District
Howard L. Goff Middle School
Notification of a Scheduled Field Trip**

Field Trips are planned in order to give an additional dimension to our instructional program. In most cases, students are able to personally observe material that is discussed in the classrooms. This adds a degree of realism to the school program. Field trips, therefore, are considered to be a very important and integral part of the school program.

Jill Barker, 6th Grade Assistant Principal at Howard L. Goff Middle School has planned a field trip to Nature's Classroom in Silver Bay, NY on Wednesday, May 9th (6-1) and Thursday, May 10th (6-2) from 8:00 a.m. to 5:45 p.m.

Please sign and return the completed forms and payment below by **Thursday, March 29, 2018**. Your signature is necessary so we know you are notified of this field trip. Please be sure to complete the attached medication form if it is necessary for your child to receive medication while on the field trip.



Team: _____

Howard L. Goff Middle School

I have been informed that _____ is scheduled for a field trip
(Student Name)

on either May 9, 2018 or May 10, 2018. If an emergency should occur, I can be

reached at the following phone number _____ . If I am not available,

_____ can be reached at the following number _____ .
(Designated Adult).

My child may need the following medication that you should be aware of during this field trip.

_____ Date: _____

Parent/Guardian Signature

EAST GREENBUSH CENTRAL SCHOOL DISTRICT
SCHOOL HEALTH PROGRAM

AUTHORIZATION TO ADMINISTER INTERNAL MEDICATION
Grades 6 - 12

PLEASE COMPLETE BOTH PARTS

A. FOR PARENT

I request that my child _____ receive the

medication _____ prescribed by _____

MAY CARRY AND SELF
ADMINISTER MEDICATION
(inhalers/emergency
medications only)

MEDICATION TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours
only)

Parent/Guardian Signature

Date Signed

Your child's health concern will be shared with pertinent school staff.
This is valid for the current school year and summer school.

B. FOR PHYSICIAN

This is to certify that _____ DOB _____ is

Student Name

being attended and treated by me. It is essential that he/she be given the following
medication in the dose indicated during the school hours.

Diagnosis _____

Name of medication (or other identification) _____

Dosage Schedule _____

Possible side effects _____

Length of time to be given: _____ Indefinitely or until _____
DATE

MAY CARRY AND SELF
ADMINISTER MEDICATION
(inhalers/emergency medications only)

MEDICATION TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours only)

* I attest that this student has demonstrated to me that they can self administer this
medication.

Physicians Signature

Date Signed

PHYSICIAN'S NAME (PRINT)