



# Amesbury Middle School

Main Street · Amesbury, MA 01913 · 978/388-0515 · Fax: 978-388-1626  
Website: [www.amesburyma.gov](http://www.amesburyma.gov)

Michael Curry  
Principal

Steven M. O'Connor  
Assistant Principal

Kathy Randall  
Assistant Principal

September 26, 2016

Dear 5<sup>th</sup> Grade Parents,

Attached is the necessary paperwork and information regarding your child's trip to Camp Bournedale.

The attached packet includes the following:

1. Camp Bournedale balance due – **due by October 12**
2. Request for Financial Aid – **due by October 5**
3. Camp Bournedale information sheet
4. Amesbury Public Schools Consent for Overnight Field Trips (**2 pages- to be returned to Homeroom Teacher) due before October 12**
5. Camp Bournedale health form (**2 pages - to be returned to Homeroom Teacher) due before October 12**
6. Directions about sending medications
7. Equipment List

**PLEASE NOTE:** *Permission must be given by the parent and your physician for the camp nurse to dispense Tylenol or any other over the counter medication. Please write the name(s) of any non-prescribed medications that may be dispensed in the space provided on the Camp Bournedale health form.*

If you have any questions, please call us at 978-388-0515 or email (best way to communicate): [bentd@amesburyma.gov](mailto:bentd@amesburyma.gov) or [fitzgeraldk@amesburyma.gov](mailto:fitzgeraldk@amesburyma.gov)

Thank you!

Sincerely,

Derek Bent and Kristin FitzGerald  
Camp Bournedale Coordinators

## CAMP BOURNE DALE

Name of Child \_\_\_\_\_ Homeroom: \_\_\_\_\_

The cost of camp this year is \$230.

Your child earned \$ \_\_\_\_\_ with the fundraiser.

Your child owes \$ \_\_\_\_\_.

Check here if you would like to donate to the financial aid fund to help other students attend camp. Any amount helps! Please include with your balance. Amount \$ \_\_\_\_\_ Thank you!

\*\* The permission slip, medical form & payment are due on or before October 12

\*\* Request for financial aid is due no later than October 5  
(see next page for directions on how to apply)

Please send in money order made payable to "Amesbury Middle School" with your child's name and homeroom number in the memo section.

*Please no personal checks or cash.*

*Please check here and return to your child's homeroom teacher on or before October 5<sup>th</sup>, if you do NOT plan to send your child to Camp Bournedale.*

**Please note: Request for Financial Aid:**

If you want your child to attend Camp Bournedale, but *you are unable to make full payment before the trip:*

Step 1: **Please contact Ms. Elly Theriault, Pettengill House Resource Center  
978-792-5205, 21 Water Street, Suite 4A, Amesbury, MA.**

**Pettengill House is the Amesbury School District Social Service Support Agency.**  
Pettengill House Inc. will provide you with assistance to arrange a payment plan or to apply for financial aid.

**\*\*\*\*Please call before October 5<sup>th</sup>, 2016.**

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Step 2: Please fill out the following information for us and return to your child's homeroom teacher.

I called or I am planning to call the Pettengill House before October 5<sup>th</sup>.

Your name (Parent / Guardian): \_\_\_\_\_  
(Please print)

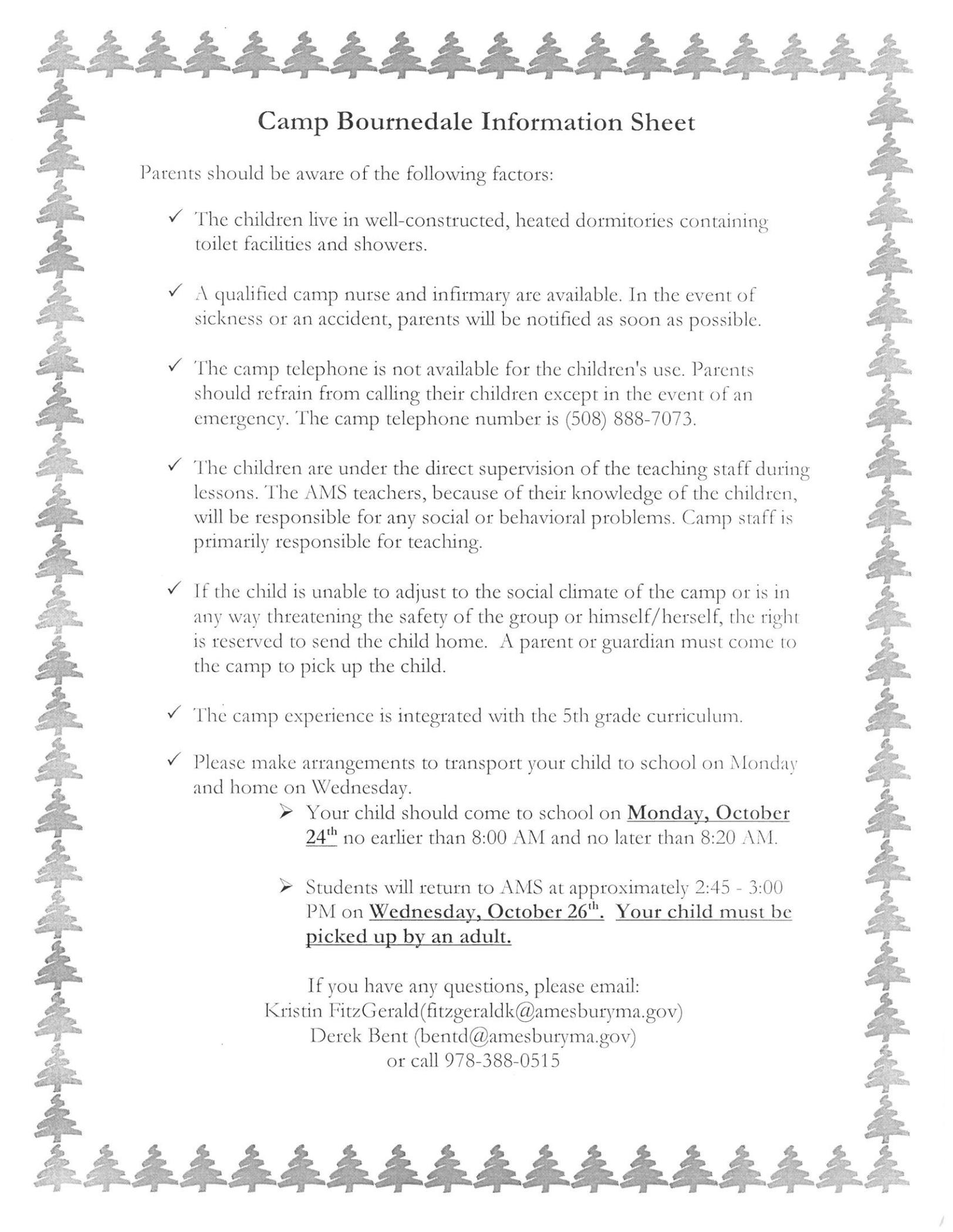
*My signature below gives my permission for Amesbury School District to provide my information to The Pettengill House Inc:*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Your Child's name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Is your child on Free/Reduced Lunch? Yes or No



## Camp Bournedale Information Sheet

Parents should be aware of the following factors:

- ✓ The children live in well-constructed, heated dormitories containing toilet facilities and showers.
- ✓ A qualified camp nurse and infirmary are available. In the event of sickness or an accident, parents will be notified as soon as possible.
- ✓ The camp telephone is not available for the children's use. Parents should refrain from calling their children except in the event of an emergency. The camp telephone number is (508) 888-7073.
- ✓ The children are under the direct supervision of the teaching staff during lessons. The AMS teachers, because of their knowledge of the children, will be responsible for any social or behavioral problems. Camp staff is primarily responsible for teaching.
- ✓ If the child is unable to adjust to the social climate of the camp or is in any way threatening the safety of the group or himself/herself, the right is reserved to send the child home. A parent or guardian must come to the camp to pick up the child.
- ✓ The camp experience is integrated with the 5th grade curriculum.
- ✓ Please make arrangements to transport your child to school on Monday and home on Wednesday.
  - Your child should come to school on **Monday, October 24<sup>th</sup>** no earlier than 8:00 AM and no later than 8:20 AM.
  - Students will return to AMS at approximately 2:45 - 3:00 PM on **Wednesday, October 26<sup>th</sup>**. **Your child must be picked up by an adult.**

If you have any questions, please email:  
Kristin FitzGerald(fitzgeraldk@amesburyma.gov)  
Derek Bent (bentd@amesburyma.gov)  
or call 978-388-0515

AMESBURY SCHOOL COMMITTEE POLICY

AMESBURY PUBLIC SCHOOLS

Consent and Release for Overnight and Selected Field Trips (students under 18)

IJOA E-3

**CONSENT AND RELEASE FORM**  
**(If student is under the age of eighteen (18))**

Overnight/Field Trip \_\_\_\_\_ Camp Bournedale \_\_\_\_\_  
Expected Chaperone to student ratio \_\_\_\_\_ 1:6 \_\_\_\_\_  
Cost of trip \_\_\_\_\_ \$230.00 \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
Print Parent/Guardian Name A Minor Child (student's name)

to participate in the following voluntary field trip activity of the Amesbury Public Schools to

\_\_\_\_\_ Camp Bournedale, Plymouth MA \_\_\_\_\_, on \_\_\_\_\_ October 24, 25, 16, 2016 \_\_\_\_\_  
(location of trip) (date of trip)

The staff at your child's school has organized a school sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child can go and participate in field trip activities. If you do not give permission, your child will remain at school for the regular day(s) and continue academic work there. Participation in the field trip is not required and your child's grade will not be affected by his/her participation in this trip. This trip is offered as enrichment.

Your child's teacher may provide additional details such as clothing requirements, lunch provisions and other details in an additional letter to you. Your child will be supervised by teachers and/or parent chaperones. It is possible that your child may face more risks by participating in this field trip than if your child stayed at school. We cannot list every risk. Although we follow a very careful planning and approval process, and the school department and principal have approved this trip, we cannot and do not guarantee that there will be no injuries or damages as a result of this trip.

By signing this form, you agree that your child may participate in the field trip.

By signing this form, and in return for your minor child being allowed to participate in the field trip, you also agree to release the Town of Amesbury and the Amesbury Public Schools, and their respective officials, employees, servants, agents and program/activity volunteers or chaperones from and against any and all claims, actions and/or liabilities which you may now or in the future have or acquire as a parent/guardian of the minor child for damages, death, and/or injuries of any kind you, your family and/or your child might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct of those parties being released by this Consent and Release Form. By signing this form, you also agree to release those organizations and persons listed above from and against any and all claims, actions and/or liabilities which your child may now or hereafter have or acquire, before or after reaching the age of majority.

(Continued)

This agreement to release does not apply to any independent contractor hired by the school department to provide transportation or other services related to this trip.

By signing this form, you represent that you are the custodial parent and/or guardian of

\_\_\_\_\_ and have full legal authority to execute this Consent and Release Form on behalf of the minor child, on your own behalf, and on behalf of my family as a parent and/or guardian of the minor child.

This is a legal document. You may not change the language of this form, and any additions or deletions you make to this permission and release form have no effect.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return form to \_\_\_\_\_ 5<sup>th</sup> Grade Homeroom Teacher \_\_\_\_\_  
(teacher in charge of trip)

**MEDICAL CONSENT FORM**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street City State

Tele. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Personal Physician's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Regular Medications Taken \_\_\_\_\_

To Whom It May Concern:

When, for my son/daughter, \_\_\_\_\_, medical care and treatment, including a minor surgical procedure is recommended by the attending physician, I give permission for the carrying out of such treatment. It is understood that I will be contacted if serious illness or major surgery must be conducted.

I/We hereby waive, release and discharge the Town of Amesbury and the Amesbury Public Schools, and their respective employees, agents, officials, attorneys, servants, chaperones, volunteers, and representatives from and against any and all claims of any nature whatsoever which may arise out of the decision to provide emergency medical care, including but not limited to responsibility for the medical care rendered and/or for the payment of medical bills resulting therefrom.

Signature(s) Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

Name \_\_\_\_\_ Tele. No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Camp Bournedale**

110 Valley Road  
Plymouth, MA 02360  
(508) 888-2634 | fax (508) 833-5187

**Health Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Business \_\_\_\_\_ Business phone \_\_\_\_\_

Business Address \_\_\_\_\_

If not available in case of emergency, please contact:

Name	Phone Number	Relationship
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Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician address \_\_\_\_\_

Please answer the following questions and explain any "yes" answers.

1. Will your child be under medical treatment for any condition(s) during this program?  
No \_\_\_\_\_ Yes \_\_\_\_\_

2. Does your child have any chronic illnesses ? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Should there be any restrictions on your child's activities? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

4. Please note any additional information or suggestions regarding your child which may be helpful:

\_\_\_\_\_  
\_\_\_\_\_

5. Has your child had Chicken Pox? No \_\_\_\_\_ Yes \_\_\_\_\_

6. Has your child had the Varicella Vaccine? No \_\_\_\_\_ Yes \_\_\_\_\_ (Date: \_\_\_\_\_)

7. When did your child receive his/her TETANUS shot? \_\_\_\_\_

8. Does your child have any dietary restrictions?

\_\_\_\_\_  
\_\_\_\_\_

9. Please list all of your child's ALLERGIES, including medicines, bee stings, environmental and food:

\_\_\_\_\_  
\_\_\_\_\_

10. Please list any medications your child will need at camp. Prescribed medications must be in original container bearing a pharmacy label that shows the prescription number, date filled, physician's name, medication name and directions for use.

Non-prescription medications must be in their original containers with directions for use. All medication whether prescription or non-prescription must have physician's signature in order to be administered.

Medication	Amount	Time Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand every effort will be made to contact me; however, IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp's personnel to hospitalize, secure proper treatment for an order of injection, anesthesia, or surgery for my child. I give permission to the camp's nurses and staff members to supervise my child while taking the above medications and to administer first aid if needed. I also give permission to the camp nursing staff to provide basic care in case of sudden illness (I.E. sore throat, fever, cold symptoms) and dispense over the counter medications as needed.

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Name of Insured

Should you have any questions please call our camp nurse at (508) 888-7197.

## Directions for Sending Medications to Camp Bournedale

*If you are sending medication with your child to Camp Bournedale, you must do the following:*

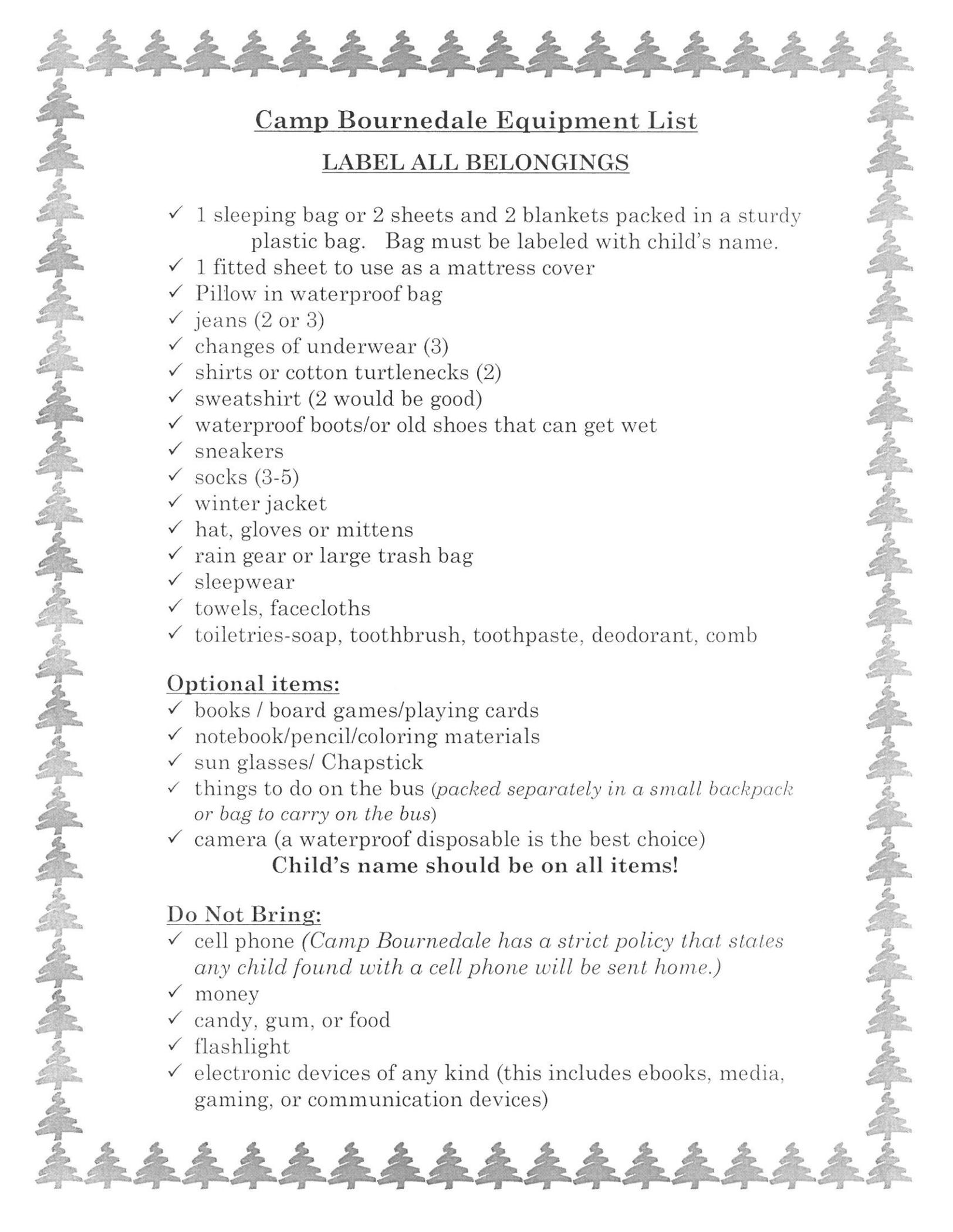
1. Put medication (**in original bottle**) in a ziplock plastic baggy.
2. Clearly mark your child's full name and Team on the baggy.

Aqua (Mrs. Brannelly and Mr. Bent)  
Brown (Mr. Lyman and Mrs. Mirandi)  
Olive (Ms. FitzGerald and Mrs. Wall)  
Tan (Mrs. Byrne and Ms. Osborne)

3. Directions should be stated clearly.
4. **PLEASE DO NOT PACK MEDICINE IN YOUR CHILD'S LUGGAGE.**
5. Please hand medications to the teacher at school who is collecting medications when you drop your child off. Medications will be turned over to the nurse when we arrive at camp.
6. If you have any questions or concerns, please email [fitzgeraldk@amesburyma.gov](mailto:fitzgeraldk@amesburyma.gov) or [bentd@amesburyma.gov](mailto:bentd@amesburyma.gov)

**Thank you for your attention to this!**

**Mr. Bent and Ms. FitzGerald  
Camp Coordinators**



## Camp Bournedale Equipment List

### LABEL ALL BELONGINGS

- ✓ 1 sleeping bag or 2 sheets and 2 blankets packed in a sturdy plastic bag. Bag must be labeled with child's name.
- ✓ 1 fitted sheet to use as a mattress cover
- ✓ Pillow in waterproof bag
- ✓ jeans (2 or 3)
- ✓ changes of underwear (3)
- ✓ shirts or cotton turtlenecks (2)
- ✓ sweatshirt (2 would be good)
- ✓ waterproof boots/or old shoes that can get wet
- ✓ sneakers
- ✓ socks (3-5)
- ✓ winter jacket
- ✓ hat, gloves or mittens
- ✓ rain gear or large trash bag
- ✓ sleepwear
- ✓ towels, facecloths
- ✓ toiletries-soap, toothbrush, toothpaste, deodorant, comb

### Optional items:

- ✓ books / board games/playing cards
- ✓ notebook/pencil/coloring materials
- ✓ sun glasses/ Chapstick
- ✓ things to do on the bus (*packed separately in a small backpack or bag to carry on the bus*)
- ✓ camera (a waterproof disposable is the best choice)

**Child's name should be on all items!**

### Do Not Bring:

- ✓ cell phone (*Camp Bournedale has a strict policy that states any child found with a cell phone will be sent home.*)
- ✓ money
- ✓ candy, gum, or food
- ✓ flashlight
- ✓ electronic devices of any kind (this includes ebooks, media, gaming, or communication devices)