



Amesbury Middle School

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

Michael Curry
Principal

Elizabeth Martignetti
Assistant Principal

Kathy Randall
Assistant Principal

September 23, 2019

Dear 5th Grade Parents/Guardians,

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

The attached packet includes the following:

1. Camp Bournedale Information Sheet
2. Camp Bournedale Payment Information – **due by October 10**
3. Request for Financial Aid – **due by October 4**
4. Amesbury Public Schools Consent for Overnight Field Trips (**2 pages- to be returned to Homeroom Teacher**) **due before October 10**
5. Camp Bournedale Health Form (**2 pages - to be returned to Homeroom Teacher**) **due before October 10**
6. Directions For Sending Medications
7. Equipment List

PLEASE NOTE: *Permission must be given by the parents/guardians 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 email (best way to communicate): wallc@amesburyma.gov or fitzgeraldk@amesburyma.gov

Thank you!

Sincerely,

Connie Wall and Kristin FitzGerald
Camp Bournedale Coordinators



Information Sheet
Camp Bournedale
110 Valley Road
Plymouth, Ma 02360



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 is available 24 hours a day. In the event of a sickness or an accident, parents will be notified as soon as possible.
- ✓ Camp Bournedale policy states that children must not have a cellphone nor any other electronic devices. In the event of an emergency, parents should call the camp at (508) 888-7073.
- ✓ The children are under the direct supervision of the Bournedale teaching staff during lessons and recreation. The AMS teachers, because of their knowledge of the children, will be responsible for any social or behavioral difficulties. 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. This decision will be made by an AMS administrator and the camp coordinators. A parent or guardian must come to the camp to pick up the child.
- ✓ The camp experience is integrated with the Massachusetts 5th grade Science and Technology /Engineering curriculum.
- ✓ Please make arrangements to transport your child to school on Monday and home on Wednesday.
 - Your child should arrive at school on **Monday, October 21st** 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 23rd**. **Your child must be picked up by an adult.**

If you have any questions, please email (best way to reach us):

Kristin FitzGerald (fitzgeraldk@amesburyma.gov)

Connie Wall (wallc@amesburyma.gov) or call 978-388-0515

CAMP BOURNE DALE PAYMENT INFORMATION

Name of Child _____ Homeroom: _____

The cost of camp this year is \$235.

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 10**

**** Request for financial aid is due no later than October 4
(see next page for directions on how to apply)**

**** Failure to meet these deadlines for payment and health information could result in your child not attending camp. This is essential for camp staff to plan and prepare for our arrival. Thank you for your cooperation.*

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 4th, 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 the Pettengill House Resource Center at 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 4, 2019**

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 4th.

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

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 \$235.00

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 21, 22 and 23, 2019
(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 _____ 5th 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 medications with your child to Camp Bournedale, all medications must be listed and signed off by the doctor on the Camp Bournedale Health Form. This includes over the counter medication and supplements.***

You must also do the following:

1. Put medication (**in original bottle**) in a ziplock plastic baggy.
2. Clearly mark **Child's Full Name, Homeroom and Team** on the baggy.

<u>Aqua Team:</u>	HR 101	Mr. Bent
	HR 103	Mrs. Brannelly
	HR 105	Mrs. Butler
	HR 107	Mrs. Mirandi
<u>Lime Team:</u>	HR 100	Ms. FitzGerald
	HR 102	Mrs. Byrne
	HR 104	Mrs. Osborn
	HR 106	Mrs. Wall

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 Camp Bournedale nurse when we arrive at camp.
6. **Please note:** Medications, inhalers, and/or epi pens currently in the AMS Nurse's office will not be sent to Camp Bournedale.

If you have any questions or concerns, please email:
fitzgeraldk@amesburyma.gov or wallc@amesburyma.gov

Thank you for your attention to this!

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 (label with child's name)
- ✓ Long pants (2 or 3)
- ✓ Changes of underwear (3)
- ✓ Long sleeve shirts that can be layered (2)
- ✓ Sweatshirt (2 would be good)
- ✓ Waterproof boots/or extra pair of shoes that can get wet
- ✓ Sneakers
- ✓ Socks (3-5 pair)
- ✓ 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/lip balm
- ✓ Things to do on the bus (***packed separately in a small backpack or tote bag to carry on the bus***)

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 (this includes CAMERAS, ebooks, smart watches, media, gaming, and communication devices of any kind.) Any devices found will be confiscated and held by an AMS administrator to be returned to a parent/guardian at school.