



CROTON-HARMON SCHOOL DISTRICT

CROTON-HARMON HIGH SCHOOL
36 OLD POST ROAD SOUTH
CROTON-ON-HUDSON, NEW YORK 10520
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Dr. Deborah O'Connell
Superintendent of Schools

John Griffiths
Assistant Superintendent

Laura Dubak
Principal

Mark R. Maxam
Assistant Principal

February 28, 2020

Dear Parents/Guardians of the Class of 2022:

The Class of 2022 has elected to hold their end of year activity for the 2019-2020 school year at Hershey Park. Throughout this school year, the class participated in fundraising activities to raise money for this trip. On parent-teacher conference day in November, you may have noticed several hard-working tenth graders washing cars to raise money for this trip.

The tenth-grade class officers have been working hard to organize the Hershey Park trip. The overnight Hershey Park trip will take place **Friday, May 15th to Saturday, May 16 2020** (Please see enclosed itinerary). The total cost of the trip is **\$125**, which includes charter bus transportation, hotel accommodations, bowling admission, and admission to Hershey Park.

In order to attend this trip a **non-refundable** down payment of **\$65** is due **Friday, March 20th**, along with the *required permission slip, student contract form, medical form, and emergency contact information*. The remaining **\$60** will be due **Friday, April 3rd**.

Checks should be made payable to, "*CHUFSD Student Activity Fund.*" **Please include your child's first and last name on the MEMO line.**

If you have any questions regarding the sophomore class trip, please feel free to email Ilana McConville, sophomore class advisor, at ilana.mcconville@chufsd.org

Sincerely,

Ilana McConville
Sophomore Class Advisor

Class of 2022 Hershey Park Itinerary May 15, 2020 to May 16, 2020

May 15th

Leave CHHS at 3:15 pm

This trip can take anywhere from 3-4 hours. Snacks are strongly recommended. Restrooms are available on the bus. The bus will **NOT** be making any stops.

Arrive to ABC East Lanes Bowling at 7-7:30 pm

1001 Eisenhower Blvd, Harrisburg, PA 17111

(717) 939-9536

Food will be available for purchase at bowling alley.

Depart Bowling Alley around 9:45 pm

Arrive to **Days Inn Harrisburg North** at **10:15 pm**

Hotel Address: 3919 North Front Street, Harrisburg PA 17110

(717) 216-4605

May 16th

Wake-Up between 7:00-8:00am

Free continental breakfast at the hotel between 8:00-9:00am

Students will check out no later than 9:00. Continental Breakfast features bagels, English muffins, cereals, fresh fruit, juices, and fresh hot coffee.

Check-Out and leave for Hershey Park at 9:00am

Arrive at Hershey Park at 9:30am

Students will need spending money for food at the park. Students must eat at the park prior to getting on the bus to return to CHHS. (\$25-\$30 should cover their eating expenses at the park.)

Bus Departs Hershey Park at 5:30pm

Arrive at CHHS between 9:00-10:00pm

CONTRACT for ATTENDING the
SOPHOMORE CLASS TRIP

Any member of the class of 2022 interested in attending the class trip to **Hershey Park** in Hershey, Pennsylvania, from **May 15, 2020 through May 16, 2020**, must read and sign this contract. Please keep in mind as you read this contract that *it is considered a PRIVILEGE to attend class trips*.

In order to be eligible to attend, a student must:

- 1) Hand in the mandatory district paperwork to attend a trip (medical forms, student contract, and parent permission form) and submit a down payment by **Friday, March 20th 2020**
- 2) Not have multiple or significant discipline issues throughout the school year (i.e., suspensions, numerous detentions, etc.).
- 3) Understand that any student who participates in any illicit behavior while on the trip will be sent home at the expense of their parents.
- 4) Understand that **all** school rules are in effect while on this trip. (This includes all behaviors in our District Code of Conduct including smoking, and/or use of drugs or alcohol, or *remaining in the presence of* these types of behaviors.)
- 5) Not have excessive class/school absences during the 2019-2020 school year.
- 6) Understand that a chaperone has the right to search any students' belongings *at any time* if necessary.
- 7) Understand that the school district is not responsible for any personal belongings such as cell phones, iPods, video game equipment, etc. that are lost, stolen, or damaged on this trip.
- 8) Understand that while on the trip, students must respect the property of others, including but not limited to: the bus, hotel rooms, and places we visit. Should any loss or damage occur, students responsible will be required to pay the cost of repair or replacement and may face disciplinary action.
- 9) Understand that once the **\$65 deposit** is paid, it is **non-refundable**.

I, _____, am planning on attending the class trip to Hershey Park on May 15 to
[print student name]

May 16, 2020. I have **read and accepted** the above mentioned requirements and expectations for attending this class trip. I acknowledge and understand that attending this trip is a privilege and that my actions and behaviors will be monitored in the months leading up to and during the trip. Any discipline issues prior to the trip could result in the privilege to attend being revoked, and any violation of the Code of Conduct during the trip will result in disciplinary action upon return.

I have included my \$65, **non-refundable**, down payment for my spot on the trip due by **Friday, March 20, 2020**, and I will pay the remaining amount of \$60 (Total \$125.00) by **Friday, April 3, 2020**. If you are paying by check, please make it out to **CHUFSD Student Activity Fund**.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

CROTON-HARMON HIGH SCHOOL
PARENT PERMISSION FORM

Dear Ms. McConville,

I give my permission for _____
(Child's Name)

to accompany your group on the field trip to Hershey Park.

Please contact the following person(s) should any emergencies arise during the field trip and you cannot contact me:

Name _____ Phone _____

Address _____

Guardian Home Phone _____ Other Phone _____

SIGNATURE OF PARENT OR GUARDIAN

****Please note: Students who are absent the day of the trip will be denied permission to go on the trip.

**Croton-Harmon High School
Health Form for Overnight Field Trip**

Please return this form to:
Phyllis Cobb at CHHS Health Services

Destination: _____

Date(s) of Trip: _____

Teacher/Coach/Advisor: _____

Student Name: _____

Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

Home Telephone: _____

Cell Telephone: _____

Work Telephone: _____

Emergency Contact: please list two adults other than parent/guardian who may be contacted:

(1) Name: _____

Telephone: _____

(2) Name: _____

Telephone: _____

In case of emergency and you cannot be reached, we request the name of your child's physician who we will try to reach by telephone, and your consent to speak to the physician regarding care for your child.

Physician: _____

Telephone: _____

Consent for Emergency Medical Treatment:

I hereby give permission for my child, named above, to be examined and/or receive emergency medical treatment as deemed necessary by the available medical personnel on the above described school field trip. I understand that I, the parent/guardian, will assume all medical and transportation costs of such emergency injury or illness.

(Parent's/Guardian's Signature)

Student's Name: _____

List any illnesses or injuries in the past year, with dates:

List any medical/health concerns we should know about:

Allergies:

List any medication, prescription or over the counter, that will be taken on this trip:

The "Parent and Physician's Authorization for Administration of Medication in School and School Activities" form **MUST** be completed by a parent and a NYS healthcare provider for any medication, prescription or non-prescription, that your child will be taking on this trip. This completed form needs to be on file with the school nurse prior to the trip. If you want your child to self-carry and self-administer their medication, make sure your doctor chooses **Administration Option "A"**. Medication must be in its original container and clearly labeled.

Croton-Harmon School District
PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN
SCHOOL AND SCHOOL ACTIVITIES

1. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. All medication must be brought to the school nurse by parent, guardian or responsible adult.

Signature (Parent/Guardian): _____ Date: _____
 Telephone: Home _____ Work: _____ Cell: _____

2. To be completed by parent or guardian:

I request that my child _____ DOB _____ be allowed to carry and apply FDA approved sunscreen to her/himself during school or school activities. If sunscreen is needed for medical purposes an order from a NYS licensed prescriber must fill out section 3.

Signature (Parent/Guardian): _____ Date: _____
 Telephone: Home _____ Work: _____ Cell: _____

3. To be completed by a New York State licensed prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB: _____

Diagnosis	Medication	Dosage	Frequency/Time/ Duration	Route	Possible Side Effects	Administration Choose A, B, or C from below

- A. I deem this child to be self-directed. This student may self-carry and administer the above medication during school or school activities. I have fully explained how, when and why to use this medication to the above student.
- B. I deem this child to be self-directed. I have fully explained how, when and why to use this medication to the above student.
- C. I deem this child to be non-self-directed and understand that administration of all medication must remain the responsibility of the school nurse, or licensed practical nurse under the direction of a school nurse, physician and parent.

ATTACH ADDITIONAL PAGES IF NECESSARY

LICENSED PROVIDER'S SIGNATURE AND STAMP _____

DATE: _____ PHONE: _____

C

C

C

Recommended Packing List

1. Pajamas
2. Toiletries
3. Reusable Water Bottle
4. Breakfast will be available @ hotel
5. Outfit for Saturday
6. Sweatshirt or light jacket
7. Bathing suit (if you plan on using water park at Hershey Park)
8. Snacks and water for bus ride
9. Money for food Friday night and Saturday (\$25-\$30)
10. Sunscreen / Hat