Dear Parents/Guardians of 7th-graders,

We are excited to send out our Camp MacLean parent newsletter. Hopefully this letter will answer several of your questions prior to our parent meeting.

Camp PARENT INFORMATION NIGHT:
- Thursday, January 11, 2018 at 6:00pm.
- Forms to fill out PRIOR to parent night will be uploaded onto Monday Folders after winter break and have been attached to this email.

Camp Dates:
- Wednesday, January 24 through Friday, January 26
- We will leave Wednesday morning and return by 2:00 pm on Friday. Students will be released to go home when we return to school at 2:00 pm on Friday.

Cost/Financial Assistance:
- This year, camp will cost $200. This includes a two night stay, a myriad of winter activities run by our staff as well as the Camp MacLean staff, and seven meals.
- Forms for financial assistance will be sent home next week. Please return these forms at your earliest convenience if you will need financial assistance for camp.

Camp Cabin Assignments:
- Students have already written down the names of peers they would like to room with in their cabins.
  - Students are guaranteed at least ONE peer they selected.
- Students will receive their cabin assignments on the Friday or Monday before leaving for camp.

Prepare Early!
- Take advantage of the sales after the holidays! Students will need cold-weather gear for this camp trip.
- Students will be spending a lot of time outdoors. Items they will need to stay comfortable are: snow pants, warm winter jacket, warm socks, insulated, waterproof boots (no Uggs or Hunter boots for outdoor activities), hats, and mittens/gloves.

How You Can Help:
- Carnival night is a very exciting night! What makes it most fun is that after students play a bunch of games, they use the tickets they won to choose a prize.
  - We would love if every student could choose a prize at the end of the night, and this is made possible by YOU! :)
- Carnival prizes usually range from $5-$25. They can be anything from a gift card (Target, Starbucks, Amazon, iTunes, etc.) to a fun toy/trinket to sports game tickets (Admirals, Bucks, Wave).
  - Anything you choose to donate would be greatly appreciated! You can drop-off camp donations in the front office or at parent night on Thursday, January 11th.

More information about camp will be shared on Parent Night (Thursday, January 11th at 6:00 pm). If you have any questions or concerns prior to this meeting, please do not hesitate to call or email one of the seventh grade team members. We are really looking forward to camp this year!

Renee Heyden   Deb Brinnington   Eva Kender   Jason Thurow
Cold and flu season, allergies, daily meds oh no (and what to pack)! So many things to think about as you prepare your student for the trip to Camp MacLean.

As the district nurse, I want to pass on some information to help make sure we are able to provide your student with the medications they need and to make sure we follow district policy to ensure safety for all students.

Helpful Hints
1. All medications must be accompanied by a form either prescription or nonprescription depending on the type of medication.
   - Forms can be found on the District page of the website
   - Look for the column on the Left side of the page-click on Health
   - Scroll down to Medication policy-READ THE POLICY
   - Look for the medication forms highlighted in blue-print and fill out completely
   - Prescription forms Must Have a Dr’s signature-(if you bring your forms to the Camp meeting on January 12th, I will fax them to your physician)
     (if you can't print at home just let us know and we can send forms home with your student)

2. One medication on each form-DO NOT list multiple medications on a form (safety first)-dosing is hard to follow with more than one medication on a form.

3. All medications must arrive in the original container either prescription bottle or Over the Counter package with dosage information on the box or bottle. Medications in baggies will NOT be accepted.

4. Any medication that is considered a nutritional supplement (example-Melatonin) must have a doctor’s signature per District Policy.

5. If your student uses an inhaler and will carry it with them, they still need the prescription form filled out by their physician and the form noted that they are capable of self administration.

6. If you have special instructions for dosing please be very specific on the form. (ie; before meals or with meals, or at dinnertime as opposed to bedtime). The more information we have, the better we can provide the medication at the correct time.

7. Medications need to be delivered and picked up by the parent or guardian.

IF POSSIBLE PLEASE BRING MEDICATIONS AND FORMS TO THE MEETING JANUARY 11TH, THURSDAY EVENING

ALL MEDICATIONS AND FORMS MUST BE BROUGHT TO SCHOOL BY NO LATER THAN FRIDAY JANUARY 19TH AND LEFT IN THE HEALTH OFFICE

Thank You in advance for taking the time to make this a safe and productive trip for your student!

Lori Kindred RN
District Nurse 414-550-3384- Please call if you have specific questions.
Health Form Camp MacLean

SCHOOL __________________________ HOMEROOM: ______________________

STUDENT’S NAME __________________________ AGE __________

ADDRESS __________________________________ BIRTH DATE ____________

CITY __________________________ STATE __________ ZIP __________

HOME PHONE (___) _______ FAMILY DOCTOR __________ PHONE _________

FATHER’S NAME __________________________ WORK PHONE __________

MOTHER’S NAME __________________________ WORK PHONE __________

If not available in an emergency, please notify:

Name __________________________ Phone __________ Relationship __________

Medical Insurance Co. __________________________ Policy # __________

General information necessary for your child’s protection and care:

1.) If your child is taking medication to MacLean, send it in original container and label with your child’s name.
All medication must be accompanied by a district medication form either non prescription or prescription. One form
for each medication must be provided. I am sending medications □ Yes □ No

2.) List any Allergies: food, insect bites, drugs, other __________________________
Is this allergy life threatening? □ Yes □ No Is an EpiPen required □ Yes □ No

3.) Has child been exposed to communicable disease within past 10 days? If so what disease?

_______________________________________________________________________________________

4.) Date of last tetanus shot _____________________

5.) Any other information (Include any existing health conditions and recommended actions or restrictions required
at camp)

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

It is necessary that the child and camp authorities know your child’s physical condition. If you have any doubt that your child
is in good health, have him or her checked by a doctor and forward the report to school. I hereby give permission for
emergency treatment for my child in case of accident or illness, and for normal treatment by a designated school employee on
the Camp MacLean Outdoor Education trip. In case of emergency I may be reached at:

Address __________________________ Phone __________________________

Date ________________ Parent’s Signature __________________________

_ _ _ _ _ _ _ _ _ _
NON-PRESCRIPTION MEDICATION
Consent Form for School Hours

Parental Consent

IMPORTANT NOTICE:
Non-prescription drugs may be dispensed by designated school staff only after the Parent/Guardian has provided written consent and instructions for dispensing the drug to the building principal and/or school Health Room Assistant/Nurse. If possible these medications should be given at home.

Medication must be supplied in the original packaging or container. The medication must be clearly marked with the child’s name. A separate consent form must be completed for EACH medication and child in the family if it is to be taken at school. For safety and liability reasons, any medications received in envelopes, baggies or unmarked containers other than the original, WILL NOT be accepted for staff administration.

Student Name: __________________________________________ DOB: __________________ Grade: ______

Parent/Guardian: _______________________________________ Daytime Phone: ________________________

Medication Name: _______________________________________________________________________

Dosage: ________________________________________________________________________________

Form:  □ Tablet/Capsule   □ Liquid    □ Ointment     □ Eye/ear/nose Drops    □ Inhalation

Time to be given: __________________________________________ How often: _______________________

Time of last dosage (if any, yet today): _______________________________________________________

Reason for medication: ___________________________________________________________________

Date to begin: __________________________________________ Date to End: ______________________

If designated staff to administer, I hereby release the Board of Education, its agents and employees from any and all liability which may results from taking this medication.

Parent/Guardian Signature: __________________________________________ Date: __________________

NOTE: The 1983 Wisconsin Act 334 states that no school employee except a Health Professional may be required to administer a drug to a pupil by other than ingestion or oral.
PRESCRIPTION MEDICATION
Consent Form for School Hours

Student Name: ___________________________________________ DOB: ________________ Grade: ______
Teacher/Classroom: ____________________________________ School: _______________________

TO BE COMPLETED BY PHYSICIAN ONLY:
Name of Medication: __________________________________________________________________________________
Reason for Medication: __________________________________________________________________________________
Form of medication/treatment:
☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other (list below)
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
Instructions - (Schedule and dosage to be given during school hours):
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
Start: _____/_____/20____               Stop: _____/_____/20____     OR           ☐ End of School Year
For episodic/emergency use only:
Restrictions and/or important side effect(s): ☐ None anticipated ☐ Yes (please describe below)
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
Instructions for specific conditions and/or circumstances in which contact should be made directly with the
doctor or EMS personnel concerning conditions and/or reactions of the child to the prescribed medication: _______
_______________________________________________________________________________________________________
Special storage requirements: ☐ None ☐ Refrigerate
This student is both capable and responsible for self-administering this medication (Inhalers only):
☐ No ☐ Yes with supervision
Please indicate if you have provided additional information: ☐ As an attachment
Signature of Physician:____________________________________ Date: ________________________
Physician Name: ________________________________________________________________________________
Address: ________________________________________________________________________________________
Office Phone: __________________________  Fax: ______________________________________________________

To be completed by Parent/Guardian:
I give my permission for (name of child) _______________________________________________ to receive the above
medication at school according to standard policy.
Signature: __________________________ Date: __________________________

I hereby indemnify the School District or any of its personnel, employees or agents of any claim, demand, cause of action or liability asserted against
them arising out of the child’s taking, or failing to take, the medication in the dosage or at the time prescribed by the physician. I understand that the
permission granted will be terminated in accordance with the physician’s directive, or otherwise automatically at the close of this current school year.
Dear Parent(s)/Guardian(s),

On January 24\textsuperscript{th} – January 26\textsuperscript{th} the seventh-grade students will be traveling to Burlington, Wisconsin for a 3 day-2 night outdoor-education experience. The cost of the trip is \textbf{$200.00}. All meals, supplies, and travel will be covered under this cost.

We will be having a parent meeting to discuss details of the trip on Thursday, January 11, 2018, at 6:00 P.M. This meeting should take approximately one hour. All necessary forms will be available online in the 7\textsuperscript{th} grade Monday folder one week prior to the parent meeting and may be filled out prior to the meeting to save time. We will be accepting trip payment at that time.

In previous years, we have provided \textbf{partial scholarships (maximum 1/2)} for any student who cannot afford full payment of this trip. \textbf{In order to gauge the amount of money needed to provide these scholarships, we are asking you to complete the following form notifying us as to how much assistance is needed.} Please return this form to your child’s advisor no later than Monday, December 18, 2017 if financial assistance is needed. Please realize that we do not have any fundraisers in seventh grade so all financial assistance will come from private donations.

If you are interested in supporting the Camp MacLean student scholarship fund at this time, please feel free to send a check made out to Bayside Middle School with Camp MacLean scholarship fund in the memo.

Sincerely,
Debra Reed-Brinnington
Renee Heyden
Eva Kender
Jason Thurow
The Seventh-grade Team

*\textbf{Please fill out this form if assistance is needed.}*
Yes, I would like my son/daughter \underline{___________________} to attend the Camp MacLean field trip and will need assistance with a \textbf{partial scholarship (maximum 1/2)} in the amount of $\underline{______________} to help fund this trip.

\underline{Parent/Guardian} \underline{___________________} Please sign
What to Bring to Camp MacLean
A Packing Guide

Please label all bags.
Sleeping bags/bedding must be packed in a watertight bag (large garbage bags work well please send an extra for the way home) and labeled on the outside, masking tape and permanent markers work well.

Everyone must bring:
_____ Sleeping bag or sheets/blankets/pillow
_____ Warm sweatshirt/sweater
_____ Base layer (for warmth)
_____ Winter hat
_____ Mittens or Gloves (2 pairs ideal)
_____ Boots (insulated winter)
_____ Two or three sets of clothing (shirts, pants, socks, underwear)
_____ Pajamas
_____ Soap and shampoo
_____ Deodorant
_____ Toothpaste and brush
_____ Towel and washcloth
_____ Flashlight
_____ Extra garbage bag for sleeping bag
_____ Positive attitude and smile

You may want to bring:
_____ Camera
_____ Chapstick
_____ Lotion
_____ Reusable water bottle
_____ Hand warmers
_____ Backpack
_____ Stuffed animal

Please do NOT bring:
• Electronic devices
• Cell phones
• Valuables
• Gum
• Soda
• Negative attitudes