



Oregon Middle School

BOARD OF EDUCATION

Anthony C. O'Brien, President
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Michael J. Hynes, Ed.D.
Superintendent of Schools

Bryan Lake, Principal
109 Oregon Avenue
Medford, New York 11763
(631) 687-6800
(631) 687-6840 FAX

Dennis M. Logan, District Clerk

November, 2016

Dear Parents of Eighth Grade Students,

An overnight class trip to Frost Valley has been planned for **Wednesday, May 31 through Friday, June 2, 2017**. The cost of the trip is \$300/person (student or parent) and includes transportation, activity fees, lodging and food for all days while at Frost Valley. Payment can be in cash or check (made payable to Oregon Middle School). The mySchoolBucks program is also available. There is a fee for using this service (see attached).

Registration will be on a **first-come/first-serve basis**. Space is limited to the first **100 people** to register, including payment. This includes students and parents who wish to chaperone. After the first 100 registrants, names will be added to a wait list. If enough people are on the wait list, a third bus will be added. All of this is done to help keep the cost of the trip to a minimum. Any parent registering to go on the trip will be required to chaperone a group of students. If a group does not have a parent chaperone a teacher will chaperone the group.

To register complete and submit the following to Mrs. Desmond:

- Payment (unless using mySchoolBucks.com)
- Permission slip
- Behavior contract
- Student health form (school representative health form, **if a parent is chaperoning**)
- Request for self-administration of medication (if applicable)

Please note that we will host an informational meeting for all 8th grade parents on Tuesday, **November 15, 2016 at 6pm** in Oregon's cafetorium. Please visit www.frostvalley.org to see all the great opportunities for our students.

Sincerely,

Mrs. Maureen Desmond
mdesmond@pmschools.org

Mrs. Cristina Carpluk
ccarpluk@pmschools.org



NEW! Pay for Student Fees Online
Pay for the 8th Grade Trip to Frost Valley

November 1, 2016

To the parents of 8th Grade Students,

Oregon Middle School is excited to offer **MySchoolBucks® School Store!** This online payment service provides an easy way to pay for items such as the **8th Grade Trip to Frost Valley** using your credit/debit card or electronic check.

MySchoolBucks provides:

- **Convenience** - Available 24/7 on the web.
- **Efficiency** - Make purchases for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

If you are already using MySchoolBucks to pay for school meals, your account is already set-up and ready to go! Just login and click on School Store.

1. Go to www.MySchoolBucks.com and register for a free account.
2. Add your students using their school name and student ID.
3. Make purchases with your credit/debit card or electronic check.
A program fee may apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.

If you have any questions, contact MySchoolBucks directly:

- support@myschoolbucks.com
- 1-855-832-5226
- Visit myschoolbucks.com and click Help

Thank you,

A handwritten signature in black ink, appearing to read 'Bryan Lake', written over a white background.

Bryan Lake

Principal



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Field Trip Permission Form

Student's Name: _____

I hereby grant permission for the above-mentioned student to attend the overnight 8th grade field trip to Frost Valley from May 31 through June 2, 2017.

I understand that the student will need to be at Oregon Middle School by 5 am on May 31, 2017.

I understand that the student will need to be picked up at Oregon Middle School at approximately 4:30 pm on June 2, 2017.

I understand that the cost of the trip is \$300 and that the cost is due by February 1, 2017.

Signature of Parent/Guardian: _____

Please list the name of persons to be contacted in case of emergency, including the parent/guardian.

Contact #1:

Name: _____ Relation to student _____

Phone number #1 _____ Phone number #2 _____

Contact #2:

Name: _____ Relation to student _____

Phone number #1 _____ Phone number #2 _____

The Patchogue-Medford School Community's Mission is to provide diverse pathways and varied enrichment opportunities that will lead to meaningful learning experiences for all students.



OFFICE OF STUDENT HEALTH SERVICES
 PATCHOGUE-MEDFORD SCHOOLS
 181 Buffalo Avenue
 Medford, NY 11763
 Oregon 631 687-6800
 Fax 631 687-6840

REQUEST FOR SELF-ADMINISTRATION OF MEDICATION ON FIELD TRIPS

Student's Name _____ Grade _____ Date _____

PHYSICIAN STATEMENT

Condition requiring this medicine: _____

Name of Medication: _____

Dosage: _____ Duration: _____

Time(s) of day to be taken: _____

Any side effects? Yes No If yes, what? _____

I certify I have completed the above information.

Physician's signature: _____

Date: _____ Physician's telephone number _____

Affix Physician's stamp here:

I _____ request that _____
 (parent signature) (student's name)

be permitted to carry the medication on their person on field trips, during the _____ school year, as we consider the student responsible. The student has been instructed in and understands the purpose and appropriate method and frequency or use.

Parent/Guardian Statement: I hereby agree not to hold the Patchogue-Medford School District liable for any matter relating to the supervision of the self-medication procedure; it being recognized by me that it is not the responsibility of the school district or administer or supervise the administration of medication to students and that such supervision or self-medication is undertaken by the school district as an accommodation to me and my child _____.
 (student's name)

Name of pharmacy: _____ Telephone number: _____

Signature of Parent/Guardian _____ Date: _____



SCHOOL TRIPS at FROST VALLEY YMCA

Behavior Contract

I understand the following behavior is expected of me while I am at Frost Valley:

1. To cooperate with fellow students, teachers and the Frost valley staff.
2. To accept the responsibility for completing any work assigned to me.
3. To have good manners at all times.
4. To participate in all the activities that I am assigned.
5. To be on time for all activities and meals.
6. To respect the property of others, not to enter anyone's room without their permission and not to touch anyone's property.
7. To remain in the lodges between lights out and the morning wake up call.
8. To keep my room neat and not harm any of the Frost Valley property. If I damage anyone else's property, I will pay for the damages.
9. To respect quiet hours in the lodge from 10:00 pm to 7:00 am, lights out is at 10:00 pm. It is VERY important that I am well rested and ready each day for the full day of activities.
10. To not collect any living things (plant or animal) unless supervised by a Frost Valley Program Instructor for a specific class activity.
11. To go in the lodges alone; I must be accompanied by an adult at all times.
12. To make the trip the most interesting and rewarding by getting involved in the activities and following instructions to the best of my ability.

Anyone who shows that he/she cannot live harmoniously with others, endangers his/her own safety or that of his fellow students, or cannot accept the rules and regulations , will be required to call his/her parents and will be removed from the group and asked to leave Frost Valley.

I have read and understand the above information. I promise to follow these guidelines and be on my best behavior during the trip.

Student's Signature

Parent's or Guardian's Signature

Frost Valley YMCA
2000 Frost Valley Road, Claryville, NY 12725
TEL: 845-985-2291 FAX: 845-985-0056 WEB: frostvalley.org





STUDENT HEALTH FORM

DATE OF TRIP: FROM _____ TO _____

School _____ Lead Teacher _____

Student Last Name _____		First Name _____	
Parent/Guardian's Name _____			
Phone Number: (home) _____		(work) _____	(cell) _____
Home Address _____			
Family Physician _____			Phone _____
Insurance Company _____			ID# _____
In an emergency, if unable to reach parent, contact:			
Name _____		Phone _____	
Name _____		Phone _____	

Health History: (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other

Comments: _____

Any known allergies (Food or Drug): _____

Diet Restrictions _____

Date of Last Tetanus Shot _____

CUT WHEN NEEDED.....

Note: 2 signatures REQUIRED* below

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS

I, the undersigned, parent or legal guardian of (child's name) _____, a minor, am familiar with the program and the general nature of activities planned during their trip to Frost Valley YMCA, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities. I do hereby authorize

(School Name) _____

(Lead Teacher) _____

As our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness. I agree to the release of any records necessary for medical treatment or insurance purposes. This authorization shall remain effective until (day after the last day of the trip) _____ unless sooner revoked in writing delivered by said agent(s).

*Parent/Legal Guardian's Signature _____ Date _____

STUDENT WAIVER OF LIABILITY

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent children which might arise directly or indirectly as a result of, and or participation in, the Frost Valley YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Frost Valley YMCA and all employees and volunteers in their capacities as representatives of the YMCA. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns. This document may be photocopied.

*Parent/Legal Guardian's Signature _____ Date _____

STUDENT MODEL AND STATEMENT RELEASE

Periodically, Frost Valley YMCA uses photos and statements made by participants in Frost Valley YMCA programs for newsletters, fundraising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgement for purposes directly relating to the operations of Frost Valley YMCA. This signed form gives Frost Valley YMCA permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Parent/Legal Guardian's Signature _____ Date _____

Escuela _____ Fecha de viaje De: _____ Hasta: _____
Líder _____

Información de la salud del estudiante

Apellido del estudiante: _____	Nombre: _____	
Nombre de Padre/Guarda: _____		
Teléfono: (Casa) _____	(Trabajo) _____	(Celular) _____
Dirección: _____		
Médico de familia: _____	Teléfono: _____	
Compañía de seguros: _____	# de Identificación _____	
Contactos de emergencia: Nombre: _____	Teléfono: _____	
Nombre: _____	Teléfono: _____	

Historia de Salud: (por favor, marque todos que se apliquen y explíquelos):

<input type="checkbox"/> Asma	<input type="checkbox"/> Lentes/Lentes de contacto	<input type="checkbox"/> Problemas del corazón
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dolencias de consumición	<input type="checkbox"/> Hemorragias nasales
<input type="checkbox"/> Hipertensión	<input type="checkbox"/> Dolencias respiratorios	<input type="checkbox"/> Problemas del oído
<input type="checkbox"/> Ataques epilépticos	<input type="checkbox"/> Sonambulismo	<input type="checkbox"/> Sífilis de pollo
<input type="checkbox"/> Dolores de cabeza	<input type="checkbox"/> Eneuresis	<input type="checkbox"/> Otro

Comentarios:

Alergias sabidas (alimento o droga): _____

Restricciones de la dieta: _____

Fecha de la última vacuno de tétano: _____

Corte aquí cuando es necesario-----uToma Nota: 3 firmas requeridas abajo-----

La autorización de consentir al tratamiento del menor de edad separó temporalmente de su a padres Yo, el infrascrito, el padre o guarda legal de (nombre del niño) _____, un menor de edad, soy familiar con el programa y la naturaleza general de las actividades previstas durante su viaje a Frost Valley YMCA, y al mejor de mi conocimiento la información antedicha está correcta y mi niño/a tiene capaz de participar y el permiso para enganchar a todas las actividades. Autorizo por la presente (Nombre de escuela) _____, (Líder) _____ como nuestros agente(s) a consentir a cualquier procedimiento de diagnóstico o asistencia médica que se juzgue recomendable por, y debe ser rendida bajo supervisión general o especial de cualquier médico autorizado en el hospital más cercano con las instalaciones apropiadas a lesión/a la enfermedad de mi niño/a. Estoy de acuerdo con la liberación de todos los registros necesario para fines de tratamiento o de seguros médicos. Esta autorización seguirá siendo eficaz hasta (el día después del ultimo día de viaje) _____ a menos que más pronto esté revocada en la escritura entregada por los agentes dichos.

Firma de Padre/Guarda: _____ Fecha: _____

Renuncia del estudiante de la responsabilidad

Acepto por la presente cualesquiera y toda la responsabilidad, y asumo el riesgo de cualesquiera y toda la lesión o daño a mis niños dependientes como resultado de quienes pudo presentarse directamente o indirectamente y o la participación en el programa de Frost Valley YMCA. Yo por la presente, expresamente, alivio, descargo y sostengo inofensivo de cualquier responsabilidad Frost Valley YMCA y todos los empleados y voluntarios en sus capacidades como representantes del YMCA, a excepción de lesiones causadas intencionalmente o por mala conducta voluntariosa. Certifico que soy familiar con el contenido de este forma que he leído y entiendo iguales y que mi intención por firmando este forma que igual esté atando no sólo en mí solamente a mis herederos, administradores, ejecutores, sucesores y los asignos. Este documento puede ser fotocopiada.

Firma de Padre/Guarda: _____ Fecha: _____

Estudiante Modelo y Declaración Permiso

Periódicamente, Frost Valley YMCA usa fotos y declaraciones hechas por los participantes en los programas del Frost Valley YMCA para el boletín de noticias, esfuerzos de la obtención de fondos, folletos y artículos sobre Frost Valley YMCA.. Todas las fotos y declaraciones se utilizan con el juicio razonable para los propósitos directamente referentes a las operaciones de Frost Valley YMCA. Este forma firmado da el permiso Frost Valley YMCA del firmante para utilizar las fotos o las declaraciones del participante para los propósitos mencionados anteriormente.

Firma de Padre/Guarda: _____ Fecha: _____



SCHOOL REPRESENTATIVE HEALTH FORM
 (Teachers, Administrators, Chaperones and Parents) *

School Oregon middle School Lead Teacher Mrs. Maureen Desmond

Last Name _____ First Name _____

Date of Birth: _____

Phone number: (home) _____ (work) _____ (cell) _____

Home Address _____

Family Physician _____

In an emergency contact:

Name _____ Phone _____

Health History (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches		<input type="checkbox"/> Other

Comments: _____

Any known allergies (Food or Drug): _____

Diet Restrictions _____

Date of Last Tetanus Shot _____

Please indicate all prescribed and over the counter medications currently taking:

Medication	Dosage	Time	Comments

I am familiar with the program and the general nature of activities planned during the trip to Frost Valley YMCA, and to the best of my knowledge the above information is correct and I am capable of participating in all facility activities.

Signature _____ Date _____

CHAPERONE WAIVER OF LIABILITY

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person which might arise directly or indirectly as a result of, and or participation in the Frost Valley YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Frost Valley YMCA program and all employees and volunteers in their capacities as representatives of the YMCA. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns.

Signature _____ Date _____

CHAPERONE MODEL AND STATEMENT RELEASE

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Signature _____ Date _____



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FROST VALLEY YMCA SCHOOL PROGRAMS

Sample Seasonal Schedules

FALL

DAY ONE

11:00 am Arrive
11:30 am Orientations
12:00 pm Lunch
1:15 pm Project Adventure
3:15 pm Water Ecology
5:00 pm Break
5:30 pm Dinner
7:00 pm Night Awareness
8:45 pm Snack
10:00 pm Lights Out

DAY TWO*

8:00 am Breakfast
9:30 am Apple Cidering
11:30 am Break
12:00 pm Lunch
1:15-5 pm Half Day Hike w/
Forest Ecology
5:00 pm Break
5:30 pm Dinner
7:00 pm Birdman
8:45 pm S'mores
10:00 pm Lights Out

DAY THREE

8:00 am Breakfast
9:30 am Cable Bridge Hike
11:30 am Break
12:00 pm Lunch
1:00 pm Depart for Home

WINTER

DAY ONE

11:00 am Arrive
11:30 am Orientations
12:00 pm Lunch
1:15 pm Project Adventure
3:15 pm Ice Cutting
5:00 pm Break
5:30 pm Dinner
7:00 pm Action Auction
8:45 pm Snack
10:00 pm Lights Out

DAY TWO*

8:00 am Breakfast
9:30 am Snowshoe Hike
11:30 am Break
12:00 pm Lunch
1:15 pm Resource Management
Center (RMC)
3:15 pm Outdoor Living Skills
5:00 pm Break
5:30 pm Dinner
7:00 pm Snakeman
8:45 pm S'mores
10:00 pm Lights Out

DAY THREE

8:00 am Breakfast
9:30 am Cross-Country Skiing
11:30 am Break
12:00 pm Lunch
1:00 pm Depart for Home

SPRING

DAY ONE

11:00 am Arrive
11:30 am Orientations
12:00 pm Lunch
1:15 pm Project Adventure
3:15 pm Maple Sugaring
5:00 pm Break
5:30 pm Dinner
7:00 pm Birdman
8:45 pm Snack
10:00 pm Lights Out

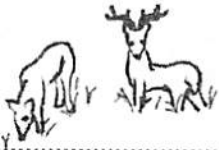
DAY TWO*

8:00 am Breakfast
9:30 am Water Ecology
11:30 am Break
12:00 pm Lunch
1:15-5 pm Half Day Hike
w/ Geology
5:00 pm Break
5:30 pm Dinner
7:00 pm Campfire/s'mores
10:00 pm Lights Out

DAY THREE

8:00 am Breakfast
9:30 am High Falls Hike
11:30 am Break
12:00 pm Lunch
1:00 pm Depart for Home

*For two day trips,
day two is eliminated.



SCHOOL TRIPS PACKING LIST

NOTE: Students should be limited to ONE suitcase or duffle bag.
ALL ITEMS SHOULD BE MARKED WITH YOUR NAME.



Use the handy list below to check off items as you pack them both at home before you come to Frost Valley YMCA and use it again to make sure you don't leave anything behind!

NECESSARY:		
AT HOME	AT FROST VALLEY	
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of underwear
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of socks
<input type="checkbox"/>	<input type="checkbox"/>	pajamas
<input type="checkbox"/>	<input type="checkbox"/>	2 pairs of walking shoes
<input type="checkbox"/>	<input type="checkbox"/>	raincoat
<input type="checkbox"/>	<input type="checkbox"/>	hat or hood
<input type="checkbox"/>	<input type="checkbox"/>	2 warm pants or jeans
<input type="checkbox"/>	<input type="checkbox"/>	1 jacket
<input type="checkbox"/>	<input type="checkbox"/>	1 heavy sweater
<input type="checkbox"/>	<input type="checkbox"/>	warm shirts
<input type="checkbox"/>	<input type="checkbox"/>	light shirts
<input type="checkbox"/>	<input type="checkbox"/>	bath towel
<input type="checkbox"/>	<input type="checkbox"/>	tissues
<input type="checkbox"/>	<input type="checkbox"/>	soap, shampoo
<input type="checkbox"/>	<input type="checkbox"/>	comb or brush
<input type="checkbox"/>	<input type="checkbox"/>	toothbrush & toothpaste
<input type="checkbox"/>	<input type="checkbox"/>	sleeping bag
<input type="checkbox"/>	<input type="checkbox"/>	water bottle
<input type="checkbox"/>	<input type="checkbox"/>	backpack
<input type="checkbox"/>	<input type="checkbox"/>	pillow
<input type="checkbox"/>	<input type="checkbox"/>	flashlight

OPTIONAL:		
AT HOME	AT FROST VALLEY	
<input type="checkbox"/>	<input type="checkbox"/>	slippers
<input type="checkbox"/>	<input type="checkbox"/>	reading materials
<input type="checkbox"/>	<input type="checkbox"/>	writing materials
<input type="checkbox"/>	<input type="checkbox"/>	plastic bags
<input type="checkbox"/>	<input type="checkbox"/>	waterproof boots
<input type="checkbox"/>	<input type="checkbox"/>	wash cloth
<input type="checkbox"/>	<input type="checkbox"/>	binoculars
<input type="checkbox"/>	<input type="checkbox"/>	sunglasses
<input type="checkbox"/>	<input type="checkbox"/>	lip balm/ chap stick
<input type="checkbox"/>	<input type="checkbox"/>	stamps
<input type="checkbox"/>	<input type="checkbox"/>	camera
<input type="checkbox"/>	<input type="checkbox"/>	laundry bag

WINTER GEAR:		
AT HOME	AT FROST VALLEY	
<input type="checkbox"/>	<input type="checkbox"/>	snow pants
<input type="checkbox"/>	<input type="checkbox"/>	boots (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	2 pairs warm mittens/gloves
<input type="checkbox"/>	<input type="checkbox"/>	scarf
<input type="checkbox"/>	<input type="checkbox"/>	winter coat (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	2 pairs extra wool/warm socks
<input type="checkbox"/>	<input type="checkbox"/>	ski hat (must cover ears)
<input type="checkbox"/>	<input type="checkbox"/>	long underwear

* SNEAKERS ARE DISCOURAGED FOR WINTER WEAR

NOT ALLOWED:

- radio/CD player/MP3/MP4 player
- portable TV
- cell phones
- videogames
- knives
- candy or gum
- food
- hair driers
- fireworks
- matches
- pets



FROST VALLEY YMCA
2000 Frost Valley Road, Claryville, NY 12725
TEL 845-985-2291 FAX 845-985-0056 WEB frostvalley.org

