

# LREI

272 6<sup>th</sup> Avenue, New York, NY 10014

## Medical Information for Overnight Trips

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent's Business Phone: \_\_\_\_\_ Parent's Business Phone: \_\_\_\_\_

If parents live in separate homes, please provide:

Parent (1) home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent (2) home address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to give my child any type of emergency treatment that may be necessary, with the understanding  
that family will be notified as soon as possible.

\_\_\_\_\_  
(Signature of Parent or Guardian)

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

### Medical History

A. Immunizations (Please include most *recent* date)

DPT \_\_\_\_\_

Polio \_\_\_\_\_

MMR \_\_\_\_\_

HIB \_\_\_\_\_

Other \_\_\_\_\_

B. Other conditions (Please circle and explain)

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Rheumatic fever \_\_\_\_\_

Convulsions \_\_\_\_\_

Dietary Needs \_\_\_\_\_

**\*ANY REQUIRED MEDICATION MUST BE GIVEN TO THE ADULT IN CHARGE IN THE ORIGINAL PRESCRIPTION BOTTLE AND BE ACCOMPANIED BY WRITTEN INSTRUCTIONS.**

(Please turn over)

1. **Child's allergies (e.g. Medications, insects, food, etc.), if any:** \_\_\_\_\_

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2. **Describe reaction:** \_\_\_\_\_

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3. **Usual treatment (i.e. Epipen, Benadryl 25 mg., etc.):** \_\_\_\_\_

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4. **Medicine child is taking (List schedule of medications):** \_\_\_\_\_

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5. **Can your child have Tylenol or Benadryl as needed?**

Tylenol:     \_\_\_ yes     \_\_\_ no

Benadryl:   \_\_\_ yes    \_\_\_ no

6. **Insurance Company:** \_\_\_\_\_

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**Group Number:** \_\_\_\_\_     **Identification:** \_\_\_\_\_

7. **Phone number/s where you can be reached:** \_\_\_\_\_

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8. **Any other information (i.e. night care, bed-wetting, food idiosyncrasies, motion sickness, etc.) that is important for us to know in caring for your child:** \_\_\_\_\_

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**Medication Dispensation on Trips**

Please fill out and sign if your child takes medication on a DAILY or AS  
NEEDED basis:

<b>DAILY MEDICATION</b>			
Time of Day	Medicine	Quantity	Directions for Use

<b>AS NEEDED MEDICATION</b>			
Symptoms	Medicine	Quantity	Directions for Use

**PLEASE SEND ALL MEDICINE IN ITS ORIGINAL CONTAINER.  
ALL PRESCRIPTION MEDICINE MUST BE IN THE ORIGINAL PRESCRIPTION  
CONTAINER AND PLACED IN A ZIPLOCK BAG.**

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**Child's Name**

**Parent's Name**

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**Parent's Signature**

**Date**

## MANHATTAN COUNTRY SCHOOL FARM TRIP SPECIAL NEEDS

The areas listed below are ones we have found need to be shared with staff. If you have additional ones please add them.

This information is vital in order to ensure a safe and happy trip for your child.

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

Dietary Needs (we will provide alternatives): \_\_\_\_\_

Non-dairy: \_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

\_\_\_\_\_

Other Allergies: \_\_\_\_\_

\_\_\_\_\_

Asthma: \_\_\_\_\_

\_\_\_\_\_

Bee Stings – Bring kit and/or EpiPen for sting reaction: \_\_\_\_\_

\_\_\_\_\_

Birthdays during farm stay – we will recognize birthdays with a special meal setting and dessert:

\_\_\_\_\_

\_\_\_\_\_

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Payment Form

I can pay \$\_\_\_\_\_ for the cost of the trip for my  
child \_\_\_\_\_.

I will also contribute an additional \$\_\_\_\_\_, which will be  
allotted to the per capita cost of the trip.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

**PLEASE RETURN ALL FORMS TO TRACIE MCGEE IN THE BUSINESS  
OFFICE AT OUR 6<sup>TH</sup> AVENUE CAMPUS.**

## PACKING CHECKLIST

### THIRD GRADE TRIP TO THE MANHATTAN COUNTRY SCHOOL FARM

- 1 warm jacket with hood (or hat)
- 1 raincoat with hood or hat
- 1 pair of gloves or mittens
- 1 pair of comfortable, strong, insulated, waterproof boots (Must fit well—no vinyl fashion boots or treated leather.)
- 1 pair of sturdy shoes or work boots
- 1 pair of “wet shoes” (old sneakers for wading)
- 1 pair of slippers or extra sneakers for indoor use

- 3 pairs of wool or heavy weight socks
- 3 pairs of lightweight socks
- Underwear for 5 days
- 2 pairs of long pajamas
- 3 t-shirts
- 3 long-sleeved shirts
- 3 pairs of jeans or thick pants
- 1 heavy sweater
- 1 lightweight sweater or sweatshirt

- 1 lightweight sleeping bag  
OR

- 1 twin flat sheet (The farm will provide bottom sheet and blankets.)
- 1 pillowcase
- 1 towel, plus minimum toiletries necessary
- 1 washcloth
- 1 flashlight
- 1 small stuffed animal
- 1 disposable camera, with flash
- At least one book
- Any medications needed, including motion-sickness pills such as Dramamine
- 1 **fully disposable** bag lunch—carried separately on the bus, not in duffle (The farm provides bag lunches for the return trip.)

- Remember to mark all items, including those worn to the farm, with your child's name.
- Pack these items in a duffle bag. Trunks and suitcases are not conducive to roughing it. Sleeping bags should be packed separately.
- No radios, tape players, walkmen, cell phones or mechanical games are permitted. Our rule is firm: if it needs a battery or has a plug, it stays home.
- No candy allowed and no money necessary.

Finally, let us know if you need any equipment. It can be borrowed from other families or the Farm. Be sure that the bag you choose will be adequately large. Your children will be packing themselves for the return trip.