

LREI

272 6th 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:** _____

2. **Describe reaction:** _____

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

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

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

Tylenol: ___ yes ___ no

Benadryl: ___ yes ___ no

6. **Insurance Company:** _____

Group Number: _____ **Identification:** _____

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

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:

DAILY MEDICATION			
Time of Day	Medicine	Quantity	Directions for Use

AS NEEDED MEDICATION			
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.**

Child's Name

Parent's Name

Parent's Signature

Date

HAWTHORNE VALLEY 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 6TH AVENUE CAMPUS.**

PACKING LIST

FOURTH GRADE TRIP TO HAWTHORNE VALLEY FARM

Packing Checklist

- 1 pair of rubber boots
- 1 pair of slippers or sneakers for indoors
- 1 pair of outdoor shoes
- 1 raincoat with hood or hat
- 1 warm jacket
- 1 pair of work gloves (or an extra pair of stretchy, well-fitting gloves)
- 1 pair of gloves
- 1 scarf

- 2 pairs of wool or heavyweight socks
- 4 pairs of lightweight socks
- Underwear for 5 days
- 2 pairs of long pajamas
- 4 long-sleeved tops
- 3 pairs of jeans or thick pants
- 2 sweaters

- 1 lightweight sleeping bag or sheets
- 1 pillowcase
- 1 towel, plus minimum toiletries necessary
- 1 bag for laundry
- 1 large plastic bag for packing muddy boots on the trip home
- 1 flashlight, extra batteries
- A small stuffed animal
- A disposable camera, with flash
- At least one book
- Any medications needed, including motion-sickness pills such as Dramamine

- ❖ Remember to mark all items, including those worn to the farm, with your child's name.
- ❖ Pack all items in a duffel bag. Trunks and suitcases are difficult to manage. Sleeping bags should be packed separately.
- ❖ If you err, err on the side of keeping your child warm and dry, not occupied with toys. A wet child is a miserable one.
- ❖ No radios, tape players, walkmen, or mechanical games are permitted. Our rule is firm: if it needs a battery or has a plug, it stays home.
- ❖ No food, candy or money.

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