



## The Walnut Ridge School

P.O. Box 190, 625 County Rd 517 Vernon, NJ 07462 / (P) 973-761-2801 / (F) 973-764-0066  
**Joseph S. Piccirillo**, District Director of Special Projects/Principal  
[www.vtsd.com](http://www.vtsd.com)

January 17, 2019

Dear Parents and Guardians:

As you may know, over the past several years, our district has worked very hard to expand curricular offerings PK-12 that reflect the changing landscape of our global economy. This has led us to expand our technology and robotics offerings, extend our 1:1 chromebook initiative, create more middle school electives, promote Genius Hour initiatives and other innovative curricular best practices, and develop high school CTE programs. Each CTE program is focused on college and career pathways and aimed at equipping students with the tools they need to succeed after high school. To date, our HS has nine CTE programs: Allied Health, Computer Science, Construction/Facilities/Maintenance (CFM), Cosmetology, Engineering, Graphic Design, Hospitality Management, Marketing, and Music Production.

The strength of our CTE programs lies in their ability to connect school to the interests and life of the student. This happens to also be one of the main strengths of our PreK *Tools of the Mind* curriculum. Each day at The Walnut Ridge School our students play in themed centers that are designed to build upon skills and vocabulary that connect to their everyday life. We are just now in the midst of our Grocery theme! Therefore, it is fitting that we bring our HS and PreK students together annually for this special event!

On February 7, 2019, our students will have the opportunity to experience CTE programs geared for preschoolers during a field trip to VTHS. During this trip, our students will work in centers that will be created and run by current high school CTE students. It is a great way for our youngest students and oldest students to learn from each other and to help begin the process of empowering each PreK child's preferred future! Last year's CTE-Preschool field trip was a huge success and we are excited to repeat the experience again this year.

Please return the attached permission form by February 4, 2019. We are looking forward to a fun-filled day of learning and exploration.

Sincerely,  
The Walnut Ridge School Preschool Team

**VERNON TOWNSHIP PUBLIC SCHOOLS FIELD TRIP APPROVAL**

Consent is hereby given for my son/daughter, \_\_\_\_\_ to go on the following field trip as described below.

Grade: <b>Preschool PM</b>	Date: <b>Thursday, 2/7/19</b>	Teacher:
Location: <b>Vernon Township High School</b>	Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>	
Departure Time From School: <b>1:10 PM</b>	Return Time: <b>3:00 PM</b>	
Supervised by the Vernon Township School District's: <b>Teachers and Aides</b>		
Return this form to child's homeroom teacher by: <b>Monday, 2/4/19</b>		
Means of Transportation: <b>School Bus</b>		
Cost: <b>N/A</b> Cash or Checks payable to: <b>N/A</b>		

**IMPORTANT – Should pick-up be required at school, please indicate the name of the person (if other than the parent/guardian) to pick up your child.**

My child will be picked up by:

**Vernon Township Public Schools are not responsible for claims for payment of medical bills arising out of their child's participation in the trip. PLEASE FILL OUT BELOW BEFORE RETURNING FORM!**

Child's Name:	Phone #:
Parent's Work Phone #:	Parent's Cell Phone #:
Emergency Contact Name:	Emergency Phone #:
Family Doctor's Name:	Doctor's Phone #:

**\*\*STUDENT MEDICAL INFORMATION (please check all that apply with explanation if necessary) \*\***

- Allergies (nuts, hives, bee sting allergy, asthma?)
- Do any allergies require a pre-filled auto-injector mechanism (EPI-Pen)
- Neurological problems (seizures, fainting?)
- Prescription/OTC Medications currently taken on a regular basis\* (please list)
- Heart problems (chest pains, palpitation, high or low blood pressure)
- Head injuries (concussion, loss of consciousness, frequent headaches)
- Any serious injuries or operations?

**\*ALL medications, whether over the counter or prescription, must be in the original prescription bottle. Doctor's notes MUST be provided for all medications and all medications must be given to the nurse prior to the day of the trip. Self-administration notes are to state "for purpose of the trip only".**

If not already provided to the District, parents must provide the Board of Education/school/teacher with a written authorization from the student's physician for the self-administration of the above types of medications. This authorization must state that the student has a potentially life threatening illness or allergy **and is capable of and has been instructed in the proper use of the medication. \*\*PARENTS MUST CONTACT THE SCHOOL NURSE IF THEIR CHILD HAS AN EPI-PEN SO THAT A DELEGATE CAN BE ASSIGNED FOR THE TRIP. IF THE PARENT DOES NOT CONTACT THE SCHOOL NURSE THEN A DELEGATE CAN NOT BE ASSIGNED. FORMS CAN BE OBTAINED FROM THE SCHOOL NURSE**

In consideration of my child's participation, I hereby release and forever discharge the Vernon Township Board of Education and its agents from any present and future claims by reason of any damage, loss, injury or suffering, known and unknown (except for claims based upon the intentional or reckless misconduct of any Board employee), which may be sustained by my child as a consequence of his/her participation in the above field trip, including but not limited to, any personal injury or wrongful death arising from negligence.

And furthermore, I hereby expressly stipulate and agree, that in consideration of my child participating in the above field trip, I indemnify and hold forever harmless the Vernon Township Board of Education and its agents against loss for any claims, demands or actions in law or in equity (except for claims based upon the intentional or reckless misconduct of any Board employee) that may be made by said minor or by anyone on his/her behalf.

> **Signature (Parent/Guardian):**

**Date:**

Save this part for future reference

CUT HERE-----CUT HERE

Grade: <b>Preschool</b>	Date: <b>Thursday, 2/7/19</b>	Teacher:
Means of Transportation: <b>School Bus</b>	Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>	
Cost: <b>N/A</b>	Departure Time from School: <b>1:10 PM</b> Return Time: <b>3:00 PM</b>	

**VERNON TOWNSHIP PUBLIC SCHOOLS FIELD TRIP APPROVAL**

Consent is hereby given for my son/daughter, \_\_\_\_\_ to go on the following field trip as described below.

Grade: <b>Preschool AM</b>	Date: <b>Thursday, 2/7/19</b>	Teacher:
Location: <b>Vernon Township High School</b>	Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>	
Departure Time From School: <b>9:45 AM</b>	Return Time: <b>11:45 AM</b>	
Supervised by the Vernon Township School District's: <b>Teachers and Aides</b>		
Return this form to child's homeroom teacher by: <b>Monday, 2/4/19</b>		
Means of Transportation: <b>School Bus</b>		
Cost: <b>N/A</b> Cash or Checks payable to: <b>N/A</b>		

**IMPORTANT – Should pick-up be required at school, please indicate the name of the person (if other than the parent/guardian) to pick up your child.**

My child will be picked up by:

**Vernon Township Public Schools are not responsible for claims for payment of medical bills arising out of their child's participation in the trip. PLEASE FILL OUT BELOW BEFORE RETURNING FORM!**

Child's Name:	Phone #:
Parent's Work Phone #:	Parent's Cell Phone #:
Emergency Contact Name:	Emergency Phone #:
Family Doctor's Name:	Doctor's Phone #:

**\*\*STUDENT MEDICAL INFORMATION (please check all that apply with explanation if necessary) \*\***

- Allergies (nuts, hives, bee sting allergy, asthma?)
- Do any allergies require a pre-filled auto-injector mechanism (EPI-Pen)
- Neurological problems (seizures, fainting?)
- Prescription/OTC Medications currently taken on a regular basis\* (please list)
- Heart problems (chest pains, palpitation, high or low blood pressure)
- Head injuries (concussion, loss of consciousness, frequent headaches)
- Any serious injuries or operations?

**\*ALL medications, whether over the counter or prescription, must be in the original prescription bottle. Doctor's notes MUST be provided for all medications and all medications must be given to the nurse prior to the day of the trip. Self-administration notes are to state "for purpose of the trip only".**

**If not already provided to the District, parents must provide the Board of Education/school/teacher with a written authorization from the student's physician for the self-administration of the above types of medications. This authorization must state that the student has a potentially life threatening illness or allergy and is capable of and has been instructed in the proper use of the medication. \*\*PARENTS MUST CONTACT THE SCHOOL NURSE IF THEIR CHILD HAS AN EPI-PEN SO THAT A DELEGATE CAN BE ASSIGNED FOR THE TRIP. IF THE PARENT DOES NOT CONTACT THE SCHOOL NURSE THEN A DELEGATE CAN NOT BE ASSIGNED. FORMS CAN BE OBTAINED FROM THE SCHOOL NURSE**

In consideration of my child's participation, I hereby release and forever discharge the Vernon Township Board of Education and its agents from any present and future claims by reason of any damage, loss, injury or suffering, known and unknown (except for claims based upon the intentional or reckless misconduct of any Board employee), which may be sustained by my child as a consequence of his/her participation in the above field trip, including but not limited to, any personal injury or wrongful death arising from negligence.

And furthermore, I hereby expressly stipulate and agree, that in consideration of my child participating in the above field trip, I indemnify and hold forever harmless the Vernon Township Board of Education and its agents against loss for any claims, demands or actions in law or in equity (except for claims based upon the intentional or reckless misconduct of any Board employee) that may be made by said minor or by anyone on his/her behalf.

> Signature (Parent/Guardian):

Date:

Save this part for future reference

CUT HERE-----CUT HERE

Grade: <b>Preschool</b>	Date: <b>Thursday, 2/7/19</b>	Teacher:
Means of Transportation: <b>School Bus</b>	Purpose of Trip: <b>Enrich Tools of the Mind Curriculum</b>	
Cost: <b>N/A</b>	Departure Time from School: <b>9:45 AM</b> Return Time: <b>11:45 AM</b>	