



Dear Parents,

Welcome to Craig Summer School! We are pleased your child will be joining us and are looking forward to a productive session. So that our morning academic and afternoon enrichment programs run effectively and proficiently, **we require summer forms** be kept on record for each student and be completed as follows: Please return these forms by June 17, 2019

- #1 TRANSPORTATION form- needs to be completed for everyone
- #2 SUMMER EMERGENCY form- needs to be completed for everyone (including current Craig students)
- #3 AUTHORIZATION TO ADMINISTER MEDICATIONS-needs to be completed for any child if medication is to be administered-must be signed by parent and physician
- #4 EMERGENCY PLAN FOR ALLERGIC REACTION-needs to be completed for any child who requires emergency medication (limited to EPI-PEN and/ or inhaler) for an allergic reaction
- #5 ENRICHMENT MEDICAL CLEARANCE -needs to be completed for any child who is NOT currently a Craig School student.

\*Note to Craig School parents: at the start of every academic year in September, it's required that each student has an updated physical exam and current immunization record here at the school. These forms can be found on our school website under 'parents' tab and are not due at Craig until September.

***Important information for rising 6th graders: One of the NJ immunization requirements for pupils in schools mandates that upon entering 6<sup>th</sup> grade the student have documentation of receiving the Meningitis vaccine and a Tetanus booster. Please see that your child's medical records are in compliance with this regulation when submitting documents at the start of the school year.***

Please contact me if you have any questions, and return these forms ASAP and no later than the start of camp, to the main office.

Ellen Meisenbacher RN BSN CSN

Craig School Nurse

973-334-4375 x107 [emeisenbacher@craigschool.org](mailto:emeisenbacher@craigschool.org)



# THE CRAIG SCHOOL

## TRANSPORTATION INFORMATION SUMMER 2019 BUS COMPANIES/CAR POOLS

We are sure that you are aware of the importance of maintaining a current and accurate account of phone numbers should it become necessary to contact the bus companies or /other form of transportation. If any of the following information changes throughout the school year, please call the office or send a note.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Co: \_\_\_\_\_ Other (Veh. description): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_

Bus driver's cell phone: ( ) \_\_\_\_\_

Names of students in car pool: \_\_\_\_\_  
\_\_\_\_\_

Car Pool driver's name: \_\_\_\_\_

Car Pool's driver cell phone: ( ) \_\_\_\_\_

Contact person (if bus or car pool unavailable): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date form completed: \_\_\_\_\_



*The Craig School*  
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Mountain Lakes, NJ 07046  
*Janet M. Cozine, Director*

973 334-4375

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[www.craigschool.org](http://www.craigschool.org)

May 1, 2019

Dear Parents,

There are children attending The Craig School who have severe allergies to nuts, nut butters or nut oils (especially peanuts and peanut butter). Please be aware that we are a ***PEANUT-FREE SCHOOL***. To protect our students from potential health issues, food items containing nuts, nut butters, or nut oils are **NOT ALLOWED** at The Craig School.

Please note, because of food allergies we are asking if you would please give the school a day's notice if sending in food products.

Thank you for your cooperation.

Sincerely,  
Janet Cozine and Niles Furlong



# THE CRAIG SCHOOL

## SUMMER EMERGENCY/ MEDICAL INFORMATION

Student's Name: \_\_\_\_\_ Student's age: \_\_\_\_\_ Student's grade: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Parent 1-work phone: ( ) \_\_\_\_\_ Parent 2- work phone: ( ) \_\_\_\_\_

Parent 1- cell phone: ( ) \_\_\_\_\_ Parent 2- cell phone: ( ) \_\_\_\_\_

Contact person (if parent unavailable): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2<sup>nd</sup> Contact : \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Hospital affiliation: \_\_\_\_\_ Address: \_\_\_\_\_

List any and all prescription medication you give your child including dosage and time:

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

Other relevant information in case of emergency (e.g., past medical history):

Date of most recent physical exam \_\_\_\_\_

*\*\*If any information changes during the school year or summer program, please call the office or send a note.*

**In case of medical emergency I will be called. In the event that a parent or guardian cannot be reached, I agree that The Craig School staff will make any medical decision deemed necessary. I agree to assume the financial responsibility for such treatment.**

Signature of Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED FOR ALL STUDENTS AND RETURNED ASAP**





# THE CRAIG SCHOOL

## EMERGENCY PLAN FOR ALLERGIC REACTIONS

When School Nurse is absent and student is unable to self-administer EPI-PEN

STUDENT: \_\_\_\_\_

DOB: \_\_\_\_\_

**ALLERGEN:**

1. If stung by an insect: \_\_\_\_\_
2. After ingesting: \_\_\_\_\_
3. After exposure to: \_\_\_\_\_

**ACTION TO BE TAKEN BY CAREGIVER** (Select with "X", as pertinent to student's procedure)

1. Monitor student for signs of Anaphylaxis for 30 minutes under direct observation.  
Symptoms may include:
 

<ol style="list-style-type: none"> <li>a. Sneezing, wheezing or coughing</li> <li>b. Shortness of breath or tightness of chest; difficulty in or absence of breathing</li> <li>c. Itching, with or without hives, raised red rash on any area of the body</li> <li>d. Difficulty swallowing</li> <li>e. Swelling of eyes, lips, face, tongue, throat or elsewhere</li> <li>f. Hoarseness</li> <li>g. Sweating or anxiety</li> <li>h. Nausea, abdominal pain, vomiting &amp; diarrhea</li> <li>i. Dizziness and/or fainting</li> </ol>	<ol style="list-style-type: none"> <li>j. Involuntary bowel/bladder emptying</li> <li>k. Sense of impending disaster or approaching death</li> <li>l. Rapid or weak pulse</li> <li>m. Skin flushing or extreme paleness</li> <li>n. Burning sensation, especially face or chest</li> <li>o. Blueness around lips, inside lips, eyelids</li> <li>p. Loss of consciousness</li> </ol>
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2. When any of the above signs are present, caregiver should immediately give EPI-PEN according to the attached procedure:  
Caregiver: \_\_\_\_\_

3. Call 911 for transport to hospital
4. Begin CPR for absent breathing/pulse
5. Scrape stinger away immediately, apply ice to sting bite
6. Notify parents

DOES NOT APPLY

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Parent/Guardian Telephone Number

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Telephone Number



# THE CRAIG SCHOOL

## THE CRAIG SCHOOL ENRICHMENT AFTERNOON SESSION MEDICAL CLEARANCE FORM

### I. TO BE COMPLETED BY A PARENT

Camper's Name		DOB		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City/State		Postal Code
Emergency Contact #1	Name:	Home #:	Cell #:	Work #:	
	Relationship:				
Allergies (please list)					
Health History		<input type="checkbox"/> Mumps <input type="checkbox"/> Diabetes	<input type="checkbox"/> German Measles <input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles <input type="checkbox"/> Epilepsy	
Operations or serious injuries			Disabilities or chronic illness		
Dietary problems or modifications			Current Medication		

**PARENT AUTHORIZATION:** I certify that the individual named above is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible I give permission for emergency transport and medical attention to be administered.

Parent's Signature

Date

### II. TO BE COMPLETED BY A PHYSICIAN

Height		Weight		Blood Pressure	
Eyes		Heart		Extremities	
Ears		Throat			
Hernia		Lungs		Skin	
Nose		Abdomen		Posture	
Any physical disabilities?					
Are there any medications to be administered at camp?		<input type="checkbox"/> No		Specify Dose Allergies	
Restricted Activities					

*Please attach a signed/stamped copy of the most recent immunization record.*

**PHYSICIANS AUTHORIZATION:** I have examined the above named camper. It is my opinion that he or she may participate in all activities, except as noted.

Physician Signature

Date

Phone Number

Address



The Mountain Lakes Police Department has recommended the following procedures for the morning drop-off and afternoon pick-up:

- ❖ All vehicles enter Laurel Hill Road from Martin's Lane and travel south on Laurel to the School.
- ❖ All vehicles turn left onto Tower Hill Road when exiting the school driveway.
- ❖ Buses may drop off in school driveway, but they must pick-up at Island Beach.
- ❖ Our driveway/parking area is ONE WAY ONLY.
- ❖ Numbered parking spaces are for Craig employees only.
- ❖ Visitor parking is for up to one hour. If you are staying at the school longer, please park across the street at the beach.
- ❖ Tower Hill Road is off limits on both sides of the street for parking, stopping and standing.
- ❖ Laurel Hill Road is off limits for parking, stopping and standing.
- ❖ Due to the congestion of the parking lot, we ask that you do not leave your car unattended.
- ❖ Please make every effort to keep the car line moving.
- ❖ Do not block cars in the parking lot.
- ❖ Please continue using Martin's Lane traffic pattern. Tower Hill Road is a one-way (out) between 2:20PM and 3:20PM. This is enforced by the Mountain Lakes Police Department.

*Please Note:*

- ❖ Our driveway/parking area is ONE WAY ONLY

