



Excellence in K-12 Public Education

Reed-Custer Community Unit School District #255

Principal
Shane Trager

Assistant Principal
Chad Klover

April 1, 2019

Dear Parents/Guardians,

On **Friday, April 12**, the seventh grade class will be going to Old Smokey Park in Braidwood as part of our Panther Time character education program. We will spend the afternoon cleaning the park to get it ready for the spring and summer seasons. Our goal is to teach the students about the importance of citizenship, and then give them an active way to practice this character trait in their community.

Busses will be leaving the middle school at **11:30 (after an early lunch)** and will return around **2:15 P.M.** – just in time for band/choir. During our time at the park, we will be cleaning, picking up trash, raking leaves and sticks, and doing some light painting. Since they will be working, we ask that all students wear old work clothes and shoes that can get dirty. There is a good possibility that the park will be muddy, so students should dress accordingly. Please make sure your child wears a jacket or hoodie that day, as temperatures are likely to be cool. We will provide canvas work gloves for the students, but they may bring their own if they prefer. Students might want to bring a water bottle and a small snack for the afternoon.

Please complete the attached **medical form** for this activity and have your child return it to his or her **3rd hour teacher** by **Friday, April 5**. Thank you for your support in teaching our students the value of citizenship and community service. If you have a chance, stop by the park during Easter Break to see what a nice job they've done!

Sincerely,

The Seventh Grade Team



Student: _____ DOB: _____ School Year: _____

School (circle one): RCES RCMS RCHS Grade: _____ Teacher: ^{PT} _____

Field Trip Location: Clean-Up Old Smokey-Braidwood

Parent/Guardian & Phone(s): _____

Physician Name & Phone(s): _____

Dear Parent/Guardian:

If your student has any specific health or medication concerns of which we should be aware of, please check the appropriate boxes below and supply any necessary information regarding the concerns.

Check all that apply:

<input type="checkbox"/>	My student does not have any health or medication concerns.
<input type="checkbox"/>	My student has a known health condition and there are medical instructions and/or medication at school. Please follow the instructions as indicated. <i>Medical conditions with activity restriction's require a clearance from your health care practitioner.</i>
<input type="checkbox"/>	My student has a known health condition and there are medical instructions and/or medication at school. Please follow the instructions as indicated.
<input type="checkbox"/>	My student has a known health condition and does not have current medication or a medical device at school. I hereby give permission for the teacher to supervise the administration of one or more of the following medications: <i>I will send the following medication along with my student:</i> <input type="checkbox"/> Inhaler <input type="checkbox"/> Glucometer/Snacks <input type="checkbox"/> RX medication _____ <input type="checkbox"/> Epi-pen <input type="checkbox"/> Nebulizer & Equipment <input type="checkbox"/> Other: _____
<input type="checkbox"/>	Comments/additional instructions: _____ _____

Parent/Guardian signature: _____ Date: _____