



Excellence in K-12 Public Education

Reed-Custer Community Unit School District #255

Principal
Shane Trager

Assistant Principal
Chad Klover

March 15, 2021

Dear Parents/Guardians,

On **Friday, April 16**, 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 **9:30 (after PE/Exploratories)** and will return at **11:45 AM** – just in time for lunch. During our time at the park, we will be cleaning, picking up trash, raking leaves and sticks. 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 morning.

Please complete the attached **medical form** for this activity and have your child return it to his or her **3rd hour teacher by Friday, March 26th**. Thank you for your support in teaching our students the value of citizenship and community service

Sincerely,

The Seventh Grade Team



Student: _____ DOB: _____ School Year: Spring 2021

School (circle one): RCES **RCMS** RCHS Grade: 7 **PT** Teacher: _____

Field Trip Location: Old Smokey Park, 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. Medical conditions with activity restriction's require a clearance from your health care practitioner.
<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 will send the following medication along with my student: <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: _____