



Eleanor Roosevelt High School

411 East 76th Street • New York, NY 10021 • Tel: 212.772.1220 • Fax: 212.772.1440
Dimitri Saliani, Principal www.erhsnyc.org

August 2018

Dear 9th Grade Students and Families,

Each year our 9th grade kicks-off four years of high school with an overnight trip to Ramapo Anchorage Camp. This year the trip is scheduled for **Thursday-Friday, September 20-21**. Ramapo Anchorage is located in the Hudson Valley region of New York, 95 miles north of New York City, just east of the town of Rhinebeck. The camp is a modern facility with dormitory bunkhouses. This two-day, one-night experience, led by professional staff from Ramapo and ERHS, emphasizes environmental science, outdoor skills, and community building. We will depart ERHS at 7:30am Thursday and return Friday near the close of the school day.

Prior to arriving at the camp, we will make a stop at the Franklin Delano Roosevelt Presidential Library and Museum. Students will explore artifacts and documents that give a glimpse into First Lady Eleanor Roosevelt's impact on the United States and global community.

The cost of the trip, including transportation, use of all facilities, and meals, is \$150 per student. If the cost of the trip poses a financial burden, please contact **Ms. Randi Damesek**, Assistant Principal, at (212)772-1220 ext. 1101 or rdamesek@erhsnyc.net to make arrangements for assistance. Any information disclosed regarding your family and financial situation will be kept strictly confidential. Families who can supplement the cost of another child's trip are encouraged to do so, and we thank you, in advance, for your generosity. This trip is an integral part of the ERHS experience and we expect every 9th grade student to participate.

Please complete the permission slip and have your child return it to his/her advisor on the first day of school, **Wednesday, September 5**. Please clearly indicate any dietary restrictions, allergies, physical limitations, and medications. Upon arrival at Ramapo, staff will collect all medications and administer them according to instructions. All medication must be in its original container, labeled with your child's name, the name of the medication, frequency and dosage of administration, and the prescribing physician's contact information.

Most camp activities are conducted outdoors in all weather conditions. Expect the temperature to be about 10 degrees cooler than it is in New York City, and pack accordingly. We suggest the following items:

<i>Extra sets of undergarments</i>	<i>Bath towel</i>	<i>Book</i>	<i>Rain poncho</i>
<i>Extra pairs of socks</i>	<i>Toiletries</i>	<i>Flashlight</i>	<i>Sweatshirt or jacket</i>
<i>Comfortable clothing</i>	<i>Pajamas</i>	<i>Pillow</i>	<i>Sneakers</i>

Mark all items with student's name and advisor. Ramapo Camp is an electronics-free camp, so please note that the use of portable electronic, game, and mobile devices are not allowed while at the camp.

We look forward to a wonderful experience that will support our community vision. Please contact your child's advisor if you have any questions.

Sincerely,

Dimitri Saliani
Principal



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PERMISSION SLIP FOR TRIP TO RAMAPO ANCHORAGE CAMP Thursday, September 20 – Friday, September 21, 2018

Name of Student _____	Student's Cell Phone _____
Name of Parent/Guardian _____	Parent/Guardian's Cell Phone _____
Name of Advisor _____	Parent/Guardian's Home Phone _____
	Parent/Guardian's Work Phone _____

Please make checks or money order for \$150 payable to **Eleanor Roosevelt High School**.

- My child has permission to attend. Enclosed is \$150.
- Additionally, we would like to assist another student in the cost of attending the trip. Enclosed is additional funding.
- My child has permission to attend. We have concerns about financing the trip and have spoken to Ms. Randi Damesek. Enclosed is a partial payment in the amount of \$_____.

Name of Parent/Guardian _____ Signature _____ Date _____

REQUIRED PARTICIPANT INFORMATION AND CONSENT

Each participant must provide the requested information to take part in the activities at Ramapo Anchorage Camp.

Participant Name _____	Emergency Contact Name _____
Participant Address _____	Emergency Contact Address _____
Participant Phone _____	Emergency Contact Phone _____

Participant health/accident insurance carrier name and policy number _____

Please indicate any dietary restrictions and allergies:

Please describe any limiting injuries, illnesses, or disabilities that may interfere with taking part in a physically active, outdoor adventure program that may include collaborative and competitive games, running, climbing, and hiking:

Please describe any medications to be taken during the trip.

Name of medication _____	_____	_____
Frequency and dosage _____	_____	_____
Prescribing physician _____	_____	_____
Physician's Phone _____	_____	_____

I attest that the above information is correct. The person herein described has permission to engage in all camp activities except as noted on this form. In the event I cannot be reached in an emergency, I hereby give permission to Eleanor Roosevelt High School to secure treatment, including necessary related transportation for the person named above.

Name of Parent/Guardian _____ Signature _____ Date _____