

A scenic view of a lake with people kayaking and a dock with a building in the background. The text is overlaid on the image.

# Welcome Senior Parents

Senior Trip meeting

March 16, 2022



A large, diverse group of young people are gathered together, cheering and making peace signs. They are in a dimly lit room with blue stage lights in the background. The text "We are going to YMCA Camp Cory!!!!" is overlaid in white, and "June 3-5, 2022" is overlaid in yellow.

**We are going to  
YMCA Camp Cory!!!!**

**June 3-5, 2022**

# Introductions

Mr. Widor, Principal

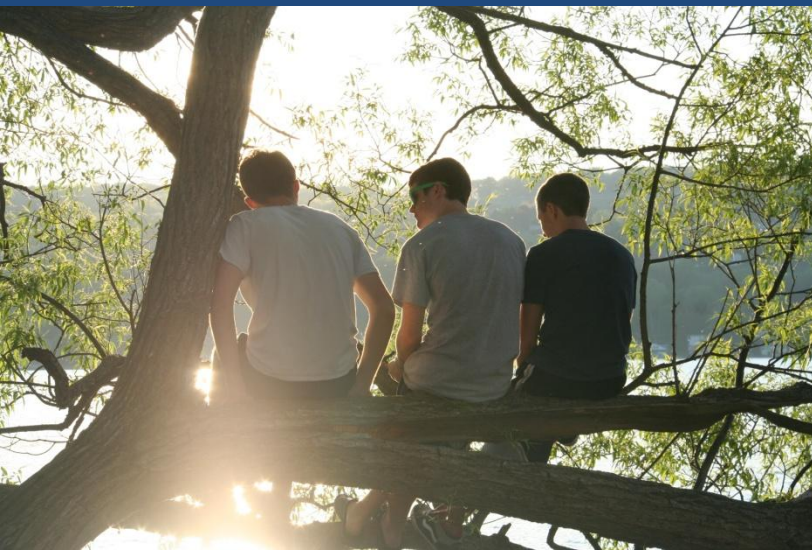
Mrs. Jurs, Advisor

Mr. Clarcq, Advisor





*“It’s not about where you are, it’s about who you are with”*









# The trip includes:

- 6 meals and snacks
- Lodging for two nights
- Transportation
- Concert, Midnight Breakfast, Ice Cream Bar, Outdoor Movies

- Activities

- Climbing and zip line
- Paddleboard
- Swimming
- Canoe/kayaking
- Water/Mud Slide
- Arts and crafts – TIE DYE SOUVENIR
- Senior Class Water Bottle
- Camp fires and Smores
- Plus other fun activities!!!!

All for \$130.00

# Trip Overview

## Day 1

- Leave for Camp Cory  
10:30
- Lunch at 12:00
- Open Programs in  
the afternoon
- Dinner @ 6
- Midnight Breakfast  
at 10:00



## Day 2

- Breakfast 8-9
- Open programs 10-12
- Lunch @12:00
- Open Program 1-5
- Waterslide 1:30ish
- Dinner @ 6
- The Food Eating Contest-  
7:30
- Ice Cream Bar 9-10
- Maelware Concert in the  
Boathouse (Nathan?)

## Day 3

- Breakfast 8-9
- Cabin and Camp  
Cleanup
- Buses Arrive at 10
- Back at school by noon.





Or...

*You can do nothing.*

# Senior Trip Luggage Info!!

- All luggage must be dropped off anytime before 3:30 pm on June 2 to the Senior Lounge for screening. All bags will be searched. The room will be secured all day and overnight.
- Students are allowed one carry on bag and a pillow for the ride down Friday morning.
- No homemade goods or beverages allowed. Only store bought, unopened packages
- Travel size toiletries only!
- Please use soft baggage so we can maximize space.
  - Nothing breakable in the bag!
  - Pack your toiletries in the luggage!





# Medications

- Medical forms need to be turned in asap
- Students may self carry any medication as long as it is recorded on the independent carry and use of medication form. Students must only bring enough medication for the trip and it must be in the original package.
- There is a separate form for self-carry controlled medications. Students must only bring enough medication for the trip and it must be in the original prescription bottle.
- On an emergency basis, we will have Ibuprofen, Imodium, Advil, Tylenol, Tumms, Dramamine and cough drops on hand for students that need it if it is designated on the medical form. To avoid a late night call asking for permission, please fill out the form.





# Important Rules

- District student code of conduct applies
- No alcohol/tobacco/vaporizers/edibles/controlled substances (without a med form) allowed. Will lead to suspension and loss of any remaining senior events/ activities.
- No liquids or home baked goods will be allowed on the trip. Water bottles as well as water and drinks are supplied for all students and are available 24 hours a day.
- OTC Meds- just enough for the trip and in its container, medication form is needed. No LOOSE pills!
- Behaviors that put others at risk of injury need to be left at home.



# More Rules

- Students cannot drive themselves to/from camping trip
- Boys/Girls are not allowed to share cabins
- All cabin members share responsibility for any damage
- No unsupervised water activities
- Someone MUST be someone at the emergency numbers
- We reserve the right to not have a student attend the trip based on behavioral pattern, attendance or poor grades. Trip contracts will be developed for those in this situation who want to attend.

# Consequences

- If a student breaks any of the above rules, parents will be called and be expected to pick you up.
- Should illegal substances be involved, police will provide parents with instructions.
- Serious violation of rules will result in suspension for the remainder of your high school career including graduation ceremony.

Trust



# FAQ's

- Can my senior come late/leave early from the trip?
- Can my student drive?
- How many bags can I bring?
- What does my senior need to bring?
- We have a cottage nearby, can students leave the camp to go to the house?
- Money is tight right now, is there any assistance available?
- Can my senior get a reduced rate if they are only coming for the day?
- Is there medical help onsite/nearby?
- Who will be chaperoning the trip?
- What if my student has special dietary needs?

# Important Information

In order to reserve your spot, you need to do the following by Friday, May 6:

- Check/ Cash for \$130.00
- Hand in signed trip rules/parent permission form
- Hand in emergency medical form
- Hand in medications form (if applicable)
- Hand in controlled medications to the Main Office (if applicable) (this can be done the week of the trip)
- Cabin roommates selection submitted(one per cabin)

**Checks made payable to: Class of  
2022**

Camp Cory Phone Number  
315 – 536 – 3840

Mr. Widor's Cell Phone  
Number  
645 – 4615



All Students  
turn in this  
form  
acknowledging  
rules,  
consequences,  
and attendance  
requirements

## 2022 SENIOR TRIP

### PARENT PERMISSION FORM

**All Students need to complete this form.**

As a student, I have read and discussed the RULES & CONSEQUENCES with my parent(s)/guardian(s) and understand these guidelines. I agree to follow these rules.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

\*Do you have any special dietary needs?: YES\* NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*Do you have any special requests (arrive late/leave early)? YES\* NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

As a parent, I have read and discussed the RULES & CONSEQUENCES with my child and support these guidelines. I agree that should removal be necessary, a family member will be available to pick my child up at Camp Cory. **Further, my student will be in attendance in school on the days preceding/following the trip.**

Parent's Name (print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

***This page needs to be printed and signed by students and parents. It may be handed in with your payment. We will have copies of these along with the medical forms in the main office & Senior lounge if you are unable to access a printer.***

# Every student hands in this form

Trip dates: _____ Destination: _____	<b>OVERNIGHT FIELD TRIP EMERGENCY MEDICAL INFORMATION WITH DISTRICT OTC MEDICATIONS</b>	This form must be submitted by due date: _____
---	---	---

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender: M F Grade \_\_\_\_\_ Phone \_\_\_\_\_  
Father/guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Mother/guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Other \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Provider \_\_\_\_\_ Subscriber Name \_\_\_\_\_ Policy # \_\_\_\_\_

## **MEDICAL INFORMATION**

Allergies: Yes No Seizures: Yes No Asthma: Yes No Diabetes: Yes No Contact Lenses: Yes No Other: \_\_\_\_\_

Does your child have any physical disabilities or conditions which may limit his/her participation in this activity? Yes No

If yes, explain: \_\_\_\_\_

**MEDICATIONS:** Are there any prescription or OTC medications (besides those listed below) that the student will need to take on this trip? NO YES (see below)

1. An *Overnight Field Trip Medication Order Form* must be completed by a healthcare provider for all prescription & OTC medications not listed below EXCEPT for those medications for which Independent Carry and Use orders are on file for the current school year.
2. Students who carry unauthorized medications or share medication with other students are subject to suspension from school.
3. Medications must be in the manufacturer's container or pharmacy Rx bottle & contain only amount required for the trip.
4. Medication Order Form and Medications to be administered by the advisor must be submitted to the nurse no later than: \_\_\_\_\_

**CIRCLE medications authorized (school provides):** I authorize the chaperone to give my child the following medications as prescribed by the District MD:

Loperamide (Imodium) for diarrhea	Acetaminophen (Tylenol) for pain or fever	Cough Drops for cough or sore throat
Ibuprofen (Motrin/Advil) for pain or fever	Meclozine (Dramamine/Bonine) for motion sickness	Antacid (Tums) for upset stomach

## **STUDENT/PARENT CONTRACT** I agree to:

1. Cooperate fully with chaperones, teachers and all other administrative officials.
2. Neither use, nor have in my possession at any time, alcoholic beverages, illegal drugs or any other item that violates the Student Code of Conduct.
3. Not carry medication unless I have provided the nurse with an overnight field trip medication order. I agree to adhere to all medication guidelines as stated on this form.
4. Not break the curfew and abide by all rules regarding being in a room with a person of the opposite gender behind closed doors. I understand that this is not permitted.
5. Not participate in pranks or vandalism of any kind. If I damage property, my parents and/or I will assume full financial responsibility.
6. I understand that if I choose not to abide by these rules, my parents will be called and I may be sent home at their expense. Further disciplinary action will be taken.

*If none of the above named can be reached, please call an available licensed physician. You may take my child to the nearest Emergency First Aid station by ambulance, if necessary. This authorizes treatment of my child by a physician/hospital in case of an emergency. I certify that the above Medical and Contact information is accurate and I understand that it will be relied upon by the Webster Central School District.*

Signature of Parent/Legal Guardian

Signature of Student

Date



WEBSTER CENTRAL SCHOOL DISTRICT  
INDEPENDENT CARRY AND USE OF MEDICATION  
IN SCHOOL AND AT SCHOOL-SPONSORED EVENTS FOR GRADES 6-12

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Gr \_\_\_\_\_ School Year \_\_\_\_\_

"Independent Carry and Use of Medications" means that students will take their own medicine without any assistance from staff, except during emergencies. Students may independently carry and use prescribed and over-the-counter medication during the school day or a school-sponsored event **only if the following conditions are satisfied:**

- 1) HCPs prescribe the medication for use in school. **\*Rapid-acting rescue medication** orders must also include a diagnosis and attestation that the Health Care Provider observed the student use the medication correctly. (\*rescue inhalers, epinephrine auto-injectors, insulin, glucagon, diabetes supplies or other medications that require rapid administration to prevent negative health outcomes)
- 2) Parents/Guardians attest that they have educated the child in regards to responsible usage of the medication.
- 3) School officials find the student to be responsible. If irresponsible use is noted, the privilege will be rescinded.
- 4) Medication permission forms are valid for one school-calendar year. A new form must be submitted each new school year.
- 5) Students are not permitted to carry controlled substances and psychotropic medications.
- 6) Medication should be stored in a properly labeled pharmacy or manufacturer's container.
- 7) WCSD strongly recommends that parents provide a duplicate of **rapid-acting rescue medication** to be kept in the Health Office.

**HEALTH CARE PROVIDER Permission for Independent Use and Carry**

1. Medication _____	2. Medication _____
Dosage _____	Dosage _____
Route _____	Route _____
Time/Frequency _____	Time/Frequency _____
Duration _____	Duration _____
Diagnosis/Reason _____	Diagnosis/Reason _____
Comments/Side-effects _____	Comments/Side-effects _____

This student was instructed in proper procedure and appears to be self-directed, as defined by the ability to: state the name, amount, time and effect of taking/not taking this medication; demonstrate how to take the medication correctly; and recognize the medication and refuse the wrong medication or dose from an adult. In my judgment, the student is responsible and may carry and use this medication independently in school and at school-sponsored events. Staff intervention or support is needed only during emergencies.

**\*RAPID-ACTING RESCUE MEDICATION:** I attest that this student has demonstrated to me that he/she can self-administer the medication(s) listed above safely and effectively.

HCP Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARENT/GUARDIAN Permission for Independent Use and Carry**

I agree that my child uses the above medication effectively and may carry and use the medication independently in school and at school-sponsored events. I assume responsibility for ensuring that my child: carries non-expired medication; administers and stores it correctly; and understands that sharing with other students is **not permitted. If irresponsible use of this medication is noted, the privilege will be rescinded and the student will be subject to disciplinary action, including suspension from school.** Staff intervention or support is needed only during an emergency. My child knows to seek guidance from the school nurse or supervising adult if assistance is needed. I authorize the school nurse to discuss concerns regarding this medication with the prescribing provider. This plan will be shared with school staff caring for my child.

**\*RAPID-ACTING RESCUE MEDICATION:**

☐ I have provided a duplicate of this potentially life-saving medication to the school nurse, to be administered by the nurse or trained staff if my child forgets to bring the medication to school or school-sponsored events.

☐ I am not providing a duplicate of this potentially life-saving medication to the nurse. I understand if my child forgets to bring it to school or school-sponsored events, it will not be available to administer to my child until emergency medical services arrive.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian E-mail \_\_\_\_\_

This form is  
needed for  
over the  
counter/ self  
carry  
medications



This form is  
needed if  
your  
student is  
prescribed  
a  
controlled  
substance

**PERMISSION FOR ADMINISTRATION OF CONTROLLED MEDICATIONS FOR OVERNIGHT FIELD TRIPS**  
(Adderall, Methylphenidate, Vicodin etc)

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gr \_\_\_\_\_ School Year \_\_\_\_\_

WCSD strongly recommends that all medications be administered at home. If any medication, including over-the-counter and prescription, is medically necessary during the school day, *NYS Education Law requires the following conditions to be satisfied:*

- 1) Health Care Provider's written order, indicating the name, dose, frequency and route of the medication.
- 2) Parent/Guardian's written authorization to administer the medication as prescribed by the Health Care Provider.
- 3) Delivery of medication directly to the school nurse by a parent/guardian. Never send medications to school with the student or in the student's backpack.
- 4) Medication must be in a properly labeled pharmacy container for prescription medications and unopened manufacturer's container for over-the-counter medications. Pills in baggies will not be accepted.
- 5) Second identically labeled prescription bottle is required for daily medications to be administered at school day field trips.
- 6) Medication permission forms are valid for one school-calendar year. A new form must be submitted each new school year.

**To Be Completed By HEALTH CARE PROVIDER** (meds cannot be carried/self administered by student)

1. Medication _____	2. Medication _____
Dosage _____	Dosage _____
Route _____	Route _____
Time/Frequency _____	Time/Frequency _____
Duration _____	Duration _____
Diagnosis/Reason _____	Diagnosis/Reason _____
Comments/Side-effects _____	Comments/Side-effects _____

The above medication is medically necessary during the field trip. I assess this student's functional category to be:

- ☐ Supervised: Is self-directed, as defined by the ability to: state the name, amount, time and effect of taking/not taking this medication; demonstrate how to take the medication correctly; and recognize the medication and refuse the wrong medication or dose from an adult. This student may be assisted to take this medication under supervision by the school nurse and/or trained staff.
- ☐ Nurse Dependent: Is not self-directed as defined above and requires a licensed health professional to administer this medication in school and at school-sponsored events until the student is able to demonstrate self-direction to the school nurse.

HCP Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Completed By PARENT/GUARDIAN**

I request the school nurse administer this medication to my child as ordered above. I agree with the above functional category assessment. If and when my child is determined to meet the criteria for being self-directed by the school nurse, trained staff may assist my child to take this medication under supervision in school and at school-related events. I authorize the school nurse to discuss concerns regarding this medication with the prescribing Health Care Provider. I will provide the medication directly to the school nurse in the original pharmacy or over-the-counter container. This plan will be shared with school staff caring for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian E-mail \_\_\_\_\_

## **CABIN ROOMMATES**

### **ONE SHEET PER CABIN**

Please note that cabins are for ten people. There are a few cabins which hold 12\* people and will be assigned on a first come basis. If you do not have a full cabin, understand and expect that others will be added. The Cabin Leader will be our contact person.

**All cabin members share responsibility for any damage**

CABIN LEADER: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #2: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #3: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #4: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #5: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #6: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Camper #7: \_\_\_\_\_ Shirt Size:

\_\_\_\_\_

Cabins are  
assigned  
through  
google  
classroom

Paid cabins=  
reserved  
cabins

Other Senior  
events coming  
up!!



# Luminary Walk and Yard Sign Distribution


May 15- 7:30-9:30pm  
@ Parks and Rec



*Honoring One Webster  
Seniors & their Families*



Webster Parks & Recreation, 1350 Chiyoda Drive

- walk the trail through a beautiful display of luminaries
- enjoy time with your family as you listen to music
- receive your class  lawn sign

This event is sponsored by the Webster Thomas and Webster Schroeder PTSA and the Webster Teachers Association.

All attendees must follow CDC and NYS Health guidelines including masking and social distancing.



# Summa Breakfast

(7<sup>th</sup> semester GPA of 95.0+ and at least 3 AP Courses)

Thursday, May 26th

8am

Thomas Courtyard



# Senior Breakfast

- Friday, June 3rd<sup>th</sup>- 9:00 in Field House
- Yearbook Distribution
- Students will go from the breakfast to the Senior Trip
- If you have pictures or videos for the slide show, please send them to:

Sofia Bement at

**SBEMENT22@webstercsd.org**

- This is also shown at graduation
- Make sure to subject the email “Senior Breakfast Slide Show”

**Senior Awards**  
**(by invitation)**

**Tuesday, June 7th @**  
**7PM**



# Senior Ball

- **DATE:**  
**Saturday, May 21st**

- **LOCATION:**  
**Eaglevale Country Club**

**Tickets will be on sale in May (if needed)**



# Elementary Parade

- Monday June 13th
- Report to Thomas Field House by 9:15
- Buses will take students to Willink and then to catchment area elementary school.





# Graduation 2022



# Graduation

**DATE: Friday, June 24, 2022**

**TIME: 7:30 pm**

**LOCATION: Titan Stadium**

**Open seating in stands on on field**

**Rehearsal: June 24<sup>th</sup> at 10:00 am- meet in  
Willink Cafe**

**Ceremony: Line up in Willink Cafetorium  
at 6:45pm**

**Rain date- Saturday, June 25<sup>th</sup> at 10:00am**





# Be a speaker at Graduation!



# Be the Voice of the Class of 2022

If you are interested in speaking to the class at graduation, you need to do the following:

1. Write a five minute speech about a topic of your choice.
2. You will be required to deliver your speech to a selection committee.
3. Speeches will be selected by a committee of school staff members, who will be looking for:
  1. Appropriateness of message and content
  2. Personal or anecdotal stories of being a part of the Class of 2022 and how your four years at Thomas have affected your life (both in and out of school)
  3. Is within the time constraints
  4. Has a positive message and celebrates graduation

The selected speaker will then deliver their message to the Class of 2022 during graduation in Titan Stadium.

*Drafts of speeches are due no later than May 27<sup>th</sup> to Mr. Widor in the main office or email to [glenn\\_widor@webstercsd.org](mailto:glenn_widor@webstercsd.org). Each submission will then be scheduled to deliver their speech to the committee in the Auditorium on May 31<sup>st</sup>.*







# Questions!?!

