

EAGLE EXPRESS

Phone: 413 423-3326

Internet – <http://www.erving.com>



Wednesday, Thursday, and Friday Nov 22-24
No School-Thanksgiving Break

Wednesday, December 6th
Math Night for 4th Grade
5pm-7pm in the 5th Grade Math room

Thursday, December 7th
Pre K Coffee Hour 8:30am in the Conf Rm

Thursday, December 7th
All School Sing 9:30am in the gym

PTO School Fundraisers

PTO met on 11/13/17 and voted to reappropriate generated funds from present school fundraisers, retroactive to beginning of this academic year. Last year, the four all school fundraisers were divided and assigned to specific classrooms by grade. Now all generated funds will be equally divided amongst all 9 classrooms.

This was decided as some fundraisers generate a large amount of funds, Mums, while others, Mo's Fudge, generate very little. We are also looking to replace Mo's Fudge come February with a potentially higher grossing fundraiser.

Thank you to all families who support the PTO with each fundraiser we do and your growing support for the students here at Erving Elementary School.

Co President of the PTO,
Jess Allen Kosiorek



Monte's March and Supporting The Food Bank of Western MA:

Monday, November 20th will be your final day to donate to The Food Bank and support Monte's March. Feel free to donate to our donation jug in EES, at our town library or at The Town Hall. Check out the amazing podcast on our school website to hear our caring first and second graders chatting with Monte from WRSI 93.9!

Please know that Mrs. Graichen's generous second graders are also a part of this important mission.

100 Mile Walking Club

With the Newsletter being sent home via email we realize some Parents/Guardians may not have access to a printer. If your child will be doing Walking Club on Wednesday you can send a note into school stating they will be attending the program or you are more than welcome to email Gail Dubreuil at Dubreuil@erving.com.



Happy Thanksgiving from the Staff at EES. There will not be a newsletter sent home next week.



News from the Principal

Dear Families and Friends of Erving Elementary School,

Each day educators, parents, grandparents, and members of our community work tirelessly to answer so many questions about how to best support our children. There is no one magic solution that will prepare students for tomorrow, but giving them a well-rounded education, in addition to plenty of love and caring can, and will help. One of the critical things that students today need to succeed is the ability to work as a team. They need to understand how to communicate, compromise, and understand their own needs, as well as being able to understand and respect the needs of others. I am sure that we all appreciate how very difficult it is to educate our children today, when compared to the days of old.

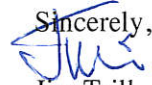
As we prepare to celebrate Thanksgiving, and in this week which happens to be American Education Week. I would like to recognize all of our staff which every day make a difference in ensuring that every child receives a quality education. On behalf of the Erving community, please accept our sincere thanks for your tireless work and dedication to our children. We truly appreciate your sacrifice and commitment to providing Erving students with the very best range of educational opportunities.

Our school is fortunate to have enthusiastic volunteers who give of their time to support many areas of the school. I would like to take a moment to say a big thank you to Donna LaClaire, Yvonne Johnson, Gloria Churchill, and a wonderful group of volunteers that helped make our Thanksgiving dinner such a success for all. On behalf of the students and staff I would like to recognize: Charlene McDonough, Tina Spano, Raechelle Sloan, Sarah Cyhowski, Aimee Wood, Keriann Bastarache, Dulcie McAndrews, Danielle Royer, Jocelyn Leete, Heather Franklin, Sue Rosewarne, Sue Mailloux, and Renee Tela. Thank you also to our Paraprofessionals who did a wonderful job setting such an amazing table.

Earlier this week our PTO met to vote new officers. I am pleased to announce that our PTO Co-Chairs will be Dulcie McAndrews and Jessica Allen. The PTO Secretary will be Cate Avery-Jagla. The team got to

discuss a lot of items, which I am sure will be outlined in this and future newsletters. Please feel free to support this group of dedicated parents.

To all members of the Erving community, on behalf of the Erving staff, thank you for your support, and have a wonderful, peaceful, relaxing time with your family and friends during Thanksgiving week.

Sincerely,

Jim Trill
Principal

After School Program



Belonging • Encouragement • Respect

Hello from After School,

We had a very busy week with parent teacher conferences this week. The students were involved with Thanksgiving activities. We made Thankful Turkey Bags and had a Thanksgiving based Eye Spy activity. With the Holidays fast approaching the students and I discussed being kind to each other. As part of this we created Kindness Rocks to leave around the school to share thoughtful messages to our EES family. Cooking class this week made pepperoni and cheese crescent rolls. Thank you to Mrs. Flaherty for working with the kids. Mrs. Lapointe stopped in to support the After School this week and set up an obstacle course in the gym. Lastly we had a pretty intense airplane-making contest to see who could get theirs to fly the furthest. Everett was the BIG winner 😊 Slime adventure time was a hit for all the kids involved.



After School Adventures.....



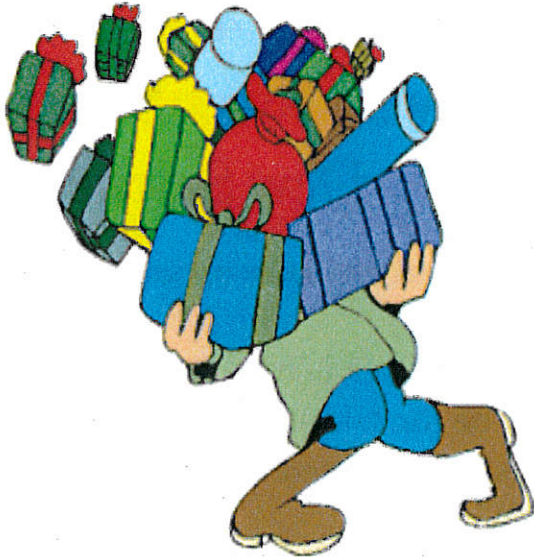


Thanksgiving Dinner for Students and Staff

Thank you to Charlene McDonough, Kerriann Bastarache, Dulcie McAndrews, Danielle Royer, Rachelle Sloan, Amiee Wood, Jocelyn Leete, Heather Franklin, Sarah Cyhowski, Sue Rosewarne, Sue Mailloux, Tina Spano, and Renee Tela for helping setup, prep cook and serving the staff and students during the Thanksgiving Dinner.

The students and staff all enjoyed a lovely dinner put on by our kitchen staff, Donna, Yvonne and Gloria. Thank you for all your hard work.





6th grade Holiday Bazaar!

Dear parents,

It's almost time for the annual 6th grade holiday bazaar!

This event has become a tradition at Erving Elementary School. Each year the 6th grade class holds a holiday bazaar to help raise money for their New York City trip in the spring. This wonderful holiday event allows each child in the school to come and buy presents for his/her family for the holiday. In order for this event to be a success, we need your help.

Please donate gently used items that we can sell at the bazaar. We need items for every age group from babies to grandparents. Some suggestions include: mugs, sports items, cooking items, jewelry, toys, games, puzzles, decorative items, nick knacks, books, any small items that would make nice gifts. We especially need items that dads and grandfathers would like. Most items will sell for between \$.50-\$2.00. We have boxes in the school lobby for your donations. Please send in donations as soon as possible.

As we get closer to the event, a notice will go home letting you know what day your child will be shopping and asking for a list of names to shop for. You will send in the list and some money for your child to use. Your child will be paired with a 6th grade host who will help them. We will also have some raffle baskets filled with new items that your child can purchase tickets for.

Thank you for your help!

Meet
New York Times best-selling author
MIRA BARTÓK

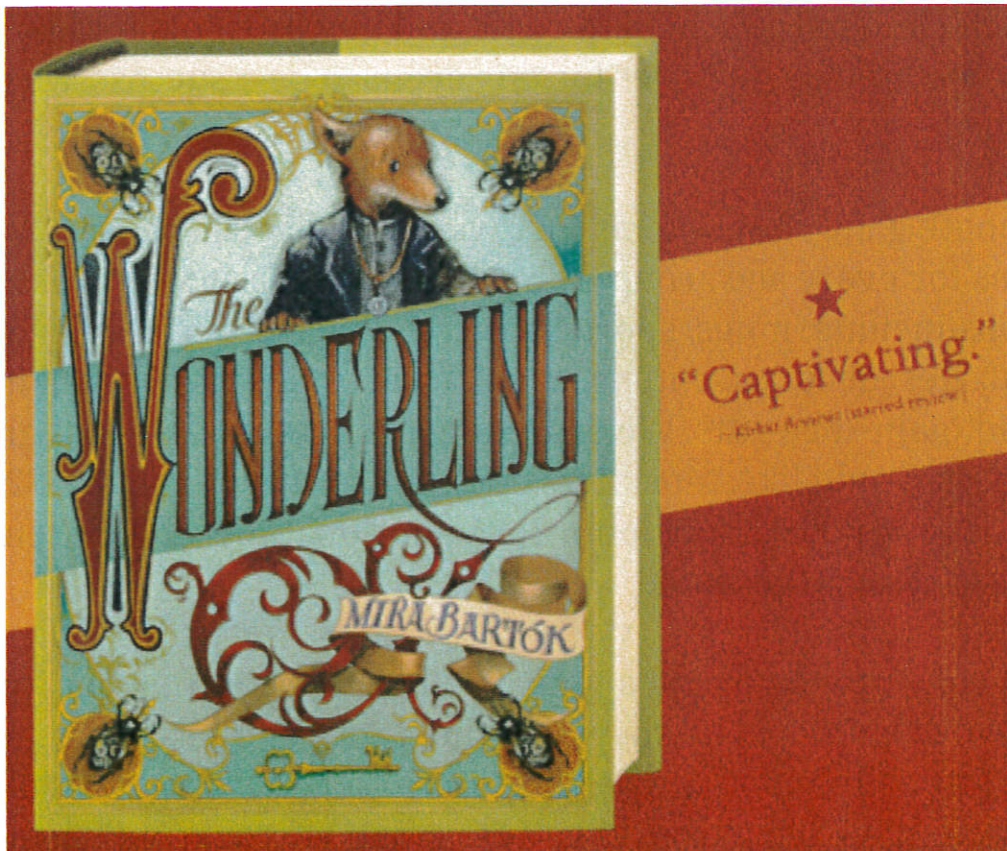


Saturday, December 2
2:00 - 4:00 PM
Swift River School
New Salem

Meet Mira Bartok, author of *The Wonderling*, as she reads from and discusses her new book! *The Wonderling* will be for sale at the event or you may bring your own copy for Ms. Bartok to sign! A signed copy of this beautiful book makes a fantastic holiday gift!

There will be a raffle for a copy of *The Wonderling* (\$.50 per ticket) donated by the author.

A Bake Sale will be held to benefit the 6th grade class trip to Nature's Classroom.



Visit www.thewonderlingbook.com

Sponsored by the Friends of the New Salem Library and the Friends of the Wendell Library

Not a school-sponsored event!

Just in time for the Holidays, the Erving Recreation Commission is offering Hoodies, Pants and Shirts for you and your Erving Athlete!
 Please fill out the form below, and return by **NOVEMBER 28th**. Drop off in the Recreation Drop Boxes at EES or Town Hall. Make checks out to the Erving Recreation Commission, and submit with form.

ERVING



ATHLETICS



G182

Sweatpants

youth \$17

adult \$20



G540

Long Sleeve T

youth \$13

adult \$15



NEW!! Order Black
with **Royal Graphics**
or **Royal with**

White Graphics

G185

Pullover Hoodie

youth \$25

adult \$28



Product Code/Name	Size	Color	Name on back for shirts (optional, add \$7)	Cost	Total
(example) G185/Pullover Hoodie	AL	Black	John Smith, SMITH...etc..	\$28	\$35
GRAND TOTAL:					

Hoodies are Gildan 50/50 Heavy Blend, Tshirts are Gildan 100% Heavy Cotton. Color is Royal Blue with white lettering, or Black with Royal lettering.
 Optional name is printed on back. Sweatpants are Gildan brand, elastic cuffs on bottom
HOODIES RUN SMALL, ORDER UP A SIZE!

Adult Sizes: (AS)Small, (AM)Medium, (AL)Large, (AXL)XL, (A2XL)2XL, (A3XL)3XL Youth Sizes: (YS) 6-8, (YM) 10-12, (YL) 14-16, (YXL) 18-20

Name: _____ Phone: _____ Email: _____

Questions? Contact Alison Rollins, 422-1187 or rec@erving-ma.org

Smile Massachusetts Mobile Dentist is coming to Erving Elementary on January 12, 2018!

Great news! Our school has partnered with the Big Smiles, Smile Massachusetts Mobile Dentist program to offer in-school dental care. Best of all, in most cases there is not cost to you if your child is insured with MassHealth or CHIP. Private insurance and affordable self-pay options are also available.

Having your child seen by the in-school dentist saves you valuable time. Top quality care is provided by local, licensed dentists right in the familiar surroundings of your child's school. Dental care includes a complete exam, x-rays, cleaning, fluoride and sealants when needed. Restorative care, such as fillings, may also be provided.

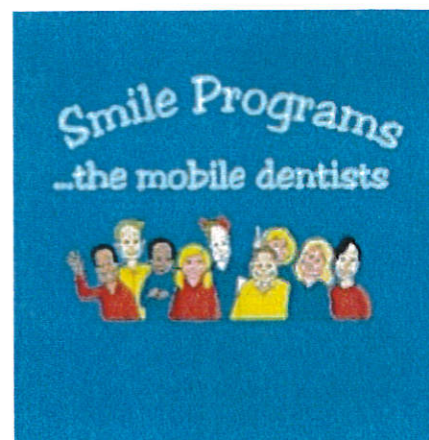
By having your child see the in-school dentist, you can help reduce the risk of:

- Early tooth loss caused by dental decay
- Gum disease
- Heart disease
- Impaired speech development

Taking care of your child's teeth is an important part of keeping them healthy

Simply fill out the attached permission form and return it to the school no later than 12/8/17. You may also go to our school's website for a link to the online application.

If you have questions please contact Gail Dubreuil, the school nurse at (413) 423-3326.



Smile Massachusetts
...the mobile dentists...



THE DENTIST IS COMING TO YOUR SCHOOL!
Our school has joined with Smile Massachusetts
to offer in-school dental care at
NO COST* to you.

Taking care of your child's teeth is important to keep them healthy.

EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings, may also be provided. A dental report card will be sent home with your child. Includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	Zip
School	Teacher		Grade
Parent/Guardian Name		Phone ()	
Email		Alt Phone ()	

IMPORTANT HEALTH QUESTION

Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, brain/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications _____ List any dental concerns _____
Approx. date of last dental visit _____ How does your child currently take care of their teeth? _____

IF CHILD HAS MASHEALTH/CHILDREN'S MEDICAL SECURITY PLAN

Enter Child's Recipient
ID Number (RIN) HERE: →

*MassHealth/Children's Medical Security Plan cover 100% of treatment

OR Child's Social Security # (if available)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IF CHILD HAS PRIVATE DENTAL INSURANCE

Ins. Company name (other than Medicaid) _____ Ins. Phone _____

Group # _____ Employer name _____ Co. phone _____

Name of Insured Adult _____ BIRTH DATE of Insured Adult _____

Member ID/Policy # _____ Social Security # of insured adult _____

IF CHILD HAS NO DENTAL INSURANCE

(ALSO CHECK ONE BELOW) If paying for services, staple check or money order to this form & make payable to: Smile Massachusetts.

- I will pay the reduced fee for a dental cleaning, screening & fluoride per visit. Ages 13 or younger: **\$84.00** Ages 14 or older: **\$104.00**
- I request donated care to cover the cost of a dental cleaning, screening and fluoride for my child. (We will send you a donated care application. Available only once per school year for preventive care only.)

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

READ & SIGN BELOW

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants and x-rays as needed, as well as other dental work as needed, including fillings, extractions of infected baby teeth, numbing the mouth and teeth and other procedures as described more fully on the back of this page. This permission includes future dental visits. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have also read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS PAGE and understand and agree to its terms.

SIGN & DATE HERE →

For your privacy,
please fold & secure.

DATE

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiledentists.com

Elliott P. Schlang, D.D.S., General Dentist & Dental Director
Elliott P. Schlang DDS Big Smiles Massachusetts, 245 First Street 18th Floor, Cambridge, MA 02142
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ESPAÑOL AL REVERSO



IMPORTANT NOTICE & CONSENT / AVISO IMPORTANTE Y CONSENTIMIENTO

I understand and authorize Elliot P. Schlang DDS Big Smiles Massachusetts (Provider) and its affiliated dentists to provide the following services for the named child for whom I am the custodial parent or legal guardian: dental exam & oral hygiene instruction, teeth cleaning, fluoride treatment, x-rays & dental sealants. I authorize the dentist to fill any cavities or to place a crown over the tooth if needed. I authorize Provider to extract any problem baby teeth or perform a pulpotomy (treatment of the nerves inside the tooth) as needed. I understand that there are risks to dental treatment including swelling or pain that may occur from the injection of a local anesthetic or allergic reaction. (For additional information regarding the risks of treatment and treatment alternatives, please call the number provided.) I authorize & direct Provider to bill & collect payment from any Medicaid, insurance, or other payer. If I have private dental insurance, I will be billed for & agree to pay any deductibles and/or co pays. Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid or CHIP. Unless I have made pre-arrangements to attend, and am there at the time of service, services will be provided without my presence. We may send you text messages about the school dental program. Message and/or data fees may be charged by your wireless service provider; to discontinue, reply "STOP" to any message received from us. You also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the school dental program at the land-line and/or mobile telephone numbers provided on this consent form. I have received the Notice of Privacy Practices (NPP) attached to this form and consent to the release of my child's medical record information, including records obtained from other providers, and any HIV/AIDS, communicable disease, sexually transmitted disease, drug and alcohol, and anemia information. I authorize release of such information by Provider to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to my child's treatment, payment for services and health care operation purposes. This signed consent authorizes my child's initial and future dental visits. I may withdraw this consent at any time in writing.

Entiendo y autorizo a Elliot P. Schlang DDS Big Smiles Massachusetts (Proveedor) y a sus dentistas afiliados a proveer los siguientes servicios al niño(a) mencionado del cual soy el padre custodio o tutor legal: examen dental, limpieza de los dientes, tratamiento de fluoruro, rayos-x y sellantes. Autorizo al dentista a que atienda cualquier carie o coloque una corona sobre el diente si es necesario. Autorizo al Proveedor a extraer cualquier diente de leche con problema o realizar una endodancia (tratamiento de los nervios dentro del diente), como sea necesario. Entiendo que existen riesgos al recibir tratamientos dentales incluyendo inflamación o dolor que puede ocurrir de la inyección de la anestesia o una reacción alérgica. (Para información adicional sobre los riesgos del tratamiento dental y tratamientos alternos por favor llame al número proporcionada.) Autorizo y dirijo al Proveedor a facturar y recolectar pago de Medicaid, seguro privado o tercera persona. Si tengo seguro dental privado, seré facturado y acuerdo a pagar cualquier deducible y/o co-pago. El tratamiento realizado por el dentista escolar pudiera afectar los beneficios de su niño en un futuro bajo su cobertura privada, Medicaid o CHIP. Al menos de que allá hecho algún arreglo previamente para atender y estoy ahí al momento de los servicios, el servicio será proveído sin mi presencia. En ocasiones podremos mandar un texto sobre el programa dental escolar. Cobros de mensaje o/y de datos pueden ser aplicados por su proveedor de servicios inalámbrico; para discontinuar, responda "STOP" a cualquier mensaje que reciba de nosotros. Usted también acepta recibir transmisión pre grabada y/o auto llamadas telefónicas relacionadas con el programa dental escolar a los numeros telefonicos que usted proporciono en esta forma de consentimiento. He recibido el Aviso de Prácticas Privadas (NPP) adjuntas a este formulario y el consentimiento para la divulgación de la información y/o expediente médico de mi hijo(a), incluyendo los registros obtenidos de otros proveedores, y cualquier otra enfermedad como: VIH/SIDA, enfermedades contagiosas, enfermedades de transmisión sexual, drogas, alcohol, y anemia. Yo autorizo la divulgación de dicha información por parte de proveedores para cualquier pagador responsable y/o proveedor de servicios administrativos y de sus contratistas para el uso y divulgación de información relacionada con el tratamiento de mi hijo(a), pago para el mantenimiento y operación de cuidado dental. Esta forma de consentimiento firmada autoriza la visita dental inicial y visitas de seguimiento. Puedo retirar mi consentimiento en cualquier momento por escrito.

KEEP FOR YOUR RECORDS

ELLIOT P. SCHLANG, DDS - GENERAL DENTIST, DENTAL DIRECTOR

General Dentists - Peter Ballas, DMD, Stephen Black, DMD, Dana Burkett, DMD, Elliot Schlang, DDS, Lisa Vu, DMD

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. KEEP FOR YOUR RECORDS

OUR LEGAL DUTY

The privacy of your medical information is important to us. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We will notify you if your unsecured medical information is breached.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician, school nurse, or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our business operations such as reviewing the competence or qualifications of healthcare professionals and evaluating practitioner and provider performance.

Your Authorization: Uses or disclosures not otherwise described in this Notice may be made only with your written authorization. In addition, we must obtain your written authorization to sell your medical information or to use or disclose your information for marketing goods or services to you where we are paid to make the communication. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends and Persons Involved in Your Care: We may disclose your health information to a family member, friend or other person involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare. We may also disclose your medical information to disaster relief organizations to help locate individuals during a disaster. We may also use or disclose your medical information to notify, or assist in the notification, of a family member, a personal representative or a person responsible for your care of your location, general condition or death. If you do not want us to disclose your medical information to family members or others in these circumstances, please notify our HIPAA Officer at 888-833-6411.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Public Safety: We may need to disclose medical information to law enforcement officials, such as in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating an individual, to report deaths that may have resulted from criminal conduct, and to report criminal conduct on our premises.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose your medical information to military authorities of Armed Forces or foreign military personnel under certain circumstances, to authorized federal officials for lawful intelligence, counterintelligence, or other national security activities, and to protect the president, and to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, emails, or text messages).

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure surveys. These activities are necessary for the government to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights law and to improve patient outcomes.

Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process.

Other Uses and Disclosures. As permitted or required by law, we may use or disclose your medical information for research purposes; to organizations that handle and monitor organ donation and transplantation; for workers' compensation or similar programs to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness; for public health activities such as to prevent or control disease, injury or disability; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to, or is at risk for, contracting or spreading a disease; to medical examiners to identify a deceased person or determine cause of death; or to funeral directors to carry out their duties.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information and fax your request to the number at the end of this Notice.

Disclosure Accounting: You have the right to receive a list of some disclosures we or our business associates have made of your health information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we restrict our use or disclosure of your health information. We are not required to agree to your request except when disclosure would be to your health plan, you (or someone on your behalf other than your health plan) has paid in full for your health care, the disclosure relates to payment or health care operations, and the disclosure is not otherwise required by law. If we agree to the restriction, however, we will abide by that agreement (except in an emergency).

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations specified in your written request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Contact Officer: HIPAA Officer

Phone: 888-833-6411

Fax: 888-330-4331

email: hipaao officer@smileprograms.com

Effective Date: August 1, 2016

ERVING ELEMENTARY SCHOOL



JAMES D. TRILL, Principal
28 Northfield Road
Erving, MA 01344
Telephone: (413) 423-3326
Fax: (413) 423-3648
www.erving.com

100 Mile Club® Wednesday Afternoon Walking Club

Every Wednesday through November the Erving Recreation Committee is offering an opportunity for students to gain miles for the 100 Mile Club®. Every Wednesday afternoon from 1:30-2:30 will be designated to allow kids to walk and log miles toward their incentives! Families are also strongly encouraged to join their student and log their own miles. Remember that incentives are given for walking 25, 50, 75 and 100 Miles.

If your child is interested in walking on Wednesday afternoon, please complete the permission slip below and have your child turn it in to the office no later than Wednesday morning. Children cannot participate without a signed permission slip. Participants will meet in the gym at the end of the day for instructions from the adult responsible for the group. The plan is to walk outside whenever possible so please be sure that your child comes dressed appropriately. A water bottle is strongly encouraged. New this year, students can be picked up at 2PM or 2:30PM. Students must remain with the walking group until an adult picks them up. They will not be allowed to play on the structures or blacktop due to limited adult supervision in these areas.

If you have any questions please contact Gail Dubreuil, School Nurse at (413) 423-3326.

I give permission for my child, _____ (please print student's name), to participate in the 100 Mile Club® Wednesday afternoon walking group on November 29, 2017 from 1:30-2:30PM.

I will be joining my student in the afternoon walking.

My student will be picked up at by _____ (name of adult) at 2:00PM or 2:30PM (please choose a time)

Parent Signature:

