

# Delaware Valley School District

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**DR. JOHN BELL, SUPERINTENDENT**

Administrative Offices - 236 Route 6 & 209 - Milford, PA 18337

(570) 296-1804

(570) 296-3172 (Fax)

TO: PARENTS/GUARDIANS

FROM: DR. JOHN BELL, SUPERINTENDENT 

DATE: AUGUST 29, 2022

**Welcome to the 2022-2023 school year!** Our faculty and staff are looking forward to working with you to make it a great year!

You will find several important documents enclosed. Please review all paperwork and **return all necessary documents** as soon as possible.

If during the school year you need to make any changes to **your child's emergency information**, please contact your child's school directly.

As I prepare to depart DV, I wanted to say **THANK YOU** to all of you! Being superintendent for the last ten years has been a wonderful experience. DV is fortunate to have a dedicated staff, beautiful facilities, and great kids. It truly has been an honor to serve in this role.

JJB:je



August 2022

**Welcome back!** The Nurse's Office is looking forward to a healthy year!!! As the school year begins, so has the **flu season**. Here are a few reminders:

1. **If your child runs a fever at night or is vomiting, please keep him/her home until they are fever-free or vomit-free for 24 hours.**
2. Make sure your child has a good breakfast before leaving for school. They need the fuel to produce the energy to complete their work.
3. Make sure backpacks worn to school have the weight centered over their hips to prevent backaches. Both straps should be worn. Backpacks stay in lockers during the day.
4. A good night's sleep starts the day off right.
5. **If your child is absent from school, please call the nurse at 296-3148.**

## Medications

**ALL medications for school must be accompanied by a physician's order and written permission for you to administer the medication. Dosage and time medication is given at school must be included. This includes over-the-counter medications, vitamins, and prescriptions.**

**Be sure that an inhaler is provided if your child plays a sport and needs one in the sport kit for games and practices.**

## Vision Exams

Vision screening will be done throughout the school year. **If your child wears glasses, please make sure your child has their glasses with them every day.** You will get a letter **only** if your student fails the vision screening.

## Dental Exams

All 7<sup>th</sup> grade students require to have a dental exam. **If the form is not handed**

**in by April, your student will be seen by the school dentist at no charge to you.** No dental work or x-rays are done. It is just a visual exam.

## Physical Education Excuses

You may write an excuse for one or two days. However, if your child is under medical orders not to participate for a specific amount of time, please send his written order to my office and I will forward a copy to the physical education teacher. **Medical physician's orders are the only ones accepted in this school district.**

## Hearing Screening

Hearing screenings for the seventh grade will be scheduled at the start of the school year. You will receive a letter **only** if your child fails the hearing screening.

## Emergency Forms

It is **very important** that you send back the emergency form in this packet by the end of the first week of school. In an emergency, these forms are vital to your child's well being.

Circumstances change over the course of the school year. Please send in any changes in the following immediately:

- New work or home phone number
- New emergency contact or change in their phone number
- New residence

We realize that the start of the school year is hectic and there are many forms to fill out. Feel free to contact this office with any questions you may have. Working together, we can make this school year run smoothly. The phone number for my office is 570-296-3148 and fax is 570-296-3170.

**Thanks for your help!**

Your School Nurse, DDMS  
Geraldyn McKinney





DELAWARE VALLEY SCHOOL DISTRICT  
**AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

To Physician:

\_\_\_\_\_

Full name of student	Grade	School
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The above-named student must receive the following medication during school hours:

Medication Name & Specific Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ Duration of Admin.: From \_\_\_\_\_ To \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Conditions to Observe and/or Emergency Response:

\_\_\_\_\_  
Note: The school nurse or her designee may refuse to administer a medication. The parent/guardian will be notified of this action.

**\*PHYSICIAN – PLEASE INITIAL BELOW REGARDING SELF  
ADMINISTRATION OF EMERGENCY MEDICATIONS:**

\_\_\_\_\_ The student **has permission** to carry and self-administer the above ordered asthma inhaler or Epi-pen during school hours. This student is qualified and has demonstrated the ability to self-administer.

**\*\*PHYSICIAN – PLEASE INITIAL APPROPRIATE SELECTION BELOW:**

During field trips, the medication noted above may: 1.) \_\_\_\_\_ Be omitted the day of the trip 2.) \_\_\_\_\_ Be given before/after field trip. 3.) \_\_\_\_\_ Be administered by parent/guardian accompanying child on trip.

**Trained staff members may assist in the administration of Epi-Pen and/or asthma inhalers in an emergency situation.**

To Parent/Guardian: I authorize the Delaware Valley School District licensed nurses to administer the above medication as prescribed. I do hereby release, discharge, and hold harmless the Delaware Valley School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should he/she develop any adverse reaction from the medication.

\_\_\_\_\_  
Date Physician's Signature Telephone Number

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\_\_\_\_\_  
Date Telephone Number Parent/Guardian Signature

**ASTHMA INHALERS AND EPI-PENS (EPINEPHRINE AUTO INJECTORS)  
SELF-ADMINISTRATION BY STUDENTS**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Date**

To self medicate, the student must be able to: (check all that apply)

- \_\_\_\_\_ 1. Respond to and visually recognize his/her name.
- \_\_\_\_\_ 2. Identify his/her medication.
- \_\_\_\_\_ 3. Demonstrate the proper technique for self-administering his/her medication.
- \_\_\_\_\_ 4. Report to your school nurse as soon as possible to acknowledge having taken the medication.
- \_\_\_\_\_ 5. Demonstrate a cooperative attitude in all aspects of self-administration of medication.
- \_\_\_\_\_ 6. Acknowledge importance of keeping medication in a safe and secure place to prevent another student from accidentally or purposely using the medication.

\_\_\_\_\_  
**Name of Medication**

\_\_\_\_\_  
**Dosage**

\_\_\_\_\_  
**Frequency**

The above named student has demonstrated the ability to self-administer the physician-prescribed medication as indicated by the criteria listed above.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Nurse Signature**

As the parent/guardian of above named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the medication and loss of privilege to self-administer if the medication policy is violated.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

I agree to be solely responsible for my medication and to follow the directions for its use as ordered by my physician, as well as the district's medication policy. I acknowledge that this medication is intended for my use only and may not be shared with other students. I am aware that any abuse of this privilege will result in the confiscation of my medication.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Signature**



## STUDENT ABSENTEE EXCUSE

Student's Name - LAST, FIRST  
(PLEASE PRINT)

Grade/ Homeroom  
Teacher

Date(s) of Absence

Reason

Parent/Guardian

Signature

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Student's Name - LAST, FIRST  
(PLEASE PRINT)

Grade/ Homeroom  
Teacher

Date(s) of Absence

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Signature

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Teacher

Date(s) of Absence

Reason

Parent/Guardian

Signature

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Student's Name - LAST, FIRST  
(PLEASE PRINT)

Grade/ Homeroom  
Teacher

Date(s) of Absence

Reason

Parent/Guardian

Signature

NO BUS NOTE

*Dingman-Delaware Middle School*

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Today's Date: \_\_\_\_\_

☐

My child will go to the drop off/pick up area  
at 2:38 P.M. today.

PLEASE NOTE: Children getting dismissed from the  
office are asked to get picked up prior to 2:35 P.M.

☐

My child will be picked up at \_\_\_\_\_  
(TIME)

☐

Until Further Notice: (Date) \_\_\_\_\_

Pick up person's name: \_\_\_\_\_

Pick up person's # (if not parent/guardian) \_\_\_\_\_

Phone number(s) for today where you can be reached:

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_

*Parent/Guardian Signature*

NO BUS NOTE

*Dingman-Delaware Middle School*

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Phone number(s) for today where you can be reached:

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_

*Parent/Guardian Signature*

NO BUS NOTE

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X \_\_\_\_\_

*Parent/Guardian Signature*

NO BUS NOTE

*Dingman-Delaware Middle School*

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Pick up person's name: \_\_\_\_\_

Pick up person's # (if not parent/guardian) \_\_\_\_\_

Phone number(s) for today where you can be reached:

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_

*Parent/Guardian Signature*



**EDUCATIONAL TRIP REQUEST FORM**  
**DINGMAN- DELAWARE MIDDLE SCHOOL**  
**2022 - 2023**

Dear Parents and/or Guardians:

Please use this form when requesting an educational trip for your child.

TODAY'S DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Homeroom Teacher's Name: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Location & Educational value of trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE:**

As per the Delaware Valley School District middle school student handbook on page 19: "All educational trips require at least two weeks PRIOR approval or absences will be counted as unexcused. **The number of days given approval for an educational trip is five days.** Requests for educational trips must be submitted in writing. During student's absence, it is the student's responsibility to check Schoology for daily assignments and complete any missed work. **The combined maximum number of days allowed for both educational and non-educational absences is ten days.** Students with absences in excess of ten days will not be given approval for educational trips."

Thank you.

Brian P. McCarthy  
Principal

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**PRINCIPAL APPROVAL:**

Student is approved for: \_\_\_\_\_ Educational Trip Days as long as their combined educational and non educational absences do not exceed the 10-day maximum at the time of their 5 day or less educational trip.

Signed: \_\_\_\_\_

Parent copy: \_\_\_\_\_ Counseling Office copy: \_\_\_\_\_ Administrative Office copy: \_\_\_\_\_



# Delaware Valley School District

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Brian McCarthy  
Principal  
E-Mail: bmccarthy@dvsd.org

## DINGMAN-DELAWARE MIDDLE SCHOOL

1365 ROUTE 739  
DINGMANS FERRY, PA 18328  
Phone (570) 296-3140  
Fax (570) 296-3170

John Staub  
Assistant Principal  
E-Mail: jstaub@dvsd.org

August 2022

Dear Parents:

The following is the procedure for parents who come to the school during the school day for the 2022-2023 School Year.

If you Need to Pick up a Student Prior to Dismissal Time:

1. Please try and limit early dismissals to emergency situations if possible. In order for a student to leave early, a student must come to school with a note for the office indicating what time and who will be picking the student up. As a reminder only individuals listed on the emergency form are allowed to pick-up a student with proper identification.
2. Please be prepared with proper identification upon arrival to the school for your scheduled time. If your student is being picked up after 2PM, we encourage you to wait till regular dismissal in order to limit confusion and congestion in the loading area for regular dismissal procedures.
3. Communication with students by parents through cell phone or text messaging during the school day can result in disciplinary action of the student unless permission has been granted by a teacher or administrator.
4. IF a student is feeling ill they must be seen by the nurse and the nurse will contact parent(s) to arrange for the student to be picked up.

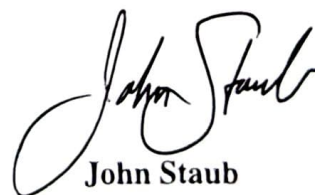
If you have any questions about these arrangements, you may contact the school.

Sincerely,



Brian McCarthy

Principal



John Staub

Assistant Principal



## **LATE/ACTIVITY BUS INFORMATION**

Activity buses are for middle and high school students who must stay after school for athletic activities, drama practice, detention, and other school activities. Only students involved in supervised after-school activities may ride the activity bus, and an Activity Bus Pass provided by the coach or advisor is required to ride the bus. Students riding the activity buses are subject to the same disciplinary guidelines as students on the regular buses.

Activity buses are a convenience offered to parents/guardians to reduce the amount of driving time to transport students in after-school activities. Activity buses are not a replacement for the regularly scheduled bus routes; the activity bus may only bring a student to the approximate area where the student resides. Students need to advise the driver where they need to depart the bus in advance of that stop. Parents/guardians may still have to drive to a suitable location along the route to transport the student home.

**Dingman-Delaware Middle School late bus runs Monday through Friday at 5 PM, and Tuesdays and Thursdays at 4:30 PM**

### **Dingman-Delaware Middle School Late Bus Information 5:00**

#### **Activity Run #1**

Bus will travel south on Route 739 and turn right onto Doolan Road. The bus will turn right onto Silver Lake Road dropping off along Silver Lake Road and at Marcel Lake and Old Marcel Lake and proceed to Pocono Mountain Lake Forest Gate #2. The bus will return along Silver Lake Road and drop off at the Birchwood entrance on Silver Lake Road and make a left onto Park Road. The bus will drop off at Wild Acres and proceed to the intersection of Park Road and Milford Road where the bus will make a right hand onto Milford Road to Log and Twig Road. The bus will then make a left onto Chestnut Ridge and then turn left onto Wilson Hill Road proceeding to Milford Road and return to Route 739

#### **5:00 Activity Run #2**

Bus will travel north to Cranberry Ridge, dropping at Sunrise and Conashaugh Lakes. The bus will then return back along Route 739 and turning left on Log Tavern Road and dropping off along Log Tavern Road to Milford Road and turning right on Milford Road and returning to Doolan Road via Route 739.

### **Tuesday and Thursday 4:30 Late Bus**

A late bus will leave the Dingman-Delaware Middle School at 4:30 pm. The bus route will be: North on Route 739 to the main entrance of Sunrise Lake and continuing north on 739 to Cranberry Ridge. The bus then returns south on 739 to the entrance of Conashaugh Lakes, continuing south on 739 to Doolan Road. The bus travels Doolan Road and turns right onto Silver Lake Road to make stops at Marcel Lakes and Pocono Mountain Lake Forest Gates 1& 2. The bus then returns south on Silver Lake Road and turns onto Park Road to Wild Acres. The bus then continues on Park Road and makes a left onto Route 2001 towards Milford. The bus turns onto Log Tavern Road and the final stop is Gold Key Lake.

All late bus runs may be changed at anytime.

**\*\*THIS COVER PAGE MUST BE RETURNED TO YOUR STUDENT'S TEACHER!!\*\***

## EXPLANATION OF STUDENT ACCIDENT GROUP INSURANCE

**THE SCHOOL DISTRICT DOES NOT CARRY  
ACCIDENT INSURANCE ON STUDENTS.**

At your own expense, you have the option to choose from two plans for your child:

- School time Coverage (Accident only) - \$28.00 per year
- 24 Hour coverage (Accident only) - \$124.00 per year

Attached you will find the enrollment form for you to fill in if you choose to purchase, and send it directly to the insurance company, address and payment details are on the enrollment form.

The website is [www.agadministrators.com](http://www.agadministrators.com) for any further details you may need.

2022-2023 School Year

PLEASE COMPLETE BELOW AND RETURN TO YOUR CHILD'S HOMEROOM  
TEACHER. THANK YOU

\_\_\_\_ Your signature indicates you understand that the school district does not carry medical insurance on students, and you have received the Student Accident Insurance Information.

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Parent's Signature

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Student Name

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Date

Homeroom Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_