

# ATTENTION

## Girls in Grades 4-6!

*Are you looking to get up and active, cut down on stress, and have fun?*

**Join Miss Skiba and Mrs. Isello for the Winter and Spring seasons of B-Well!**



Winter sessions of B-Well meet every Tuesday and Thursday **BEFORE SCHOOL** from 7:30-8:30 A.M. (see sign-up form for Spring times and more information!). Through physical activities and running we will build self-esteem and learn to recognize our individual strengths while celebrating our connection with others!

*Space is limited and spots fill up FAST, so be sure to return your sign-up form ASAP to Miss Skiba in Room 279!*

**There is no time like the present to B-Well! 🧐**

# B-WELL & TOO SMART TO START PROGRAM

## Winter 2023/Spring 2023

### Winter Session:

<b>Dates:</b>	----	Thurs. 3/9
	Tues. 3/14	Thurs. 3/16
	Tues. 3/21	----
	Tues. 3/28	Thurs. 3/30
	Tues. 4/11	Thurs. 4/13
	Tues. 4/18	Thurs. 4/20



**Time:** 7:30 - 8:30 AM

**Meeting Place:** Front Lobby

**Purpose:** Students will get up and get moving by completing an aerobic activity! Students will also investigate the curriculum of the Too Smart to Start program.

### Spring Session:

<b>Dates:</b>	Wed. 4/26	Fri. 4/28
	Wed. 5/3	Fri. 5/5
	Wed. 5/10	Fri. 5/12
	Wed. 5/17	Fri. 5/19
	Wed. 5/24	----
	Wed. 5/31	----

**Time:** 3:30 - 4:30 PM

**Meeting Place:** Room 279 (Miss Skiba's NEW room)

**Purpose:** Students will warm-up, RUN, and warm-down.

**Culminating Activity:** 5K run in late May/early June

*\*\*Please note that due to the popularity of the program, students who are interested in participating must commit to BOTH the Winter AND Spring sessions. Space is limited to 20 girls and spots will be filled on a first-come, first-serve basis. If interested, please complete the forms and return ASAP to Miss Skiba in Room 279. Thank you! ☺ \*\**

**BEDMINSTER TOWNSHIP PUBLIC SCHOOL DISTRICT**

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www.bedminsterschool.org

**B-Well/Too Smart to Start FIELD TRIP PERMISSION FORM**

My child, \_\_\_\_\_, has permission to attend running field trips in the area around the school including Miller Lane field, the bike path, and the walking path for the B -Well/Too Smart to Start program.

**Teachers in charge of activity:** Miss Skiba & MrsIsello

**Winter/Indoor dates: 7:30 - 8:30 AM**

----	Thurs. 3/9
Tues. 3/14	Thurs. 3/16
Tues. 3/21	----
Tues. 3/28	Thurs. 3/30
Tues. 4/11	Thurs. 4/13
Tues. 4/18	Thurs. 4/20

**Spring/Outdoor dates: 3:30 - 4:30 PM**

Wed. 4/26	Fri. 4/28
Wed. 5/3	Fri. 5/5
Wed. 5/10	Fri. 5/12
Wed. 5/17	Fri. 5/19
Wed. 5/24	----
Wed. 5/31	----

**Time of Spring running field trip:** 3:30 p.m. – 4:30 p.m.

***Please complete the following emergency information:***

\_\_\_\_\_  
**Print** Parent/Guardian Name

\_\_\_\_\_  
Contact Phone Number of Parent/Guardian

\_\_\_\_\_  
Emergency Contact Person and Phone Number

\_\_\_\_\_  
Parent/Guardian Signature Date

By signing this form I have given consent for my child to attend walking/running field trips during Bedminster School's B-Well/Too Smart to Start program.

## B – Well & Too Smart to Start HEALTH HISTORY FORM

Instructions: Your parent/guardian needs to fill out the items below.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Directions: Please check if you have any of these problems.

\_\_\_1. Heart disease or heart problems

\_\_\_2. Hypertension – high blood pressure

\_\_\_3. Stroke

\_\_\_4. Diabetes or abnormal blood sugar

\_\_\_5. Any anemias or blood disorders

\_\_\_6. Allergies to bee stings, pollen, latex, foods or medications (circle all that apply)

\_\_\_7. Epilepsy or seizures

\_\_\_8. Abnormal chest X-ray

\_\_\_9. Asthma

\_\_\_10. Any exercise related conditions such as difficulty breathing or fainting during or after exercise/running

\_\_\_11. Orthopedic or muscular problems

\_\_\_12. Any absence or loss of an organ (e.g. kidney, spleen, eyeball, etc.)

\_\_\_13. Any other major health problems (Please list)

\_\_\_\_\_

\_\_\_14. Use of prescription drugs (Please list)

\_\_\_\_\_

\_\_\_15. Do you live with or spend time with someone who smokes cigarettes?

\_\_\_16. Viral infections (e.g. mono, hepatitis, coxsackie, etc.)

\_\_\_17. Do you have a close relative with a history of heart disease or Marfan Syndrome, or any family member (blood relative) under age 50, with a heart condition, or died of a heart problem before age 50?

**These are common health problems that are important to be aware of so that our exercise routines will be safe.**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

# HEALTH HISTORY FORM CONTINUED

## INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?

\_\_\_ YES                      \_\_\_ NO

Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I hereby give permission to the medical personnel selected by the B-Well program to provide transportation and obtain medical care for my child. In the event either I or my emergency contact cannot be reached, in an emergency, I hereby give permission to the physician selected by the B-Well program to secure and administer treatment, including hospitalization for the person named above (B-Well participant)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Please indicate the best way to reach you during the day in the event of an emergency or if the session needs to be cancelled due to weather.

email me at \_\_\_\_\_

call me at \_\_\_\_\_