Folly Quarter Middle School

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

13500 Triadelphia Road, Ellicott City, MD 21042 410-313-1506

August 31st, 2016

Dear Sixth Grade Parents/Guardians:

As part of the sixth grade instructional program at Folly Quarter Middle School, a three (3) day, two (2) night Outdoor Educational field trip has been scheduled for October 5-7, 2015 at Sandy Hill Camp and Retreat Center in North East, Maryland. Sandy Hill Camp is located one hour north of Baltimore on the Chesapeake Bay. At Sandy Hill Camp, students will participate in exciting hands-on educational and team-building activities that focus on the science and engineering practices. For more information about Sandy Hill Camp and Retreat Center, we encourage you to visit their website www.sandyhillcamp.com

The cost for each student is $170, which covers lodging, meals, activities, snacks, a t-shirt, and transportation. To ensure your child does not miss out on this educational experience, all permission slips, medical forms and payments must be submitted to FQMS by Friday, September 9, 2016. If you feel your child may not attend the trip due to a financial burden, please contact Mr.Conroy (scott_conroy@hcpss.org), Mrs. D-W (michele_doyle-wetzelberger @hcpss.org) or your child's guidance counselor. There will be no refunds after September 16, 2016.

Transportation for this trip will be provided to and from Folly Quarter Middle School. **Students must be dropped off at Folly Quarter Middle School on Wednesday, October 5th at 8:45 AM and must be picked up on Thursday, October 7th at 2:00 PM from Folly Quarter Middle School.**

We are looking forward to this year's exciting adventure!

Sincerely,
Sherri Capurso, Outdoor Education Coordinator, and the entire FQMS 6th Grade Team

The following items MUST be returned by Friday, September 9, 2016.

Returned:

- ☐ **Signed Permission Form -- *ALL Students***
- ☐ **Payment $170.00 (checks made payable to FQMS) -- *ALL Students***
- ☐ **Completed Health Information Form-- *ALL Students***
- ☐ **Completed Consent and Liability Form-- *ALL Students***
- ☐ **T-Shirt Form - *All Students***
- ☐ **Medication/Form & Medicines (if needed) MUST be brought to the FQMS Health Room by a parent by September 28th.**

If we do not receive ALL forms, your child will not be permitted to attend the field trip.

IMPORTANT DATES TO REMEMBER!

September 6	Parent Chaperone Interest Form due
September 8	Parent Chaperones notified
September 9	All signed forms and $170 payment due
September 13	$65 Chaperone payment due
September 16	No refunds issued beyond this date
September 28	All Medications and Medication Order Forms due to Health Room
September 29 6:30pm	**MANDATORY** meeting for all Parent Chaperone- FQMS Cafeteria

Outdoor Education General Guidelines

1. All Howard County School System and Folly Quarter Middle School rules and policies apply at all times during the Outdoor Education field trip.

2. Students will exhibit their best behavior. Students must remain with their groups and adult volunteer. Should it become necessary, parents/guardians will be called and students will be sent home. No money will be refunded in such cases.

3. All medicine MUST be in a pharmacy container with a medication form and must be dropped off to the school (by a parent) health room by September 28. No medications will be accepted after this date. If your child is sick prior to the trip, please address this in the health room at 8:00 am Wednesday, October 5th. You must have the medication along with the medical forms and doctor's signature. (Form can be found on the FQMS website) **STUDENTS ARE NOT ALLOWED TO CARRY MEDICINE!** Parents attending as chaperones can pack their child's medicine.

Outdoor Education Packing List

The following is a suggestion list. Please check the weather forecast before the trip and pack accordingly. We have had all types of weather! ***Label all belongings (luggage, cameras, etc.)***

Required Items:

- Pillow
- Sheet
- Blanket or Sleeping Bag
- Towels
- Rain gear (poncho)
- Tennis or hiking shoes
- Additional pair of shoes that can get wet and muddy
- Sweater/Sweatshirt
- Several changes of outer clothing (2 per day)
- Changes of inner clothing (2 per day)
- Several pairs of socks (2 per day)
- Pajamas
- Personal Items (soap, shampoo, toothbrush, toothpaste etc.)
- Sunscreen and Insect Repellent

Optional Items:

- Water Bottle
- Hat
- Sunglasses
- Book or magazines to read
- Shower shoes or flip-flops
- Football/soccer Ball, etc...

Do not bring:

- Electronics
- Food (We have students with severe food allergies. Please abide by this rule!)
- Gum/candy
- Weapons/firearms/matches
- Knives (including pocket knives for fishing)
- Umbrella

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Folly Quarter Middle School		
Destination:	Sandy Hill Camp		
Objective of the trip:	6th Grade Outdoor Education		
Class/Group:	6th Grade		
Departure date:	10/05/2016	Time:	9:00am
Return Date:	10/07/2016	Time:	2:00pm
Bus Company:	Bowens Bus Service		
Public Transport:	N/A		
Cost per student:	$170		
Checks payable to:	FQMS		
Due Date:	September 9, 2016		
Meal Arrangements:	7 Meals Camp		
Appropriate Attire:	See attached packing list		
Total # of Students:	180		
Anticipated Ratio of Chaperones to Students:		1:4	

This trip will be:

Student Day ☐	Extended Day ☐
Overnight ☐	Non School Day ☐

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation:

Trip is rain or shine.

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Sherri Capurso

Contact number: 410 313 1506

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

- -

I GRANT PERMISSION FOR ______________________________ TO GO TO SANDY HILL CAMP FROM OCTOBER 5 - OCTOBER 7, 2016.
(PRINT Student Name) (Destination)

I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

PARENT SIGNATURE ______________________________

☐ I AM AVAILABLE TO CHAPERONE AND HAVE FILLED OUT AN SENT BACK THE CHAPERONE INTEREST FORM. I ACCEPT THE DUTIES AND RESPONSIBLITIES OF THE POSITION.

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Online Payment for School Activities

(OSM Inc., the processing company, charges a 4% processing fee)
Credit and Debit Cards Accepted

Folly Quarter Middle School

Will be accepting online payments for the
6th Grade Outdoor Education

A step-by-step guide for purchasing school activities online with OSP is available on the FQMS website homepage
FQMS website: http://fqms.hcpss.org

*Please print a payment receipt and send back along with the rest of this permission packet, thanks!

Visit the HCPSS Online School Payment (OSP) website where parents are able to pay student school fees by debit or credit card online using a secure web browser at their convenience, 24 hours a day.

OSP website: https://osp.osmsinc.com/howardmd

SANDY HILL LLC INFORMED CONSENT AGREEMENT FOR MINORS

Carefully read the following sections and provide the information below in the indicated spaces.

I (AS A PARENT, CUSTODIAL PARENT, OR GUARDIAN OF THE CHILD NAMED BELOW) UNDERSTAND THAT:

The program that my child ("the Camper") is attending will include both indoor and outdoor physical activities. Some of the activities may be similar to rock climbing and involve the use of harnesses, while others may include some lifting, stretching, and jumping. All activities are designed to be safe and engaging for a wide range of abilities. Each activity will be explained by program staff. My child may choose to limit his/her participation as he/she feels appropriate, and that choice will always be respected.

- Parts of this program can be physically demanding
- The potential for injury exists even though safety systems are provided
- It is always my or my child's responsibility to limit his/her participation in any way I or he/she deems appropriate
- It is important to disclose all medical conditions and all physical activity concerns on the back of this form
- My child cannot be under the influence of drugs or alcohol during the program, except for medication I have disclosed on the back of this paper

I understand that Sandy Hill takes reasonable precautions to insure that programs and activities at Sandy Hill are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and dangers and include, but are not limited to ropes course, zipline, climbing, water sports, land sports, weather conditions, plants, insects, falling trees and rugged terrain (collectively "Camp Activities"). I, the undersigned, recognize these risks and agree to allow my child to attend and participate in these Camp Activities at Sandy Hill.

PUBLICITY RELEASE

I give permission to Sandy Hill, without limitation or obligation, to make photographs, film footage, or tape recordings which may include my child's image, voice, or written comments for purposes of promoting Sandy Hill programs. This includes but is not limited to posting my child's image on an internet site. Sandy Hill will not post personally identifiable information such as my child's name with these photos. I release Sandy Hill from any claim or liability to these uses.

PERMISSION TO TREAT

The organization sponsoring the event ("the Group") is responsible for providing all necessary medical supplies, care, trained personnel and transportation for my child. In the event that my child is ill or injured, the emergency contact below is unavailable, and the Group is unable to provide the necessary care, I hereby give permission to the medical personnel selected by Sandy Hill to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation by ambulance or helicopter for my child. I hereby give permission to the physician selected by Sandy Hill to secure and administer treatment, including hospitalization, for my child.

_____	_____	_____
Camper Name (print legibly)	Signature of Parent/Custodial Parent/Guardian	Date

_____	_____
Street Address	City, State, Zip Code

In the event of an emergency, please contact:

_____	_____	_____
Emergency Contact Name	Relationship	Phone

IMPORTANT: PLEASE NOTE ANY MEDICATIONS OR MEDICAL OR PHYSICAL CONCERNS BELOW.

Outdoor Education Dietary Concerns

Please complete the following form if your child needs any dietary restrictions during their stay at Sandy Hill Retreat Center. (Examples: gluten free, vegetarian, vegan, etc.)

Student Name:

_____

Dietary Restrictions:

_____

_____

Please contact Ms. Capurso (sherri_capurso@hcpss.org) with any questions or concerns.

Parent name: _____

Parent signature: _____

Phone Number: _____

E-mail address: _____

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

EMERGENCY PROCEDURE/HEALTH INFORMATION for EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS

MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP

STUDENT'S NAME _____ MALE____ FEMALE____
LAST NAME FIRST NAME MIDDLE INITIAL

SCHOOL _____ GRADE _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

PARENT/GUARDIAN NAME _____

EMERGENCY NOTIFICATION

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON RELATIONSHIP PHONE NUMBER

NAME OF PERSON RELATIONSHIP PHONE NUMBER

HEALTH INFORMATION

(Please list & give dates if known)

Health conditions/operations:

Handicapping Conditions:

Allergies (medication, food, insects, etc.):

Describe the usual **symptoms/reactions**:

Medications (prescription and non-prescription):

If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific to Medication Form/Physician's Order (IFAS# 39513035) is required. Refer to attached Medication/Treatment Order. MEDICATION MUST BE PROVIDED FROM HOME. There will not be a school nurse in attendance on this trip.

Does your child have any activity restrictions? Yes_____ No _____ If yes, please explain._____
Does your child have dietary restrictions? Yes_____ No _____ If so, what are restrictions?_____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.

INSURANCE COMPANY _____ POLICY OR BINDER NUMBER _____

PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____ DATE_____

Outdoor Ed T-shirt Order Form 2016

All students attending Outdoor Education will receive a Camp T-shirt. Please complete and return this form with your paperwork.

What size should we order for your child?

Please check one:

_____Adult Small

_____ Adult Medium

_____ Adult Large

_____ Adult XL

Your child's first and last name. Please Print!

_____ _____

(First) (Last)

MEDICATION PROCEDURE INFORMATION

School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

1. Parents must provide a written authorization for **any** medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
2. **The first dose of any new prescription must be given at home.**
3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:
   - Name of student
   - Date of medication order
   - Name of medication
   - Dosage and strength of medication
   - Route of administration
   - Date order expires (Check box if order valid for summer school.)
   - Time and frequency of medication
   - Diagnosis (Reason for administration of medication.)
   - Authorized health care provider signature
   - Special instructions (including whether or not medication may be self-administered or carried by the student

   Note: PRN medications should have the **frequency** of repeat doses clearly indicated on the order.
4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
5. **A new medication order is required for each new school year dated on or after July 1.**
6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; ***a second labeled container can be obtained by asking the pharmacist.*** Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:
   - Name of the student
   - Date of the medication order
   - Name of the Medication
   - Route, time, and frequency of the medication
   - Dosage and strength of the medication
   - Authorized health care provider name
8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
9. The school nurse must approve the medication order before the first does of medication can be administered at school.
10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
15. Under no circumstances may any school staff administer **any** medication outside the procedures outlined in the Health Services Medication Administration Procedure.
16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.

Outdoor Ed 2016 10/5/16 — 10/7/16

Outdoor Ed 10/5 - 10/7/2016

IFAS #39513035 Form

HCPSS SCHOOL HEALTH SERVICES

Medication Form/Physician's Order (To Be Completed by Physician/Authorized Health Care Provider)

Student Name: _____ Gender: M F Date of Birth: _____ Grade: _____ Date of Order: _____

School: _____ Order Expires End of School Year **or** (date): _____

Reason for Medication: _____ Order valid for current year including summer school (Check if appropriate) ☐

Name of Medication: _____ Dose: _____ Strength: _____

Time to Give Medication: _____ Route: _____ Frequency of Medication: _____ Date Med. Expires: _____

Possible Side Effects: _____ Allergies: _____

Special Instructions _____

☐ Student may carry and self administer medication for asthma or other airway constricting conditions MD Initials ☐

PRINTED PHYSICIAN/PRESCRIBER NAME AND SIGNATURE

PARENT/GUARDIAN SIGNATURE

Medication Administration Record (For School Use Only)

Nurse Reviewed: **Dates Reviewed:**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
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November																															
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March																															
April																															
May																															
June																															
July																															

Name/Position	Initials	Name/Position	Initials

Nursing assessement has been completed for student self-administration _____

Student may / may not self administer (Circle One) RN Signature Date

CODES: Chart reason (See H.S. Manual)

X: School Closed FT: Field trip
A: Absent R: Refused
N: None Available O: Omitted
NS: No Show to HR H: Dose Held
D/C: Med. Discontinued
L/E Late Arrival/Early Dismissal

HCPSS/DSFCS/OSS/Health Services/Medication Order Form /pat/7/05

IFAS #39502293 Packet

Outdoor Ed 10/5-10/7/16