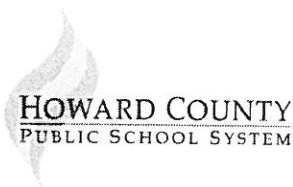


# MOUNT VIEW MIDDLE SCHOOL

12101 Woodford Dr. • Marriottsville, MD 21104 • 410-313-5545 • (F) 410-313-5551 •  
www.hcpss.org/mvms



September 2018

Dear Sixth Grade Parents/Guardians:

As part of the sixth grade instructional program at Mount View Middle School, a three (3) day Outdoor Educational field trip has been scheduled for October 3<sup>rd</sup>-5<sup>th</sup> at Sandy Hill Camp and Retreat Center in North East, Maryland. Sandy Hill Camp and Retreat Center is located approximately 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. For more information about Sandy Hill Camp and Retreat Center, we encourage you to visit their website [www.sandyhillcamp.com](http://www.sandyhillcamp.com)

The cost for each student is \$165.00, which covers lodging, meals, activities, snacks, and a t-shirt. To ensure your child does not miss out on this educational experience all permission slips, medical forms and payments must be submitted to MVMS by Friday, September 21, 2018. Please contact Mrs. Gavazzi or Mrs. Mezeivtch if you have any payment concerns. There will be no refunds after September 26, 2018.

Students must be dropped off at Mount View Middle School on Wednesday, October 3<sup>rd</sup> at 8:15 AM and must be picked up on Friday, October 5<sup>th</sup> at 12:00 PM from Mount View Middle School. Please consider carpooling within your neighborhood to alleviate traffic concerns and interference with the school busses.

Sincerely,  
Gayle Gavazzi and Elaine Mezeivtch  
6<sup>th</sup> grade science teachers

## The following items **MUST** be returned by September 21, 2017.

### Returned:

- ☐ Signed Permission Form (attending / not attending) -- *ALL Students*
- ☐ Payment \$165.00 -- *ALL Students*

### Pay options:

- Online via MVMS website (see attached flyer for directions/details)
- Check (made payable to MVMS)

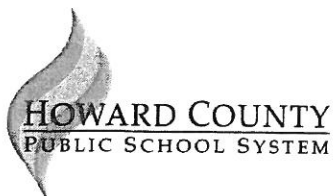
- ☐ Completed Emergency Procedure/Health Information Form-- *ALL Students*
- ☐ Completed Consent and Liability Form-- *ALL Students*
- ☐ Medication/Form & Medicines (if needed) **MUST** be brought to the MVMS Health Room by a parent by September 21<sup>st</sup>.

**\*Medication Questions? Call Health Room (410) 313-5550**

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

## IMPORTANT DATES TO REMEMBER!

September 13	Parent Chaperone Interest Form due
September 14	Selected parent chaperones notified
September 20	Sandy Hill Camp and Retreat Center Information Meeting - MVMS Cafeteria 6:00 – 7:00pm
September 21	All signed forms and \$165 payment due
September 21	All Medications and Medical Order Forms due to MVMS Health Room
September 26	No refunds issued beyond this date



### PERMISSION FORM FOR STUDENT FIELD TRIP

Dear 6<sup>th</sup> Grade Parents/Guardians:

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 whether your child is attending or NOT, detach and return with cash or check to the Teacher-In-Charge.

School:	Mount View Middle School		
Destination:	Sandy Hill Retreat Center in North East, MD		
Objective of the trip:	Outdoor Environmental Education		
Class/Group:	6 <sup>th</sup> Grade		
Departure date:	3 October 2018	Time:	8:15 am
Return Date:	5 October 2018	Time:	12:00 pm
Bus Company:	Dillon's Bus Services		
Public Transport:	N/A		
Cost per student:	\$165.00		
Checks payable to:	Mount View Middle School		
Due Date:	Friday, September 21, 2018		
Meal Arrangements:	Provided by Sandy Hill Retreat Center		
Appropriate Attire:	See Student Packing List		
Total # of Students:	250		
Anticipated Ratio of Chaperones to Students:	1:10		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight X	Non School Day <input type="checkbox"/>

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:  
  
No Alternate Plans

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: Mrs. Gavazzi, Mrs. Mezeivtch

Contact number: (410) 313-5545

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.

- ☐ My child will attend the outdoor education trip.  
☒ My child will **NOT** attend the outdoor education trip.

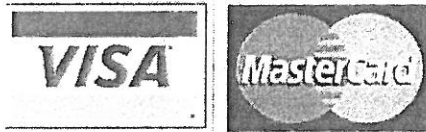
I GRANT PERMISSION FOR \_\_\_\_\_ TO GO TO \_\_\_\_\_  
(PRINT Student Name) (Destination)  
ON \_\_\_\_\_ I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR  
(Date)  
CONDITIONS BEYOND THEIR CONTROL.

PARENT NAME OLOLADE ODETOLA PARENT SIGNATURE [Signature]

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

## Online Payment for School Activities

Credit and Debit Cards Accepted



**Mount View Middle School**  
will be accepting online payments for

## Outdoor Education

A step-by-step guide for purchasing school activities  
online with OSP\* is available on the **MVMS website** under  
**School Resources > Online Payments**

*\*OSMS, Inc. has a process/handling fee (4%) for online payments.*

MVMS website: <http://mvms.hcpss.org>

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 ON THE REVERSE SIDE OF THIS SHEET.**

## **\*Outdoor Education Chaperone Lottery Form\***

Parents or legal guardians who are interested in chaperoning the 6<sup>th</sup> grade Outdoor Education Field Trip on October 3-5 should complete the form below and **return it to your child's science teacher by September 13<sup>th</sup>, 2018 (this is a firm date)**. Chaperones will be selected by lottery and will be notified no later than September 14th. **Chaperones must attend all 3 days.**

**\*There is no cost to chaperones.**

### **What are the duties of an Outdoor Ed. Chaperone?**

Parent Chaperones will transport students to instructional activities, supervise afternoon free time and monitor their cabin group in the evening. Chaperones will never be alone with a student and should refer any problems or questions to a staff member. Due to limited cabin accommodations that are beyond our control, we are unable to guarantee that all parents will be assigned to their child's cabin. We appreciate your flexibility.

### **Please check all that apply:**

- ☐ I love the outdoors and am able to spend all three days, October 3-5 on the Chesapeake Bay with middle school students. **I understand that I am may be required to provide my own transportation to and from the camp.** In addition, I will attend the parent chaperone meeting on Thursday, September 20th from 6:00-7:00pm
- ☐ I am also a doctor or registered nurse and can assist in the medical station.
- ☐ I am willing to work at the high adventure station for the duration of the trip

### **Please note the specifics of this chaperoning commitment:**

1. Must attend all 3 days.
2. Cell phone use not permitted during instructional and evening activities.
3. Must attend the information meeting on Thursday, September 20<sup>th</sup> at MVMS from 6:00-7:00pm

**Please contact Mrs. Gavazzi or Mrs. Mezeivtch with any questions or concerns.**

E-mail address [gayle\\_gavazzi@hcpss.org](mailto:gayle_gavazzi@hcpss.org) or [elaine\\_mezeivtch@hcpss.org](mailto:elaine_mezeivtch@hcpss.org)

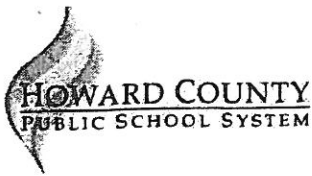
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Parent/Guardian name: \_\_\_\_\_ Circle: Male or Female

Student's name: \_\_\_\_\_ Circle: Male or Female

Contact information: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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
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NAME OF PERSON	RELATIONSHIP	PHONE NUMBER
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**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 \_\_\_\_\_



**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: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_ Order Expires End of School Year or (date): \_\_\_\_\_ ☐

Name of Medication: \_\_\_\_\_ Time to Give Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Dose: \_\_\_\_\_ Strength: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_ Frequency of Medication: \_\_\_\_\_ Date Med. Expires: \_\_\_\_\_

Special Instructions \_\_\_\_\_ Allergies: \_\_\_\_\_

☐ 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:**

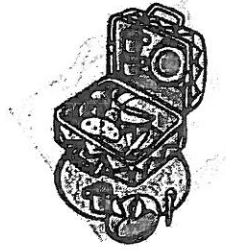
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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June																															
July																															

Name/Position \_\_\_\_\_ Initials \_\_\_\_\_ Name/Position \_\_\_\_\_ Initials \_\_\_\_\_

**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
- I/E Late Arrival/Early Dismissal

## Dietary Concerns



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

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

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please contact Mrs. Gavazzi or Mrs. Mezeivtch with any questions or concerns.**  
E-mail address [gayle\\_gavazzi@hcpss.org](mailto:gayle_gavazzi@hcpss.org) or [elaine\\_mezeivtch@hcpss.org](mailto:elaine_mezeivtch@hcpss.org)

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_



## 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:

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Name of student</li> <li>• Date of medication order</li> <li>• Name of medication</li> <li>• Dosage and strength of medication</li> <li>• Route of administration</li> </ul> | <ul style="list-style-type: none"> <li>• Date order expires (Check box if order valid for summer school.)</li> <li>• Time and frequency of medication</li> <li>• Diagnosis (Reason for administration of medication.)</li> </ul> | <ul style="list-style-type: none"> <li>• Authorized health care provider signature</li> <li>• Special instructions (including whether or not medication may be self-administered or carried by the student)</li> </ul> |
|---|--|--|

**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:
 

<ul style="list-style-type: none"> <li>• Name of the student</li> <li>• Date of the medication order</li> </ul>	<ul style="list-style-type: none"> <li>• Name of the Medication</li> <li>• Route, time, and frequency of the medication</li> </ul>	<ul style="list-style-type: none"> <li>• Dosage and strength of the medication</li> <li>• Authorized health care provider name</li> </ul>
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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 Education General Guidelines

1. All Howard County School System and Mount View 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 health room by September 21<sup>st</sup>. No medications will be accepted after this date. If your child is sick before the trip, please meet in the health room at 8:00 am Wednesday October 3<sup>rd</sup>. You must have the medication along with the medical forms and doctors signature. (Form can be found on the MVMS website) **STUDENTS ARE NOT ALLOWED TO CARRY MEDICINE!** Parents attending ODE can pack their child's medicine.

## Mount View 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
- Tennis or hiking shoes
- Shoes to wear in the water
- Sweater/Sweatshirt
- Several changes of outer clothing
- Changes of inner clothing
- Several pairs of socks
- Pajamas
- Personal Items (soap, shampoo, toothbrush, toothpaste, deodorant, etc.)
- Sunscreen and Insect Repellent

### **Optional Items:**

- Water Bottle
- Cell phone (Students are not permitted to carry cell phones, must be kept in their cabin at all times.)
- Camera
- Sunglasses
- Book or magazines to read
- Shower shoes or flip-flops
- Drawstring bag to carry water bottle and notebook

### **Do not bring:**

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