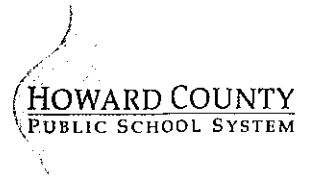


MOUNT VIEW MIDDLE SCHOOL

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



September 2019

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 2nd-4th 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

The cost for each student is \$170.00, 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 20, 2019. Please contact Mr. Grabau 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 2nd at 8:15 AM and must be picked up on Friday, October 4th 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,
Mr. Eric Grabau
6th grade science teachers

The following items **MUST** be returned by September 20, 2019.

Returned:

- Signed Permission Form (attending / not attending) -- *ALL Students*
- Payment \$170.00 -- *ALL Students*

Pay options:

- Online via MVMS website (attach copy of receipt to permission slip)
- Check (made payable to MVMS)

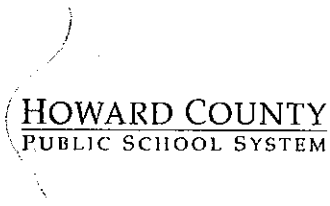
- Completed Emergency Procedure/Health Information Form-- *ALL Students*
- Completed Consent and Liability Form-- *ALL Students*
- Medication/Form & Medicines (if needed) **MUST** be brought to the MVMS Health Room by a parent by September 20th.

***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 12	Parent Chaperone Interest Form due
September 13	Selected parent chaperones notified
September 17	Sandy Hill Camp and Retreat Center Information Meeting - MVMS Cafeteria 6:00 – 7:00pm
September 20	All signed forms and \$170 payment due
September 20	All Medications and Medical Order Forms due to MVMS Health Room
September 25	No refunds issued beyond this date



PERMISSION FORM FOR STUDENT FIELD TRIP

Dear 6th 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 th Grade		
Departure date:	2 October 2019	Time:	8:15 am
Return Date:	4 October 2019	Time:	12:00 pm
Bus Company:	Dillon's Bus Services		
Public Transport:	N/A		
Cost per student:	\$170.00		
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: Mr. Grabau

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 _____ PARENT 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>

****Please print a copy of your receipt and send it in with your signed permission slip.**

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 6th grade Outdoor Education Field Trip on October 2-4 should complete the form below and **return it to your child's science teacher by September 12th, 2019 (this is a firm date)**. Chaperones will be selected by lottery and will be notified no later than September 13th. **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 2-4) on the Chesapeake Bay with middle school students. **I understand that I may be required to provide my own transportation to and from the camp.** In addition, I will attend the parent chaperone meeting on Tuesday, September 17th from 6:00-7:00pm

- I am also a doctor or registered nurse and can assist in the medical station.

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 Tuesday, September 17th at MVMS from 6:00-7:00pm

Please contact Mr. Grabau with any questions or concerns.

E-mail address Eric_Grabau@hcpss.org

Parent/Guardian name: _____ Circle: Male or Female

Student's name: _____ Circle: Male or Female

Contact information: Home: _____ Cell: _____

E-mail: _____

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 order expires (Check box if order valid for summer school.) | • Authorized health care provider signature |
| • Date of medication order | • Time and frequency of medication | • Special instructions (including whether or not medication may be self-administered or carried by the student) |
| • Name of medication | • Diagnosis (Reason for administration of medication.) | |
| • Dosage and strength of medication | | |
| • Route of administration | | |

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	• Name of the Medication	• Dosage and strength of the medication
• Date of the medication order	• Route, time, and frequency 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.



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: _____

May carry/self administer meds for airway constricting diseases May carry/self administer OTC meds on field trips MD Initials

Physician name (print): _____ Physician signature _____ Parent signature: _____

Medication Administration Record (For School Use Only)

	Nurse Reviewed												Date(s) 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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October																																
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March																																
April																																
May																																
June																																
July																																

Name/Position _____ Initials _____ Name/Position _____ Initials _____

Codes: Chart reason (see High School manual)

X: School Closed FT: Field Trip

A: Absent R: Refused

N: None Available O: Omitted

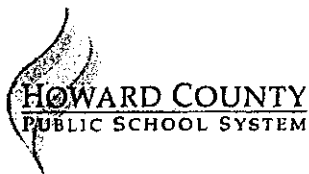
NS: No Show to HR H: Dose Held

D/C: Medication discontinued

L/E: Late arrival/early dismissal

Nursing assessment has been completed for student self administration _____ RN Signature _____ Date _____

Student may/may not self administer (check one) Yes No



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 _____

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 or elaine_mezeivtch@hcpss.org

Parent name: _____

Parent signature: _____

Phone Number: _____

E-mail address: _____

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 20th**. No medications will be accepted after this date. If your child requires medication shortly before the trip, please meet in the health room at 8:00 am Wednesday October 2nd to deliver your child's medication. 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 as chaperones can pack and carry their child's medicine.

Mount View Outdoor Education Packing List

***Please check the weather forecast before the trip and pack accordingly.**

***Label all belongings**

***There is no way to secure valuables at camp**

Required Items

Pillow	Rain gear	Towels	Several pairs of socks
Sheet	Sweatshirt	Pajamas	Water bottle
Blanket/Sleeping Bag	Tennis/hiking shoes	Shower shoes	Sunscreen & bugspray
Personal Items – soap, <u>deodorant</u> , toothbrush, toothpaste, shampoo, etc.	Several changes of clothing (under and outer)	Shoes that can get wet (water shoes or old sneakers)	Plastic bag(s) for wet clothing/shoes

Optional Items

Sunglasses	Camera	Book	Drawstring bag
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***Cell phone** are permitted but should be kept in cabins at all times. Students who carry their phones during the day risk losing them in the woods or getting them wet in the Elk River. Mt View and Sandy Hill staff will not be held responsible for the loss or damage of student devices.

Do Not Bring

Money	Electronics	Umbrella	Pocket knives
Weapons	Matches	Gum/candy	

***Food/Snacks.** We have students with severe food allergies. Please abide by this rule.