

Name _____ 1st period teacher _____

Sixth Grade Outdoor Ed (September/October 2013)

General Information

Where: Skycroft Conference Center
9621 Frostown Road
Middletown, MD 21789
(301) 293-3640



When: **Session 1: September 30th to October 2nd, 2013**
(Monday, Tuesday, Wednesday)

Session 2: October 2nd, 2013 to October 4th, 2013
(Wednesday, Thursday, Friday)

Departure Time: Approximately 9:00 A.M. the first day of your session

Return to RCMS: 1:00 P.M. the last day of your session

Important:

- **Day of Departure:** Children should **NOT** ride the bus to school. The school bus they normally take to school will not have room for luggage, sleeping bags, pillows, etc. Children should be **DRIVEN** to school with their belongings and a bag lunch on the morning of departure.
- **Day of Return:** Children will need to be picked up at RCMS **no later than 1:00 P.M.** on the day they return to RCMS. (They will **NOT** attend their regular afternoon classes.)

Who:

- 6th Grade Team Leaders: 6-1: Carraway; 6-2: Gall;
- Sixth Grade Teachers
- Sixth Grade Students
- Parent Volunteers ☺

Cost: **\$76 per student**
Parent Volunteers do not have to pay.

This fee covers:

- Transportation to and from the Outdoor Education site
- All food service (except lunch on the first day)
- Rental of the Outdoor Education site
- Guest speakers
- Daily on-site nurse or health technician
- Snacks, prizes, craft supplies

Parent Information Night – On Thursday August 29, 2013, 7:00 p.m.-8:00 p.m.

There will be an Outdoor Ed parent information night at RCMS. This will be a great opportunity for parents to ask questions, hear additional information, and volunteer to be a chaperone.

Skycroft Conference Center

The Skycroft Conference Center is located on South Mountain in Frederick County. It provides a picturesque setting for the many exciting study areas of the grade six residential program.

There are six dormitories with bunk beds for students. The dormitories vary in layout and bed count but will all be supervised by adults.

At Skycroft hot meals and a salad bar are provided by the staff. Breakfast is at 8:00 a.m., Lunch is at 12:00 noon, and Dinner is at 5:30 p.m. Under the direction of the Kitchen Patrol captain (a teacher), students take turns being on Kitchen Patrol (KP) duty and serve people seated at their respective tables (8 seats per table).

Students participate in instructional activities led by RCMS teachers in the mornings and afternoons. Students also participate in scheduled clean-up, recreational, and “down” times. Night time events are also scheduled. Possible nighttime events include a night hike and campfire activities.

Description of Activities

The students’ learning experiences at Outdoor Ed focus on environmental study, team-building, and cooperative group activities; some of which are described below. Students will participate in most, but not all, of the possible activities. They will be assigned to study group rotations (about 20 students per group).

- Confidence Course:** A teacher who is certified in this course will engage students in team-building and getting-to-know-you activities. The culminating activity is for students to help each other climb “THE WALL”.
- Local History:** A hike to the first George Washington National Monument will include the local history of South Mountain and nearby Middletown.
- Stream Study:** Students learn to analyze the quality of the water and the animal and plant life in and around the stream.
- Predator/Prey:** Led by the on-site coordinator or RCMS staff, students learn about the “Circle of Life,” and where people fit in. They play predator/prey games and role-play different animals.
- SSL:** Students will participate in a Student Service Learning project for which they will earn hours as one of our instructional groups.

Parent Volunteers

Parent volunteers are welcome to come to Outdoor Ed. Parents will assist teachers during instructional time and with the evening activities, provide guidance during recreational time, help children prepare for bed and chaperone them throughout the night.

Medical Needs

If a child receives medication (prescription or non) on a daily basis, a parent or legal guardian and the child’s **doctor** must complete a form (see Attachments). **You must use a separate form for each medication.** More forms are available on the Outdoor Ed website referenced at the bottom of this page. In addition, the medication that needs to accompany your child to Outdoor Ed must be **brought in to the school nurse no later than one (1) week prior to your child’s session.** The medicine **MUST** be in the original container.

Students may **NOT** bring any kind of medication on their own, including non-prescription drugs such as aspirin or ibuprofen.

A registered nurse (R.N.) is on the premises to administer medication during the day at Smith Center. Teaching staff will administer medication in the evenings (after 5:00 P.M.)

Dietary Considerations

If your child has special dietary requirements, please indicate that in the appropriate section of the Permission Slip.

Completed Forms and Payment

Students should bring completed forms (e.g. permission slips and medical forms) and payment directly to their Science teacher. **Checks** should be made payable to **Roberto Clemente Middle School**. *You **MUST** have your child's **FIRST AND LAST** name on the **memo line** of the check.*

❖ **Outdoor Ed Website** - <http://www.mcps.k12.md.us/curriculum/outdoore>

Equipment and Supplies

Essential equipment:

- bag(plastic) or other container for laundry
- boots (sturdy) or hiking shoes (one/two pr.)
 - cap or hat
- gloves or mittens (cold weather)
 - handkerchief
 - jacket or warm sweater
- Jeans or slacks (two pr.)
 - Pajamas (one pr.)
 - raincoat or poncho
 - sheets, blanket, or sleeping bag
 - Shirts long sleeve
 - socks (4 or more pairs)
- Toilet articles: Bath towel, comb, brush, soap and soap dish, toothbrush and toothpaste
 - Underwear

Optional Equipment:

- Binoculars
- camera & film
 - compass
- flip flops (shower)
- playing cards
- insect repellent (non-aerosol)
 - lip balm
- pillow and pillow cases
- shorts (recreation time only)
 - sunscreen
 - watch

Things NOT to bring:

- aerosol sprays
 - curling iron
 - firearms
- gum, candy, food, drinks
- knives (of any kind)
 - matches
 - money
- **cell phones**
 - **iPods**
- radios/CD players
- electronic games
- any electronic device not already specified
- sandals (for outdoor wear)

Parent Volunteer Form

Dear Parents,

All of the 6th grade teachers are very excited about our Outdoor Education Program and are busy planning many learning activities for your children. We would appreciate help from parents in the implementation of the program and in the supervision of students.

If you are able to help, please complete the form below.

After completing the form, please return the form to **your child's Science teacher**, or ask the staff in the front office to place it in a team leader's mailboxes. Thank you for your help!

Sincerely,
The Sixth Grade Team

Please print neatly.

Student's Name _____

Parent's Name _____

Telephone Number (s) _____

E-mail address _____

Please circle the session you will be attending:

Session 1 (September 30th-October 2nd)

Session 2 (October 2nd-October 4th)

Please check the time that you can help:

_____ Full day 9am-5pm

_____ Overnight supervision in cabins only 7pm until 8am the following morning

_____ Other:

Date and Time you will arrive: _____ Date and Time you will leave: _____

In order to chaperone for Outdoor Ed you must attend a mandatory Chaperone meeting Thursday September 19th from 7-8pm.

**MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850**

**EMERGENCY CARE FOR THE MANAGEMENT OF A
STUDENT WITH A DIAGNOSIS OF ANAPHYLAXIS
Release and Indemnification Agreement for
EpiPen® (Epinephrine Auto Injector)**

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize the Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (MCDHHS) personnel to administer an EpiPen® (Epinephrine Auto Injector) as directed by the health care provider (Part II below). I agree to release, indemnify, and hold harmless MCPS and MCDHHS and any of their officers, staff members, or agents from lawsuit, claim, demand or action against them for administering prescribed medication to this student, provided MCPS and MCDHHS staff are following the health care provider's orders as written in Part II. I am aware that the injection may be administered by a trained-unlicensed staff member. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

I understand that the rescue squad will always be called when an **EpiPen® (Epinephrine Auto Injector)** is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name _____ Birth Date _____ School Name _____
 _____ Signature, Parent/Guardian _____ Phone Number _____ Date _____

PART II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

In accord with Maryland State Regulations, the EpiPen® (Epinephrine Auto Injector) may be administered by unlicensed staff (MCDHHS School Health Room Aide or MCPS employee) that are trained by the school nurse. Unlicensed staff is not allowed to wait for the appearance and observe for the development of symptoms before administering the **EpiPen® (Epinephrine Auto Injector)**.

- Name of Medication: **EpiPen® (Epinephrine Auto Injector)**
 - **Ana-Kit®** will not be accepted for use at school.
 - **EpiPen® (Epinephrine Auto Injector)** will not be accepted for the management of asthma.
- Reason for Medication: For the management of acute allergic reaction to: Check
 - Stinging insects (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify) _____
 - Other allergen(s) (specify under what circumstances) _____
- Medication is to be given: Check
 - If insect stings (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify) _____
 - If other known or unknown allergen(s) (explain) _____
- Route of administration for **EpiPen® (Epinephrine Auto Injector)**: Intramuscularly (IM) **into anterolateral aspect of the thigh**
- Dosage of medication: Check one **EpiPen® Jr. (Epinephrine Auto Injector)** 0.15 mg.
 EpiPen® (Epinephrine Auto Injector) 0.3 mg.
- Repeat dose in 10 minutes if rescue squad has not arrived*. Yes No or Other _____
- *NOTE: For repeat dose, a second EpiPen® (Epinephrine Auto Injector) must be ordered and brought to school.
- Side effects: Palpitations, rapid heart rate, sweating, nausea and vomiting; Remarks _____

THIS MEDICATION AUTHORIZATION IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

Health Care Provider Name - Print or type _____ Phone Number _____ Original Signature, Health Care Provider _____ Date _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self-administration of emergency medication **must** be authorized by the prescriber and be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____
 Health Care Provider Signature _____ Date _____

School RN approval for self carry/self administration of emergency medication: _____
 School RN Signature _____ Date _____

PART III: TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

- Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the Health Care Provider's stationery/prescription blank.
- Medication properly labeled by a pharmacist. **EpiPen® (Epinephrine Auto Injectors)®** received: 1 dose 2 doses
 Reviewed by _____ Signature, Principal/School Nurse _____ Date _____

INSTRUCTIONS TO THE PARENT: Please complete this form and return it to the teacher. The teacher will deliver the completed form to the health assistant or nurse upon arrival at the outdoor education center.

Student's Name _____ Male Female

Address _____ Birth Date ____/____/____

School Name _____

Please check all that apply:

- My child needs medication. (Parent is required to furnish medication in the original properly labeled container, correctly authorized on MCPS Form 525-13: *Authorization to Administer Prescribed Medication*. No medicine will be given that is not in compliance with MCPS Policy JPC: *Administration of Medication to Pupils*.)
- My child should take the following over-the-counter medications _____. I have submitted MCPS Form 525-13. (a doctor's signature is **not** required for over-the-counter medications at the outdoor education program **only**.)
- My child is allergic to insect bites to the extent that he/she needs medical treatment. (If adrenalin is required, attach MCPS Form 525-14: *Emergency Care for Management of Anaphalaxis*.)
- My child has an anaphalactic reaction to _____ food(s). Attach MCPS Form 525-14 if adrenalin is required.
- My child is allergic to _____
- My child has special dietary requirements _____. (Some special diets will require that parents supply some food.)
- My child has other special conditions of which you should be aware. They are: _____

Date of student's last Tetanus shot ____/____/____

OTHER INFORMATION

Name of Family Doctor _____

Doctor's Telephone # _____

Parent's Home Telephone # _____

Mother's Work Telephone # _____

Father's Work Telephone # _____

Emergency Contact Name _____

Emergency Contact Telephone # _____

INSURANCE INFORMATION

Medical Insurance Carrier's Name _____

Group/Organization _____

Policy Number _____

If Family is member of HMO/PPA:

Name of Group _____

Office Used _____ I.D. # _____

Telephone # _____

Check if your child is serving as a high school student assistant and list his/her school _____

I give permission for my child to participate in the outdoor education program described in the accompanying letter which I have read. In the event I cannot be reached in an emergency, I hereby give permission to the staff of the outdoor education center to secure proper treatment for my child.

Signature, Parent/Guardian

Date