

Dear Parents,

Outdoor Education is an exciting experience for your 6<sup>th</sup> grader! We want to overview our Outdoor Education plans for this year.

**What?**

- Outdoor Education is part of the 6<sup>th</sup> grade curriculum.

**When?**

- Each group will attend camp for 3 days and 2 nights.
  - The dates for **Session 1 are Monday, March 2 - Wednesday, March 4.**
  - The dates for **Session 2 are Wednesday, March 4 - Friday, March 6.**

**Where?**

- This year Rocky Hill sixth graders will be attending Outdoor Education at Camp Letts, a site near Edgewater, MD.

**Outdoor Education Cost:**

The total cost of Outdoor Education is **\$85.00.**

- The MCPS fee for Outdoor Education is \$76, which includes transportation, lodging, insurance, and all meals except for a bag lunch on the first day.
- The remaining \$9 is for other additional materials (treats, prizes, glow-in-the-dark necklaces, critter show and photos).
- In addition, the 6<sup>th</sup> grade team will be using Sign-Up Genius to request help with some of these items. Look for a Connect Ed message with the link in February.
- **Payment in cash, check payable to Rocky Hill, or online school payments (OSP), and permission slips can be turned into any 6<sup>th</sup> grade teacher no later than Friday, February 14th.**
- The link for the OSP payments is:  
<https://www.montgomeryschoolsmd.org/schools/rockyhillms/mediacenter/onlineservices.aspx>  
Limited scholarship funds are available for families who need help meeting Outdoor Education expenses. Please call Mrs. Quinn or Dr. Eldridge if you wish to discuss a scholarship or a deferred payment plan. We want **ALL** students to benefit from this wonderful educational experience.

**Donations:**

- If you would like to make a donation to our Rocky Hill OE scholarship fund, it would be greatly appreciated! This donation will go directly to our Rocky Hill students to ensure that all of our Wildcats will be able to have this experiential learning opportunity. No amount is too small!!

**Medications:**

- **All medications and forms must also be turned in by a parent directly to our Health Room no later than Friday, March 21st.**

**Volunteers:**

- Our program will involve the entire Rocky Hill community. The team invites parents to volunteer here at Rocky Hill before camp or at the Camp Letts site. See the next page for more details on being a parent volunteer at Outdoor Education.

The 6<sup>th</sup> grade team is looking forward to Outdoor Education. Thank you for reviewing the guidelines in this packet. If you have any questions, please contact Mrs. Quinn, 301-353-8282 x1070 (work) or [Lorie.Quinn@mcpsmd.org](mailto:Lorie.Quinn@mcpsmd.org).

Thank you,  
The 6<sup>th</sup> Grade Team

# Objectives of the Outdoor Education Program

1. To cultivate awareness, knowledge, appreciation, and concern for the natural environment and the effect of people's actions upon it.
2. To motivate students to develop positive attitudes toward learning through varied experiences in the natural environment.
3. To provide students with many direct experiences in using scientific processes, such as observing, measuring, classifying, and hypothesizing.
4. To make students' regular school program more meaningful by applying the knowledge and skills acquired in the classroom to real-life situations beyond the classroom.
5. To help students learn to live democratically and responsibly for the welfare of the total group.
6. To improve relationships among peers and students and adults.
7. To improve students' physical fitness.
8. To provide outdoor learning experiences through the MCPS curriculum that increase students' content and process knowledge
9. To nurture awareness, appreciation, and stewardship for the environment.
10. To build the capacity of MCPS educators to teach environmental education using the outdoors as a classroom.



# Outdoor Education Reminders

## • December - February - Prior to camp, submit the following items:

\_\_\_\_\_ 1) REQUIRED - permission slip (include all phone numbers and sign at the bottom) – **DUE February 14th**

\_\_\_\_\_ 2) REQUIRED - payment - \$85 (cash, check-made payable to Rocky Hill, or Online School Payments) - **DUE February 14th**

\_\_\_\_\_ 3) OPTIONAL - medical form (The medical form is only to be returned if your child will be taking **ANY** medication while at camp. This includes over-the-counter medications and prescriptions. If you have any questions, call our health room at 301-601-4868.) - **DUE February 21st**

\_\_\_\_\_ 4) OPTIONAL - parent volunteer form – only if you will be chaperoning at Camp Letts or helping at Rocky Hill with OE preparations – **DUE February 1st**

\_\_\_\_\_ a) REQUIRED – fingerprinting for ALL parent volunteers who will be chaperoning during the day or evening at Camp Letts – **DUE February 1<sup>st</sup>**

\_\_\_\_\_ a) REQUIRED –Child Abuse & Neglect online training for ALL parent volunteers <https://www.montgomeryschoolsmd.org/childabuseandneglect/> – **DUE February 1<sup>st</sup>**

## • December – February – to be completed at home

\_\_\_\_\_ 1) Review objectives and packing list included in this packet.

\_\_\_\_\_ 2) Review power points on various topics relating to Outdoor Education that will be posted on the RH website throughout the weeks prior to camp.

\_\_\_\_\_ 3) Read Connect Ed Messages sent regarding updates about Outdoor Education

## • March

\_\_\_\_\_ 1) Plan on who will bring your child to Rocky Hill at 9am on the first day AND who will pick your child up from Rocky Hill on the last day at 1:00 pm.

\_\_\_\_\_ 2) On the departure date to Camp Letts, students report to the dining room at Rocky Hill at 9:00 am and bring the following items: **Please note:** Students MAY NOT ride the bus to school with their OE gear.

\_\_\_\_\_ a) luggage

\_\_\_\_\_ b) bag lunch with a drink in a non-breakable container labeled with the student's name (No other food (including gum) is allowed to be brought to camp.)

\_\_\_\_\_ c) sleeping bag

\_\_\_\_\_ d) pillow

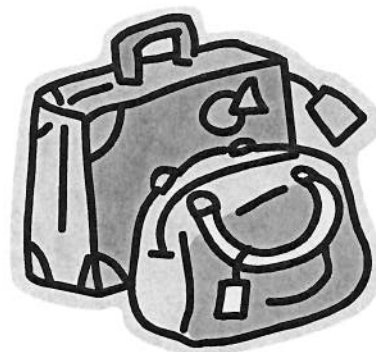
\_\_\_\_\_ e) pencils

\_\_\_\_\_ 3) On the arrival date back from Camp Letts, someone needs to be at Rocky Hill no later than 1:00 pm to welcome your child back and take him/her home!

# SUGGESTED PACKING LIST

## Essential Equipment    Optional Equipment    Things NOT to bring

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• bag or other container for laundry</li><li>• boots or hiking shoes</li><li>• cap or hat</li><li>• jacket</li><li>• sweater/sweatshirt</li><li>• jeans</li><li>• pajamas</li><li>• underwear</li><li>• rain coat/poncho</li><li>• sheets/blankets or sleeping bag</li><li>• shirts, long sleeves</li><li>• socks (thick - 6 pr.)</li><li>• pillow/pillow case</li><li>• toilet articles<br/>towel, wash cloth, comb, brush, soap<br/>toothpaste/brush<br/>shampoo, deodorant</li><li>• pencils (sharpened)</li><li>• water bottle</li><li>• flashlight</li></ul> | <ul style="list-style-type: none"><li>• binoculars</li><li>• camera/film</li><li>• compass</li><li>• bandana</li><li>• chap stick</li><li>• stationery/stamps</li><li>• pen</li><li>• watch</li><li>• book</li><li>• scarf</li><li>• slippers</li><li>• hair dryer</li><li>• cards</li><li>• bug spray (all natural ingredients encouraged)</li><li>• sun screen</li><li>• gloves or mittens</li></ul> | <ul style="list-style-type: none"><li>• aerosol sprays</li><li>• curling irons</li><li>• firearms</li><li>• gum/candy/food</li><li>• knives of any kind</li><li>• matches</li><li>• money</li><li>• electronic devices of any kind</li><li>• soda</li><li>• <b>cell phone</b></li></ul> |
|---|--|---|



\* Cell phone reception is very spotty at Camp Letts. There is a landline that we use when a phone call must be made!

## Parent Volunteers

We need Parent Volunteers to help make our Outdoor Education Program a success!! Parents can help in many different ways.

- 1) Support our program and this unique hands on learning experience. If you have any questions or concerns about the program, please contact Lorie Quinn.
- 2) Stay informed as there is a lot of information shared with students and parents. There is a parent meeting on December 9th at 6:30 pm in the Rocky Hill cafeteria. There will be power points posted on the RH website and messages sent out via Connect Ed.
- 3) Ask your child about what we have been doing at school to prepare for this fabulous academic experience.
- 4) Come into school and help us copy and collate the student journals.
- 5) Come up to Camp Letts and help us during the day, the evening, overnight, and/or any combination!!

**ALL** parent volunteers are **REQUIRED** to participate in a training on Child Abuse and Neglect Procedures for MCPS.

**ALL** Outdoor Education Parent Volunteers (school help, daytime volunteers & overnight volunteers) must complete an Online Training Module. No parent volunteers will be allowed to help in the school or attend OE if he/she has not completed the training sessions. The mandatory training is online and good for 3 years.

The online training can be found at: <https://www.montgomeryschoolsmd.org/childabuseandneglect/>  
Click on "Online Training for Volunteers and Contractors" found in the blue box.

**ALL Parent Volunteers (daytime and overnight) who want to come up to Camp Letts MUST be fingerprinted!!**

To make this easier, AIS (American Identity Solutions) will be at the OE Parent Meeting at Rocky Hill MS on December 9th from 6:00 – 8:00 pm

- The cost is \$20. This must be paid at time of finger printing. If you need assistance paying for the fingerprinting, please contact Mrs. Quinn or Dr. Eldridge.
- If you are currently employed by Montgomery County Public Schools or law enforcement (local, state, or federal) you do not need to be finger printed. Proof of employment required.
- If you are unable to attend the OE Parent Meeting and need to be finger printed, you will have to make a private appointment with American Identity Solutions no later than February 1<sup>st</sup>. Be sure to take the AIS voucher with you or you will have to pay more.
- If you have been fingerprinted with MCPS within the past 3 years, you do not need to be finger printed again. Please provide the information requested on the following page so we can verify the information.

All parent volunteers **MUST COMPLETE** the form below and send it back to Rocky Hill to help us with scheduling.

Please check all areas for which you would like to **volunteer**. Return this form to Mrs. Quinn by **February 1, 2020**. **A staff member will contact you to confirm arrangements. All parent volunteers MUST complete the online Child Abuse & Neglect Training sessions and be fingerprinted no later than February 1<sup>st</sup>!**

\_\_\_\_\_ I would like to assist at Camp Letts for an entire **DAY**. Please check your preferences. Must complete the online training and the fingerprinting by February 1<sup>st</sup>. Send the Child Abuse & Neglect confirmation # and fingerprinting receipt to Mrs. Quinn.

**Session 1**

\_\_\_\_\_ Monday 1:30 pm - 5:00 pm

\_\_\_\_\_ Tuesday 9:00 am - 5:00 pm

**Session 2**

\_\_\_\_\_ Wednesday 1:30 pm - 5:00 pm

\_\_\_\_\_ Thursday 9:00 am – 5:00 pm

\_\_\_\_\_ I would like to chaperone students in cabins at Camp Letts **OVERNIGHT**. (6:00 pm - 7:30 am) Must complete the online training and the fingerprinting by February 1<sup>st</sup>. Send Child Abuse & Neglect confirmation # and fingerprinting receipt to Mrs. Quinn.

**Session 1**

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

**Session 2**

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ I would like to help photocopy materials or collate student journals at Rocky Hill prior to camp. (Child Abuse & Neglect Training Required)

Print Student's Name \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child Abuse & Neglect Training Confirmation # \_\_\_\_\_ Date Completed \_\_\_\_\_

Finger printing completion date \_\_\_\_\_ (send in copy of receipt if possible)

Parent Volunteer Date of Birth \_\_\_\_\_

Elementary School your child attended when fingerprinting was completed \_\_\_\_\_

MCPS Employee - School Name & Employee ID # \_\_\_\_\_

Law Enforcement Branch - send in a copy of ID and/or badge #





Dear Sixth Grade Parents,

The Outdoor Education Program policy for medication administration is described below. Please note the following:

1. Each medication must be written on a separate form.
2. All medication dosages and frequencies should be clearly stated. Ranges of dosages (example, 1-2 tablets) and ranges of frequencies (example, every 4-6 hours as needed) will **not be accepted**. Ranges are not compliant with Montgomery County School Health policies. An example of an acceptable wording for a dosage and frequency of a medication should read: one tablet every 4 hours as needed.
3. Parents of students who require **non-prescription**, over the counter medication (Tums, Tylenol, Advil, cough drops etc.) during their stay at outdoor education should complete all sections of Part I and Part II (even though the form states "to be completed by physician") of MCPS 525-13 (Authorization to Administer Prescribed Medication Form) and provide the needed medication in the **original sealed container**. Single dose blister packs are accepted if the name and dosage of the medication is included on the back of the packaging.
4. Parents of students who require **prescription** medication must complete Part I of MCPS 525-13. The physician must complete **all** sections of Part II. Epipens require MCPS 525-14. The prescription medication must be in the original container with a label on the container that matches the order written by the physician. When bringing prescription medication please send only enough medication for a three-day trip (with one extra just in case). The prescription bottle will be available for you to pick up at the end of the trip.
5. In Part I please check **New** and provide the date if the student has been given the medication for the first time within 48 hours prior to Outdoor Ed, otherwise check **Renewal**. Please **do not send "first time" medication** to Outdoor Ed in case your child has an allergic reaction.
6. Medications that are currently kept in the Health Room for students will be sent with the completed paperwork that is currently on file in the Health Room. All as needed medications and prescription medication given at scheduled times during the school day will be sent. If your child receives additional doses of prescription medication while at home a new MCPS 525-13 must be completed by the parent and the physician to include all doses given in a 24 hour period. In this case, the medication label on the container must match the physician's order.

All medication and forms must be brought to the Health Room **by an adult**. All **forms** and **medication** are **due by Friday, February 21<sup>st</sup>**. Please **do not** bring in medications without the completed paperwork in hand. Medications should be **picked up by an adult** on the day the students return from their trip. Medications will be destroyed one month after the program. If you have any questions please call the Health Room, at 301-601-3188.

Cheryl Kemp, RN, SCHN

# Sample for Over the Counter Meds - Completed by Parent

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

**AUTHORIZATION TO ADMINISTER  
PRESCRIBED MEDICATION  
Release and Indemnification Agreement**

**PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN**

Session # \_\_\_\_\_

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by the authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS 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 DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student: Mary Smith Birthdate: 1/19/07 School: Rocky Hill MS

Prescription:  Renewal  New If new, the first full day's dosage was given at home on: \_\_\_/\_\_\_/\_\_\_

✓ renewal if student has taken med. before O.E.  
List all medication(s) student is taking, including over-the-counter medication(s): \_\_\_\_\_

Amoxicillin  
Megan Smith 301.606.1234 3/1/20  
Parent/Guardian Signature Phone Number Date

**PART II—TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER (Parent)**

The Montgomery County Department of Health and Human Services and the Montgomery County Public Schools discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

Name of Medication: Tylenol Jr Strength Diagnosis: headache  
Trade name and/or generic

Dosage: 320 mg (be specific) Time(s) To Be Given At School: as needed  
Ranges not accepted (i.e. 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: oral Effective Dates: From 3/2/20 To 3/6/20

Side Effects: \_\_\_\_\_

If PRN, specify:  
When indicated (signs/symptoms) when student complains of headache

Frequency of administration every 6 hours  
Ranges not accepted (i.e. every 2 to 4 hours)

Megan Smith Megan Smith 301.606.1234 3/1/20  
Authorized Prescriber's Name (print/type) Authorized Prescriber Signature Phone Number Date

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto injectors **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 \_\_\_\_\_  
Signature Date

School Nurse (RN) approval for self-carry/self-administration of emergency medication \_\_\_\_\_  
Signature Date

**PART III—TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE**

**Check as appropriate:**

- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and authorized prescriber order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the authorized prescriber's order).

\_\_\_\_\_  
Principal/School Nurse Signature Date

Medicine must be in a new & unopened package.

Form & meds must be brought to Health Rm by an adult!



# Sample for Prescription Meds - Completed by doctor

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

**AUTHORIZATION TO ADMINISTER  
PRESCRIBED MEDICATION  
Release and Indemnification Agreement**

**PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN**

Session # \_\_\_\_\_

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by the authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS 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 DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student: Mary Smith Birthdate: 1/19/07 School: Rocky Hill MS

**Prescription:**  Renewal  New If new, the first full day's dosage was given at home on: \_\_\_/\_\_\_/\_\_\_

renewal if student has taken med. prior to OE.  
List all medication(s) student is taking, including over-the-counter medication(s): \_\_\_\_\_

Tylenol Jr. Strength  
Megan Smith 301 606 1234 2/15/20  
Parent/Guardian Signature Phone Number Date

**PART II—TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER**

Doctor

The Montgomery County Department of Health and Human Services and the Montgomery County Public Schools discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

Name of Medication: Amoxicillin Diagnosis: infection/strep  
Trade name and/or generic

Dosage: 500 mg Time(s) To Be Given At School: 8am, 2pm 9pm  
Ranges not accepted (i.e. 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: oral Effective Dates: From 3/2/20 to 3/6/20

Side Effects: rash

If PRN, specify:

When indicated (signs/symptoms) \_\_\_\_\_

Frequency of administration 3 x/day - every 6 hrs - 8 hrs  
Ranges not accepted (i.e. every 2 to 4 hours)

Dr. Wells Dr. Wells 301 353-9876 2/15/20  
Authorized Prescriber's Name (print/type) Authorized Prescriber Signature Phone Number Date

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto injectors **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 \_\_\_\_\_  
Signature Date

School Nurse (RN) approval for self-carry/self-administration of emergency medication \_\_\_\_\_  
Signature Date

**PART III—TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE**

**Check as appropriate:**

- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and authorized prescriber order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the authorized prescriber's order).

\_\_\_\_\_  
Principal/School Nurse Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

**AUTHORIZATION TO ADMINISTER  
PRESCRIBED MEDICATION  
Release and Indemnification Agreement**

**PART I—TO BE COMPLETED BY THE PARENT/GUARDIAN**

Session # \_\_\_\_\_

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by the authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS 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 DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

**Prescription:**  Renewal  New

If new, the first full day's dosage was given at home on: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all medication(s) student is taking, including over-the-counter medication(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Phone Number Date

**PART II—TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER**

The Montgomery County Department of Health and Human Services and the Montgomery County Public Schools discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

Name of Medication: \_\_\_\_\_ Trade name and/or generic \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) To Be Given At School: \_\_\_\_\_  
*Ranges not accepted (i.e. 1 to 2 tabs or 2 to 4 puffs)*

Route of Administration: \_\_\_\_\_ Effective Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Side Effects: \_\_\_\_\_

If PRN, specify:

When indicated (signs/symptoms) \_\_\_\_\_

Frequency of administration \_\_\_\_\_  
*Ranges not accepted (i.e. every 2 to 4 hours)*

\_\_\_\_\_  
Authorized Prescriber's Name (print/type) Authorized Prescriber Signature Phone Number Date

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto injectors **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 \_\_\_\_\_  
Signature Date

School Nurse (RN) approval for self-carry/self-administration of emergency medication \_\_\_\_\_  
Signature Date

**PART III—TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE**

**Check as appropriate:**

- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and authorized prescriber order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the authorized prescriber's order).

\_\_\_\_\_  
Principal/School Nurse Signature Date

## INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement* must be completed for medication administration in school and MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*, is preferred for epinephrine auto injectors.
3. The parent/guardian is responsible for completing Part I and obtaining the authorized prescriber's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A authorized prescriber may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: student's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, authorized prescriber signature, and date.
4. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either school health (DHHS) or school (MCPS) personnel administer medication brought to school by the student.
5. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Authorized prescriber samples must be appropriately labeled by the authorized prescriber.
6. The first day's dosage of any new medication must have been given at home before it can be administered at school.
7. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
8. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of either MCPS or Montgomery County DHHS. Medications without accompanying authorized prescriber's orders and parent/guardian consent will not be stored in the health room.
9. Students may not self-administer controlled substances.
10. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and epinephrine auto injector for anaphylaxis. **The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the health staff or MCPS staff that they have self-administered their inhaler without any improvement or have self-administered an epinephrine auto injector, so 911 may be called.**
11. The school nurse will call the prescriber, as allowed by *Health Insurance Portability and Accountability Act* (HIPAA), if a question arises about the student and/or the student's medication.



# Outdoor Environmental Education Program Parent/Guardian Permission

Outdoor Environmental Education Programs  
Office of Curriculum and Instructional Programs  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 345-7  
January 2018**

Session # \_\_\_\_\_

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

Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_ MCPS ID# \_\_\_\_\_

Student's Preferred/Chosen Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

School Name **Rocky Hill MS**

Please check all that apply:

- My child needs medication. (Parent/Guardian 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 Regulation JPC-RA, *Administration of Medication to Students*.)
- My child should take the following over-the-counter medications \_\_\_\_\_. I have submitted MCPS Form 525-13, *Authorization to Administer Prescribed Medication*. (A doctor's signature is **not** required for over-the-counter medications at the outdoor environmental education program **only**.)
- My child is allergic to insect bites and could potentially need medical treatment. (If epinephrine is required, attach MCPS Form 525-14, *Emergency Care for Management of Anaphylaxis*.)
- My child has an anaphylactic reaction to \_\_\_\_\_ food(s). Attach MCPS Form 525-14, *Emergency Care for Management of Anaphylaxis* if epinephrine is required.
- My child is allergic to \_\_\_\_\_.
- My child has special dietary requirements \_\_\_\_\_. (Some special diets will require that parents/guardians supply some food.)
- My child has other special conditions of which you should be aware. They are: \_\_\_\_\_

Date of student's last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED INFORMATION\***

Parent's/Guardian's Home Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Emergency Contact Name \_\_\_\_\_  
 Emergency Contact Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Emergency Contact Name \_\_\_\_\_  
 Emergency Contact Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*This required emergency contact information is **ONLY** for this Outdoor Education Program activity. If you need to update your child's emergency contact information, please contact your child's school.

**INSURANCE INFORMATION**

Medical Insurance Carrier's Name \_\_\_\_\_  
 Group/Organization \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
**If Family is member of HMO/PPO:**  
 Name of Group \_\_\_\_\_  
 Office Used \_\_\_\_\_ I.D. # \_\_\_\_\_  
 Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Name of Family Doctor \_\_\_\_\_  
 Doctor Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Check if your child is serving as a high school student assistant and list school your child attends: \_\_\_\_\_

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 medical treatment for my child.

Parent/Guardian Name (please print) \_\_\_\_\_

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