

Sixth Grade Outdoor Ed (September/October 2008)

General Information

Where: **L.E. Smith Environmental Education Center**
5110 Meadowside Lane
Rockville, MD 20855
(301) 924-3123



When: **Session 1:** Team 6-2 Falcons
September 22nd, 23rd, and 24th (Monday, Tuesday, Wednesday)

Session 2: Team 6-1 Osprey
September 24th, 25th, and 26th (Wednesday, Thursday, Friday)

Session 3: Team 6-3: Owls
October 1st, 2nd, and 3rd (Wednesday, Thursday, Friday)

Departure Time: Approximately 9:00 A.M.
Return to RCMS: **1:00 P.M.**

Important:

- 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 bagged lunch on the morning of departure.
- Children will need to be picked up at RCMS at **1:00 P.M.** on the day that they return to RCMS. (They will NOT attend their regular afternoon classes.)

Who:

- Ashley Palmer, Stacy Markowitz, John Fleming: 6th Grade Team Leaders
- Sixth Grade Teachers
- Sixth Grade Students
- Parent Volunteers

Cost: **\$85 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

Smith Center

The Smith Center is located approximately in the middle of Montgomery County and is included completely within the boundaries of the Rock Creek Regional Park

There are four dormitories with 2 sleeping rooms per building. Each room has 10 double bunks (19 for students; 1 for staff). In addition, there is a staff room with 2 double bunk beds.

Hot meals and a salad bar are provided by the Smith Center Staff. Breakfast is at 8:00 a.m., Lunch is at 12:00 noon, and Dinner is at 5:00 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, along with scheduled clean-up, recreational, and “down” times. Night time events are also scheduled. Possible nighttime events include a night hike and campfire activities.

Students who do not go to OE will need to complete and turn in work provided by the “stay back” teachers during those days.

Description of Activities

The students’ learning experiences at Outdoor Ed focus on environmental study and team-building, cooperative group activities, some of which are described below. Students will participate in most, but not all, of the available 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:** Nearby grist mill ruins and an old graveyard provide sites for historical studies.
- Orienteering:** A teacher shows students how to use a compass and to find directions. Students then try to locate labeled sites throughout the grounds.
- Pond Study:** Students learn to analyze the quality of the water and the animal and plant life in and around the pond.
- Predator/Prey:** Led by the on-site coordinator, students learn about the “Circle of Life,” and where people fit in. They play predator/prey games and role-play different animals.

Parent Volunteers

Parent volunteers are welcomed to come to Outdoor Ed. Parents will assist teachers during instructional time and with the evening activities, provide guidance during recreational time, and 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. In addition, the medication that needs to accompany the child to Outdoor Ed must be brought in separately to one of the 6th grade team leaders prior to the morning of departure. The form and medication must be returned to RCMS before the day of departure.

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.)

Completed Forms and Payment

Students should bring completed forms (e.g. permission slips and prescribed medication) and payment directly to a team leader: Ms. Palmer, Mrs. Markowitz, and Mr. Fleming. **Checks** should be made payable to **Roberto Clemente Middle School** and you *MUST* have your student's *FIRST AND LAST* name somewhere on the check.

Forms and payment will be accepted beginning on Tuesday, August 26th and **no later than Monday, September 15th**.

**Financial concerns should not prevent a child from participating in Outdoor Ed. Please send in a note to request financial aid and attach it to the permission form. RCMS teachers would like ALL students to experience Outdoor Ed.*

Additional Information:

- ❖ **Outdoor Ed Website** - <http://www.mcps.k12.md.us/curriculum/outdoored>
- ❖ **Parent Information Night** – On Thursday, August 28th, at 6:30-7:30, there will be an OE 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. If you are a speaker of a language other than English, please let one of the team leaders know and we will do our best to accommodate.

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 (several sets)

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
- radios/CD players
- electronic games
- 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 read the "Responsibilities of Parent Volunteers" and complete the form below. We welcome parents to spend the entire two and a half days with us, or to volunteer part-time as listed below.

After completing the form, please return this sheet to **Ms. Palmer, Mrs. Markowitz, Mr. Fleming** or ask the staff in the front office to place it in one of their mailboxes. Thank you for your help!

Sincerely,
The Sixth Grade Teachers

Please print neatly.

Student's Name _____

Parent's Name _____

Telephone Number (s) _____

E-mail address _____

Please circle the group that you will be helping:

Team Falcon (Sept. 22nd-24th) Team Owl (Sept. 24th-26th) Team Osprey (Oct. 1st-3rd)

Please check the time that you can help:

_____ Full time (all 3 days and nights)

_____ Full day (from morning of one day until the next morning)

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

_____ Overnight supervision in cabins only

Date(s) attending and arrival and departure times: _____

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	
I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (MCDHHS) personnel to administer prescribed medication as directed by the physician (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 physician'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: <input type="checkbox"/> Renewal <input type="checkbox"/> 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): _____ _____	
_____ <i>Parent/Guardian Signature</i> _____ <i>Phone Number</i> _____ _____ <i>Date</i>	
PART II—TO BE COMPLETED BY THE PHYSICIAN	
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: _____ Diagnosis: _____ <i>Trade name and/or generic</i>	
Dosage: _____ Time(s) To Be Given At School: _____	
Route of Administration: _____ Effective Dates: From ____/____/____ To ____/____/____	
Side Effects: _____	
If PRN, specify: When indicated (signs/symptoms) _____ Frequency of administration _____	
_____ <i>Physician's Name (print/type)</i> _____ <i>Physician Signature</i> _____ _____ <i>Phone Number</i> _____ _____ <i>Date</i>	
SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL	
Self-carry/self-administration of emergency medication such as inhalers and EpiPens® 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 _____ <i>Signature</i> _____ <i>Date</i>	
School RN approval for self-carry/self-administration of emergency medication _____ <i>Signature</i> _____ <i>Date</i>	
PART III—TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE	
Check as appropriate: <input type="checkbox"/> Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the physician's stationery/prescription blank.) <input type="checkbox"/> Prescription medication is properly labeled by a pharmacist. <input type="checkbox"/> Medication label and physician order are consistent. <input type="checkbox"/> 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 physician's order).	
_____ <i>Principal/School Nurse Signature</i> _____ <i>Date</i>	
MCPS Form 525-13, Rev. 1/06 DISTRIBUTION: COPY 1/Student Health Record; COPY 2/Parent/Guardian	

**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 _____

Office of Curriculum and Instructional Programming MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850	OUTDOOR EDUCATION PROGRAM PARENT PERMISSION
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 _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Address _____ Birth Date ____/____/____ School Name _____	
Please check all that apply:	
<input type="checkbox"/> My child needs medication. (Parent is required to furnish medication in the original properly labeled container, correctly authorized on MCPS Form 525-13: <i>Authorization to Administer Prescribed Medication</i> . No medicine will be given that is not in compliance with MCPS Policy JPC: <i>Administration of Medication to Pupils</i> .	
<input type="checkbox"/> 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 .)	
<input type="checkbox"/> 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: <i>Emergency Care for Management of Anaphalaxis</i> .)	
<input type="checkbox"/> My child has an anaphalactic reaction to _____ food(s). Attach MCPS Form 525-14 if adrenalin is required.	
<input type="checkbox"/> My child is allergic to _____	
<input type="checkbox"/> My child has special dietary requirements _____. (Some special diets will require that parents supply some food.)	
<input type="checkbox"/> 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 # _____
<input type="checkbox"/> 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.	
_____ /_____/_____ <i>Signature, Parent/Guardian</i>	
_____ /_____/_____ <i>Date</i>	
MCPS Form 345-7, Rev. 9/05	

