

240-740-3300 (Main Office)  
301-924-3288 (Fax)

*Ms. Jewel Sanders, Principal*  
*Mr. Mike Kryder, Assistant Principal*  
*Ms. Latrice Rogers, Assistant Principal*

March 4, 2022

Dear Eighth Grade Students and Parents:

An end of the year field trip to Hershey Park is being planned for Tuesday, June 14, 2022. This trip is a reward for students' appropriate behavior, hard work during the school year, and to celebrate promotion to the ninth grade. The trip will take place from 7:30 a.m. to 7:30 p.m. and the cost of the trip is \$81.00 which includes bus transportation from Atlantic Transportation, a pass to the park, and a meal ticket. Students who attend the field trip are expected to ride the bus up and back. Requests for financial assistance should be in writing and go to Mr. Mike Kryder, Assistant Principal. If you need to make special arrangements to cover the cost of the trip, please contact Mr. Mike Kryder and complete the permission form prior to the deadline. Any correspondence will be kept confidential. Any donated funds collected in excess of the Hersheypark field trip will be transferred to the school's general field trip fund to help offset future field trip costs for students whose families are experiencing financial hardships. Students will need transportation home since we will not be returning to the school until approximately 7:30 p.m.

Students will need to bring money for souvenirs if they plan to purchase them. The trip will take place rain or shine. Students should pay close attention to the weather forecast and dress appropriately for the weather. In addition, this trip includes a good bit of walking. Students should wear comfortable footwear on the day of the trip. Students should also wear the school provided t-shirt for the trip. Additional information will be communicated prior to the trip. The itinerary for the trip is as follows:

A.M.

7:15 8<sup>th</sup> Grade students will board busses  
7:30 Busses depart RPMS  
9:30 Arrive at Hershey Park

P.M.

12:30 Students will check in with teachers at First Aid Station  
5:00 Board busses for RPMS  
7:30 Arrive at RPMS

Please sign and return:

- \* Student agreement
- \* MCPS permission form
- \* \$81.00 by Friday, March 25, 2022

Checks should be made payable to ROSA PARKS MIDDLE SCHOOL. (Individuals whose checks are returned by the bank will be charged a \$25.00 fee.) Money, agreement letter, authorization to administer prescribed medication, form 525-13 (if not already on file in the health room), and permission slip must be returned together to your child's team leader in TAP. For your convenience, you may also pay online with a credit card. Go to the RPMS website for additional information.

All students are invited to participate but certain ground rules apply. Our objective is to ensure the safety, participation, and cooperation of all participants. Therefore, to remain eligible for the trip, each student must:

1. Complete class and home assignments in a timely manner;
2. Demonstrate appropriate behaviors while in school;
3. Attend school regularly and be on time to classes.

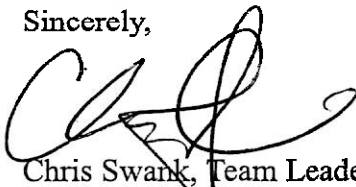
In addition to these requirements, there are special requirements for students to be eligible for the Hershey Park field trip. Students with office referrals may be required to have a parent or guardian escort in order to be eligible to attend the Hershey Park trip.

Suspensions: Any student receiving an in-school or out of school suspension after spring break until the end of the year will be automatically excluded from the trip.

Any student who breaks a school rule, park rule or any law while on the trip will be subject to appropriate disciplinary and/or legal actions.

Our curriculum objective(s) for class trips will vary in accordance with units studied, but our expectations for student behavior will remain constant. We also hope to provide activities that expand student experiences beyond the classroom. We need your support and ask that you indicate such by signing this letter in the indicated space below.

Sincerely,



Chris Swank, Team Leader



Sammi Jo Cooper, Team Leader



# Parent/Guardian Approval For Trips MCPS Transportation Is **NOT** Provided

Office of School Support and Improvement  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 560-31  
July 2018

## PART I: To Be Completed by the Trip Sponsor.

School Rosa M. Parks MS - 155 Grade Level/Group 8th  
Date(s) of Trip June 14, 2022 From 7:30 a.m./p.m. To 7:30 a.m./p.m. Student Cost \$81.00  
Location of Trip (include city and state) Hersheypark; Hershey, PA  
Transportation Arrangements: ☒ MCPS Approved Bus Carrier (Name: Atlantic Coast Charter)  
☐ Public Transportation (Specify: \_\_\_\_\_) ☐ Walking  
☐ Riding in a vehicle with: ☐ Parent ☐ Guardian ☐ Staff ☐ Student  
Purpose of Trip Celebration for the end of middle school  
School Staff Sponsor Mr. Swank & Ms. Cooper Date 2 / 24 / 22  
The student named below may be excused to engage in the above-described activity.  
Signature of Principal [Signature] Date 3, 2 22

## PART II: To Be Completed by Parent/Guardian, or Eligible Student

### A. Parent/Guardian Financial Responsibility

Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips.

**Cost**—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee.

**Payment**—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.

**Delay, Change, or Cancellation**—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment.

**Additional Cost**—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren).

### B. Prescribed Medication

School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, and/or 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*.

☐ My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. **Note:** Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details.

### C. Information Regarding Travel Insurance

Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Student Name X Teacher Swank & Cooper

- ☒ I give permission for my child to participate in the above-described activity.  
☐ I do NOT give permission for my child to participate in the above-described activity.  
☐ I would like to volunteer to chaperone this field trip.\*

\*Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks.

Parent/Guardian Name X Phone Number X

Emergency Contact X Phone Number X

Parent/Guardian Signature X Date        /        /

## STUDENT AGREEMENT SIGNATURE:

I agree to the trip eligibility requirements, and I agree to follow all school rules as a participant on the Hershey Park Field Trip.

<hr/> <b>STUDENT NAME (PRINT)</b>	<hr/> <b>STUDENT SIGNATURE</b>	<hr/> <b>STUDENT CELL PHONE #</b>
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## PARENT CHAPERONES:

If you would like to accompany your child on the Hershey Park trip, please fill in the information below.  
(If you do not want to attend, please leave the below information blank.)

- The cost for pre-purchase admission to the park, a meal ticket, and bus transportation is \$81.00.
- Money for parents must be paid by the March 25<sup>th</sup> deadline.
- Please see the PARENT VOLUNTEER REQUIREMENTS on the next page of this packet.

<hr/> <b>PARENT NAME (PRINT)</b>	<hr/> <b>PARENT'S EMAIL</b>	<hr/> <b>PARENT'S CELL PHONE #</b>
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Please provide the following information if chaperoning and applicable:

<b>MCPS EMPLOYEE ID NUMBER:</b>	<b>MCPD BADGE NUMBER:</b>
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## PAYMENT METHOD:

Please **circle one** of the following payment methods:

- A. Online payment
- B. Cash payment with money included
- C. Check payment with money included

Check # \_\_\_\_\_

- D. Payment assistance (letter included)
- E. Payment plan - four payments of \$20.25

## **INFORMATION REGARDING TRAVEL INSURANCE**

Although there are many travel insurance providers, the scope and cost of the coverage they provide varies widely. The one consistency, however, is that the cancellation of a school trip by school officials is not a "covered event" under travel insurance policies when the cancellation is purely precautionary. Nonetheless, travel insurance may be helpful should a trip be cancelled, delayed or interrupted due to other causes.

If group travel insurance is unavailable, impractical or inappropriate for a particular trip (e.g. only a small number of students are traveling or the cost of the trip is not substantial), parents may still wish to purchase travel insurance on their own. In such a situation, we recommend that the following statement be included in the letter to parents:

Given your potential financial responsibilities in the event of trip cancellation, delay or interruption, you may wish to consider purchasing travel insurance, which may cover costs arising from such events. The cost of such insurance and the scope of coverage will vary among companies. Please be aware that eligibility to receive cancellation benefits from an insurance company depends upon the circumstances of the trip cancellation. For example, if the school officials canceled a trip, it is most likely that this would not be considered a "covered event" unless it could be proven that cancellation was justified by independent circumstances. But, if the trip was underway and you incurred expenses for additional lodging or transportation, those might be covered. Therefore, we urge you to be sure you understand the scope of your coverage before purchasing any insurance. We do not endorse or recommend any particular insurance company and ask that you handle this on your own. If you are not familiar with companies offering travel insurance, a quick Internet search for "travel insurance" will provide you with numerous names.

# Authorization to Administer Prescribed Medication

## Release and Indemnification Agreement



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

MCPS Form 525-13  
February 2019  
Page 1 of 2

### 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 (DHHS) personnel to administer prescribed medication as directed by an 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 Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
MCPS ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Name Rosa M. Parks MS - 155 ☒

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):

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

### PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

DHHS and MCPS 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 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: \_\_\_\_\_

Medication orders effective ☐ Current school year, **OR** ☐ Effective dates \_\_\_\_/\_\_\_\_/\_\_\_\_ 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) \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Prescriber Signature \_\_\_\_\_

#### 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 authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized 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 SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL

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 form)

☐ Prescription medication is properly labeled by a pharmacist.

☐ Medication label and authorized prescriber order are consistent.

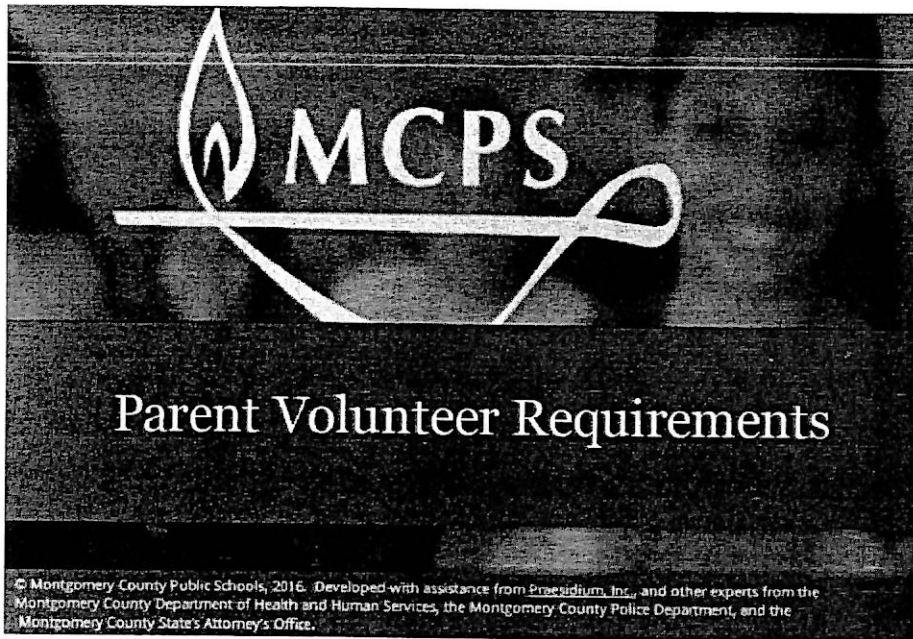
☐ Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

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

Signature, School Community Health Nurse (SCHN)/Principal \_\_\_\_\_ 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. This form must be completed for medication administration in school. 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, route of administration, duration of medication order, possible 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 original container with the manufacturer's dosage label and safety seal intact. Authorized prescriber samples must be appropriately labeled by the authorized prescriber.
6. The first day's dosage of any new non-emergency 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 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 members 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 authorized prescriber, as allowed by the *Health Insurance Portability and Accountability Act (HIPAA)*, if a question arises about the student and/or the student's medication.



# JUNE 14, 2022

## PARENT VOLUNTEERS

### 8<sup>th</sup> Grade Trip to Hershey Park: MCPS Parent Volunteer Requirements

1. **Background Check:** *Volunteers on extended day field trips are required to complete fingerprinting and a background check. There is a cost associated with this.*

Fingerprinting and background checks may be obtained at the following location(s) by appointment:

- The Office of Human Resources Development (OHRD), located at 45 West Gude Drive, Rockville, Maryland 20850, 301-279-3276.
- American Identity Solutions (AIS), located at: 6701 Democracy Boulevard, Suite 110, Bethesda, Maryland 20817, 301-571-9479
- 12501 Prosperity Drive, Suite 200, Silver Spring, Maryland 20904, 240-670-7952
- 7361 Calhoun Place, Rockville, Maryland 20855, 301-296-4499

**Please Note:** It takes approximately four weeks to complete the background check process

2. **Child Abuse & Neglect Online Training:** *Volunteers who attend field trips must complete the Child Abuse & Neglect volunteer training*

The training is available online on the Child and Abuse webpage, you may use the following link:

<https://www.montgomeryschoolsmd.org/childabuseandneglect/#Volunteer>

**Don't Miss your opportunity to volunteer for the 8<sup>th</sup> grade trip to Hershey Park.**

**Cost will be \$81 for volunteers. This includes bus ride, entrance into the park, and lunch.**

**Contact 8<sup>th</sup> Grade Team Leaders with additional questions.**

**Chris Swank:**

[christopher.swank@mcpsmd.org](mailto:christopher.swank@mcpsmd.org)

**Sammi Jo Cooper:**

[Sammi.J.Cooper1@mcpsmd.org](mailto:Sammi.J.Cooper1@mcpsmd.org)

### ROSA PARKS MIDDLE SCHOOL

19200 Olney Mill Road  
Olney, MD 20832

<http://www.montgomeryschoolsmd.org/schools/rosaparksms/>

