

Robert Frost Middle School

9201 Scott Drive
Rockville, Maryland 20850

2013 National Blue Ribbon School



“Experience Excellence”

Main Office: 301-279-3949
Counseling Office: 301-279-3965
Fax: 301-279-3956



Checklist for CHMUN Rachel Carson Middle School 2 Day Model UN Conference

PLEASE RETURN

Total Cost for Two-Day Conference: \$21.00 (Donations are accepted for students needing financial assistance). For financial assistance, please contact Mrs. Avila-Miller.

DEADLINE for FORMS and FEES: Friday, Dec. 7, 2018. Return during SOAR ROOM 258 Wednesday, or Friday this week.

Checklist of forms/ information:

- Form 525-13/ Authorization to Administer Prescribed Medication
- Form 560-31/ Parent /Guardian Approval for Trips MCPS Transportation is NOT Provided
- Method of payment:
 - check (returned checks incur \$25.00 charge),
 - cash, or
 - online payment. Steps for online payment are attached.
 - Financial assistance is needed.
 - Volunteer Parent Drivers: email confirmation of complete training. (website below).
 - Student Dietary Practices _____
 - Student Food Allergies _____
Student Allergies _____

Checklist of actions for Volunteer Parent Drivers:

Volunteer Parent Drivers:

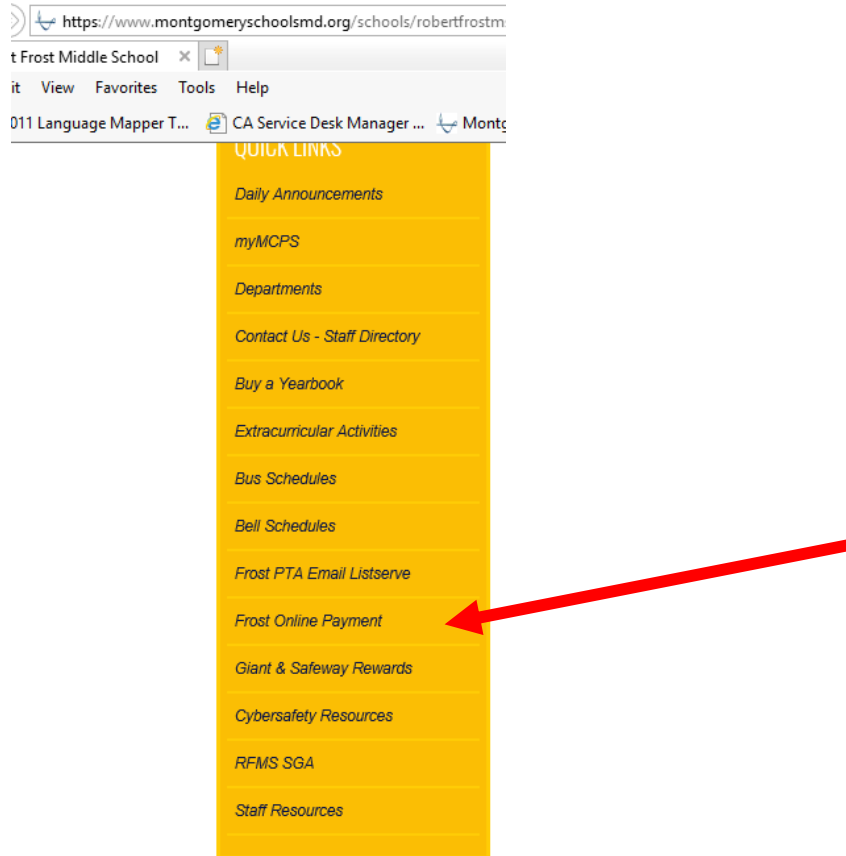
- Provide Number of passengers _____
- Mobile number (_____) _____
- Email address: _____
- Child Abuse and Neglect training at:
www.montgomeryschoolsmd.org/childabuseandneglect/
An email confirmation will be sent at completion of training. Please print and include email confirmation when forms are returned.

DEADLINE for Parent Drivers information and training: Monday, Dec.10 Parent volunteers/chaperones/drivers who are driving a group of students must be fingerprinted even if they are not staying for the event. The parents will receive a confirmation once the fingerprinting has been completed. They will need to provide Frost with a copy of the fingerprinting confirmation. Any parent/chaperone/volunteer who has had their fingerprint/background check done in 2016-2017 or 2017-2018 does not have to have it redone. They must provide us with the confirmation paperwork.

For financial assistance, please contact Mrs. Avila-Miller.

Steps for Online Payment

1. Go to Robert Frost Website
2. Under Quicklinks, select Frost Online Payments
3. The Activity number is: [BY336-139](#) for CHMUN



PLEASE KEEP

Hello parents of Frost Model United Nations student participants,

This year, the Frost Model UN club plans to attend two out-of- school conferences with Mrs. Avila- Miller as the chaperone. The Model United Nations Conferences give students an opportunity to dialogue about real world issues and state their possible solutions for those issues. The students have been working diligently on their speech and delivery skills during club time on Wednesday afternoons.

The information for the second conference is as follows:

Hosting High School: Chantilly High School

Address is: Rachel Carson Middle School 13618 Mclearen Rd., Herndon, VA 20171

Day One	Day Two
Friday, January 11, 2019	Saturday, January 12, 2019
Departure Robert Frost: 3:15pm	Departure Robert Frost: 8:00am
Departure Thomas Edison H.S.: 9:15pm	Departure Thomas Edison H.S.: 4:30 pm

The TOTAL fee is \$21.00 for the 2-day conference. The conference sign up is for both days. ***Please check your calendars as this a two-day commitment***

Please fill out the forms and make a payment.

Objective:

At these conferences, the middle school delegates will be able to apply the skills that they are learning every week at meetings to a real committee and will be able to compete against delegates from other schools.

Behavioral Expectations:

It is important to remember that these conferences are serious and that the behavior of Frost delegates reflects upon the school. Please be aware that bad behavior will ward behavioral consequences.

Potential Emergency Situations:

All Parents will be provided with a phone tree for each child’s designated driver. The Sponsor phone number will be provided as well

Special Instructions:

Students are provided with meals. Students may pack light snacks and water.

Students’ attire should be neat and presentable as they represent Frost Middle School.

Chantilly Model



United Nations

[Home](#)[CHMUN XIV](#)[Secretariat](#)[Resources](#)[Awards](#)[Contact Us](#)

CHMUN XIV Schedule

Friday, January 11th, 2019

4:30 PM - 5:30 PM | Registration

5:30 PM - 7:00 PM | Opening Ceremony

7:15 PM - 9:00 PM | Committee Session I

Saturday, January 12th, 2019

09:00 AM - Lunch | Committee Session II

11:15 AM - 12:55 PM | Lunch (Staggered by Committee in Cafeteria)

Lunch - 03:00 PM | Committee Session III

03:00 PM - 03:30 PM | Break

03:30 PM - 04:30 PM | Closing Ceremony

**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 (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: _____ 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: _____ Diagnosis: _____
Trade name and/or generic

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 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 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 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).

_____/_____/_____
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 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 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 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.



Parent/Guardian Approval For Trips MCPS Transportation Is NOT Provided

MCPS Form 560-31
July 2018

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

PART I: To Be Completed by the Trip Sponsor.

School _____ Grade Level/Group _____

Date(s) of Trip _____ From _____ a.m./p.m. To _____ a.m./p.m. Student Cost _____

Location of Trip (include city and state) _____

Transportation Arrangements: MCPS Approved Bus Carrier (Name: _____)

Public Transportation (Specify: _____) Walking

Riding in a vehicle with: Parent Guardian Staff Student

Purpose of Trip _____

School Staff Sponsor _____ Date _____/_____/_____

The student named below may be excused to engage in the above-described activity.

Signature of Principal _____ Date _____/_____/_____

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 _____ Teacher _____

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 _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date _____/_____/_____

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.