

Chimacum Middle School

Sixth Grade - Outdoor Education Program

CISPUS

Dear Parents,

This year's Sixth Grade Outdoor Education Program will be at Cispus in Randle, Washington. This learning experience will be like no other! We will be teaching some of our basic Science, Social Studies and Language curriculum, a sense of community, and the need to cooperate. The adventure and the independence gained will be an unforgettable part of your child's education. We are looking forward to having your child with us on this great adventure. Our Outdoor Education Program has been part of the curriculum for over 20 years and we expect it to be a very rewarding experience.

The trip will take place **Tuesday, September 23, to Friday, September 26**. The students, counselors and staff will be staying in bunkhouses at Cispus. For those of you who like to plan ahead, a suggested packing list is on the back of this letter. Students may bring their gear to school on **Monday, September 22**, for check-off so as not to make it a last minute event on Tuesday morning. Monday the 22nd students will be participating in many Cispus activities here at school to prepare us for the week.

You may need to be available during the week to come pick up your child from Cispus if your child:

1. Doesn't manage own behavior and becomes a safety risk to others.
2. Becomes ill while at camp.

If you need to contact your child at camp, please call the Middle School Office and they will forward all messages to us. Students will not be calling home without staff permission and adult supervision.

The cost to each student for the trip (which covers room and meals) is \$150 (**this price is non-refundable**). You will need to make payments or pay in full at the middle school office if you have not paid already.

Please read, complete and return the attached **Permission Slip and Health Information** form to your student's core teacher by **Tuesday, September 16**, so that all of the information can be compiled in time for camp.

If you have any questions, please feel free to call any of the sixth grade staff at the Middle School office, 732-4219.

Sincerely,

Joni Langston, Shawn Meacham, Mary Shea and Al González

CISPUS

RECOMMENDED PACKING LIST

Camp gear should include:

- Bug repellant
- Sleeping bag OR 1 twin fitted sheet and 2 blankets
- Pillow
- Favorite stuffed animal (small size)
- Pajamas
- Slippers
- Toiletries: toothbrush, toothpaste, kleenex, soap, hairbrush, comb, deodorant, shampoo, personal towel and washcloth. (Showers are available for use.)
(No glass containers please.)
- Change of clothes for each day - Dress for the weather.
- Extra pair of underwear and socks (in case of rain)
- 2 pairs closed toed shoes for hiking
- Warm coat or jacket
- Extra sweatshirt
- Warm hat for the evenings
- Raincoat or rain poncho
- We will be doing activities rain or shine.
- Flashlight with new batteries.
- Plastic bag for wet and/or dirty clothes
- Water bottle (clearly marked with student's name on it)
- Book for reading

Optional

- Disposable camera (if you bring a digital camera – NOT a PHONE Camera – you are responsible)
- Sunscreen
- Sunglasses

Bring a dayback or backpack with a lunch, drink, snacks and something to do on the way to Cispus (cards, books – no electronics). You will have this on the bus with you.

PLEASE DO NOT BRING:

- Electronic games, Music Players, iPods, cell phones, smart phones or laser pointers
- Radios or boom boxes
- CD or DVD players
- Incense, candles or anything with an open flame
- Gum, candy, soda pop or other snacks - NO EXTRA FOOD
- Healthy food and snacks will be provided.
- Breakables of any kind
- Pocket knives
- Medications (tylenol, Benadryl, etc.) All medications must have been checked into the office along with the Authorization for Administration of Medication at School form.
See Health Form.

CHIMACUM OUTDOOR EDUCATION HEALTH FORM

Please complete this entire form.

Student Name _____
Parents/Guardians Name _____
Parents/Guardians Phone Number _____ (day) _____ (evening)
Cell Phone _____
Emergency Contact #1 _____ Phone _____
Emergency Contact #2 _____ Phone _____
Doctor to Contact _____ Phone _____
Insurance Company and Number _____

Health: History & Current

1. Does your child have any allergies? _____ If so, to what? _____
Treatments: _____
2. Does your child have an allergy to bee stings? _____ If so, how severe? _____
Treatments: _____
If **ANY** medication is needed, a doctor's authorization form is required. Bring it to the middle school office by Thursday prior to leaving.
3. Does your child have asthma? _____ If any medication is required, a doctor's authorization form is required for it to be brought to school so that we can take it to camp.
4. Are there any other medical considerations that the staff or nurse should be aware of? _____ If yes, please describe. _____
5. Are there any personal considerations (i.e. bedwetting) that the staff or nurse should know about? _____ If yes, please describe. _____
6. Does your child need vegetarian meals? YES _____ NO _____

All information on this form will remain confidential.

All medications (prescription and **over the counter - includes a non-aspirin pain reliever or Benadryl**) needed for students while at camp shall have a Authorization form completed (enclosed) by you and your child's doctor and the medicine, (in its original container), should be checked in at school prior to leaving for the trip, no later than **Friday, Sept 19**. All medications will be locked up and distributed by the camp nurse. EACH MEDICATION MUST HAVE ITS OWN FORM.

I hereby authorize Chimacum School District personnel to make decisions for _____ in the event of a medical emergency, including obtaining medical or hospital care. I understand that there will be a registered nurse accompanying the group and is authorized to give medications as stated above.

PARENT SIGNATURE _____ DATE _____

CHIMACUM SCHOOL DISTRICT Field Trip Permission Form

* Student Name: _____ Date: _____

General Information: Return this form to your child's school before 9-16-14 and keep any attachments for your information.

The	<u>6th grade team</u>		
is planning a trip to:	<u>Camp Cispus</u>		
The purpose of this trip is:	<u>Outdoor Education</u>		
Trip destination:	<u>Randle, WA</u>	Phone:	<u>Call MS office</u>
Address:	<u>2142 Cispus Rd, Randle, WA 98377</u>		
Place of Lodging (if applicable):	<u>Camp Cispus</u>		
We will leave from:	<u>CMS</u>	Date/Time:	<u>Tues, 9/23, 8³⁰ am</u>
We will return to:	<u>CMS</u>	Date/Time:	<u>Fri, 9/26, 2⁰⁰ pm</u>

Itinerary Attached ☐ List of Items Attached ☐

Number of Students Attending:	<u>65</u>	Number of Adults Attending:	<u>5</u>
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Type of Transportation: District Vehicle ☐ District Bus ☒ Walking ☐ Private Vehicle ☐

Commercial Transportation (describe): _____ Other: _____

Information below is to be completed by the guardian of the student.

Medical Information: The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

X

The following medications, prescriptions or special diets are needed:

X

Medical Release: In the event of an accident or illness, I understand that reasonable effort will be made to contact the guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of Preferred Doctor:	Phone:
Name of Insurance Carrier:	

This activity provides a learning experience for students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Guardian Name: (print)	Home Phone:
Address:	Work Phone:
Guardian Signature:	Emergency Phone:

Chimacum Middle School

91 West Valley Road ~ PO Box 278, Chimacum, WA 98325

Telephone: (360) 732-4090

Fax: (360) 732-6859

Outdoor Education Contract

This contract is in effect through the end of the current school year and any disciplinary issues will carry over into September.

STATEMENT TO PARENT/GUARDIAN AND STUDENT

The goals of all educational programs at Chimacum Middle School are focused on academic learning and successful personal development. In an effort to achieve these goals, all students must be willing to follow school and district rules so that they, and other students, have the greatest opportunity to be successful. In an effort to achieve these results, all students taking part in any of the CMS Outdoor Education programs, and their parents, understand and agree to the following expectations of their student(s).

To take part in any of the Outdoor Education programs at CMS, students agree that participation in these programs is a privilege and all students must show the ability to:

- Demonstrate respect and safe behavior to people and property
- Help others in making positive choices
- Keep actions and speech positive.
- Listen when others speak, be willing to consider others points-of-view, and polite and courteous to others
- Maintain high expectations of themselves at all times.

Additionally, to take part in one of the CMS Outdoor Education programs, students must:

1. Not have any major disciplinary action which would include, but not limited to, any suspension of longer than five days.
2. Not have any major disciplinary actions that lead to multiple suspensions during the time frame, no matter the length.
3. Not have three or more minor disciplinary issues entered into the TISBIS system which would include disrespectful behavior toward adults and/or other students and/or failure to follow directions of a teacher, administrator, or other school employee.
4. Follow all rules and guidelines while participating in the program. Failure to do so may result in being removed from the program at the expense and time of the parents.

Any student that meets one of the above exceptions will be placed on a behavior plan as a way to earn back the right to attend.

Failure to sign this form and return it by _____ will result in that student not being able to attend the Outdoor Education program they are assigned to.

Printed Name of Student

Signed Name of Student

Printed Name of Parent

Signed Name of Parent

If needed:

Student Name _____

Date _____

CMS Outdoor Education Behavior Plan

The following behaviors need to happen before you can earn your way back to your **Cispus Outdoor Education Experience**.

I will do the following:	1st Period	2nd Period	3rd Period	4th Period	5th Period	6th Period
Engage in class work in all my classes. Evidence that I am putting forth a good effort is that I am completing and turning in work.	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
I will be respectful to ALL adults. I will not argue with adults. Instead I will ask if I can meet with them at their earliest convenience if I have something to say.	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
I will be respectful and safe around my peers. If I can show that I will and can be safe at school, then I will show that I can be safe at camp.	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No	<input type="checkbox"/> Yes/No
Teacher Initials:						

You will need to get more Yesses than No's everyday to earn your way back to the Cispus Trip (at least 75% Yesses every single day to show that you are able to be safe and help make camp a great experience for everyone).



REQUIRED FOR CSD STUDENTS WHO NEED MEDICATION ON FIELD TRIPS

Field Trip: Cispus

Deadline medication and completed forms must be given to the school office:
Friday, Sept 19, 2014

To help ensure student health and safety, strict guidelines are in place for medication at all public schools in Washington State. Because field trips are school sponsored events where staff are responsible for students, all requirements for medication at school must be followed.

Medication will not be available for your child unless these guidelines are followed. Do not tell your child to just keep their medication hidden - it gives the wrong message and could be harmful. If unauthorized medication is found, it will be confiscated and not administered.

Staff will safely store medication on the field trip and administer it to students as indicated on their Medication Authorization form(s).

Parents/guardians who attend the field trip as chaperones may administer medication to their own child only.

CHRONIC HEALTH CONDITIONS: If your child has a condition that may affect their health or safety, be sure to inform staff. All health information, including medication, will be kept confidential and shared only with appropriate staff on a need to know basis.

Contact office staff, a teacher or the school nurse with questions or concerns.

Marti Haley, RN, School Nurse - 385-9442, Jefferson County Public Health



The following MUST be followed for over-the-counter AND prescription medication:

- ➔ Medication in a properly labeled, original prescription or over-the-counter bottle **MUST BE BROUGHT TO THE SCHOOL OFFICE BY AN ADULT** a minimum of one week before the field trip and logged in with office staff.
- ➔ **FORMS:** A complete 'Authorization for Administration of Medication at School' form must be signed by a parent/guardian **AND** medical provider for each medication. **OPTIONS FOR GETTING AUTHORIZATION FORMS COMPLETED:**
 - 1) Some health care providers may require an appointment for Medication Authorization requests, especially if a child has not been seen in the past year.
If a provider is willing to complete the form without an appointment, parents can fill out the top part of the form, attach a note with the request and take it to the provider's clinic. Providers can fax completed forms to the school office. Or the school office can fax a request to your child's provider.
 - 2) 6th – 12th grade students can ask to see the Nurse Practitioner at the CSD School Based Health Center, to request Authorizations for over-the-counter medication or inhalers **ONLY**. All other medication must have an Authorization completed by the prescribing provider. Call 385-9400 to make an appointment and for more information.
 - 3) **STUDENTS AGE 18 and older** can sign their own Authorizations in the top section, in addition to having them completed by a medical provider.
- ➔ **ASTHMA INHALERS** can be brought to the school office if to be carried by staff, and/or students can carry them, but an Authorization must be in place either way.
- ➔ **EPINEPHRINE AUTO-INJECTORS** for life threatening allergies: 1) If not already in place at school as required by state law, call the school nurse for a copy of the Severe Allergy Medication forms that must be filled out by a medical provider and parent/guardian; 2) give the EpiPen(s) (and diphenhydramine if applicable) to the office if to be carried by staff, or; 3) auto-injectors can be carried by students but a Severe Allergy Authorization must be in place either way.
- ➔ **BIRTH CONTROL PILLS** in an original package can be carried by students and self-administered without a parent signed Authorization, as is the practice in other school districts throughout the state.

AUTHORIZATION for ADMINISTRATION of MEDICATION AT SCHOOL

THIS PORTION MUST BE COMPLETED BY THE PARENT/GUARDIAN.

STUDENT _____ **D.O.B.** _____ **Grade** _____

HEALTH CARE PROVIDER & PHONE _____

CHECK THE BOX THAT APPLIES TO YOUR CHILD:

- ☐ I request that school staff assist my child to take the medication described below according to the health care provider's instructions. I will deliver the medication to the office in an original container and understand it will be stored in the office or health room.

FOR CARRYING AND SELF-ADMINISTRATION OF MEDICATION: I acknowledge that the School District shall incur no liability as a result of any injury arising from my child's self-administration of his/her medication. I shall indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by my child.

- ☐ **Non-oral Medication, all grades:** My child has permission and is capable of carrying and self-administering the medication checked below, responsibly and in an original container:
☐ Asthma Inhaler; ☐ Eye Drops; ☐ Ear Drops; ☐ Nasal Spray; ☐ Topical Medication
- ☐ **Oral Medication grades 6-12 ONLY (never allowed for controlled drugs):** My child has permission and is capable of carrying and self-administering a single dose per day of this oral medication, responsibly and in an original container.

DATE

PARENT/GUARDIAN SIGNATURE

PHONE

THIS PORTION MUST BE COMPLETED BY AN MD, OD, ARNP, PA or DDS ONLY ONE MEDICATION PER FORM

This authorization expires at end of the school year or sooner as indicated below.

DIAGNOSIS FOR WHICH MEDICATION IS GIVEN:

METHOD OF MEDICATION ADMINISTRATION: (Do **NOT** use this form for Epinephrine, Diastat or Midazolam)

☐ oral pill; ☐ oral liquid; ☐ asthma inhaler; ☐ topical; ☐ eye drops; ☐ ear drops; ☐ nasal spray

NAME OF MEDICATION AND DOSE:

☐ **DAILY MEDICATION** TIME OF ADMINISTRATION:

☐ **AS NEEDED MEDICATION** LENGTH OF TIME BETWEEN DOSES AND INDICATIONS FOR USE:

☐ **CARRYING ASTHMA INHALERS ALL GRADES:** This student may carry & self-administer an asthma inhaler and per RCW 28A.210/370A, has demonstrated correct use to the health care provider.

☐ **ORAL MEDICATION GRADES 6-12 ONLY:** This student may carry and self-administer a single dose per day of this medication. (Carrying and self-administering controlled drugs is never allowed at school.)

☐ **MAY CARRY/SELF-ADMINISTER ALL GRADES:** ☐ eye drops; ☐ ear drops; ☐ topical med; ☐ nasal spray

POSSIBLE SIDE EFFECTS:

VALID FOR: ☐ The Current School Year; or ☐ From _____ To _____

I authorize the above named student to be administered this medication at school as directed.

DATE

SIGNATURE HEALTH CARE PROVIDER

PRINT HEALTH CARE PROVIDER

MEDICATION FOR STUDENTS AT SCHOOL GUIDELINES

These guidelines reflect Washington State law and School District policies, created to support student health and safety. Trained school staff can assist students with administering their oral and topical medication, asthma inhalers, eye and ear drops, nasal sprays and EpiPens. Required medication forms are available in school offices and on some district websites.

1. **REQUIRED FORM:** A current, unexpired Authorization for Administration of Medication at School form is required for all prescription and over the counter medication, including: oral and topical medication; asthma inhalers; eye and ear drops, and nasal sprays (see #7 below for EpiPens). Authorization forms are required for both for medication kept in the office to be administered by staff, and for medication carried and self-administered by students.
2. **HEALTH CARE PROVIDERS WHO CAN LEGALLY AUTHORIZE MEDICATION FOR USE AT SCHOOL:** Medical Doctors (M.D.); Osteopathic Doctors (O.D.); Dentists (D.D.S.); Advanced Registered Nurse Practitioners (ARNP); Physician Assistants (P.A.)
3. **DELIVERING MEDICATION TO THE SCHOOL OFFICE:** Medication to be kept in the school office and for field trips must be delivered to the office by a parent or designated adult. All medication must be logged in by office staff with the adult who brings in the medication. It must be in an original pharmacy or factory labeled container **ONLY**.
4. **CARRYING and SELF-ADMINISTERING ORAL MEDICATION** is allowed only for students in grades 6-12, if the following guidelines are followed: 1) The health care provider and parent have checked permission to do so on a current Authorization; 2) the student does so in a responsible manner and carries only a single dose per day in an original pharmacy or factory labeled container. (Carrying and self-administration of controlled medication as defined by the FDA is NEVER allowed - for example methylphenidate or prescription pain medication.)
5. **CARRYING and SELF-ADMINISTERING ASTHMA INHALERS** is allowed for students in all grades if the parent and provider have checked permission to do so on a current Medication Authorization. And/or inhalers can be stored in the office to be administered as needed by school staff.
6. **CARRYING and SELF-ADMINISTERING TOPICAL MEDICATION, EYE and EAR DROPS, and NASAL SPRAYS** is allowed in all grades if the parent and health care provider have checked permission to do so on a current Medication Authorization, the student does so in a responsible manner, and the medication is carried in an original factory or pharmacy labeled container. And/or medication can be stored in the office to be administered as needed by school staff.
7. **REQUIRED FOR STUDENTS WITH EPINEPHRINE (EpiPen) FOR SEVERE ALLERGIES:** Complete, current for each school year Severe Allergy Medication Administration and Emergency Response Plan, a Health Care Plan and prescribed medication must be provided in order to attend school. A student's EpiPen can be kept in the school office and/or classroom, and/or students can carry their EpiPen if the parent and provider have checked permission to do so on current forms.
8. **MEDICATION NOT PICKED UP BY A PARENT AT THE END OF THE SCHOOL YEAR** will be safely discarded.

UPDATED 10/13