

Outdoor Education @ NorthBay Adventure Camp  
Lake Elkhorn Middle School  
November 9-11, 2016

Lake Elkhorn Middle School students will be attending NorthBay Adventure Camp as a part of the Howard County Public School System outdoor education program. The overnight experience and activities are designed to be an extension of the school's curricular program. During the experience students will:

- Develop positive attitudes toward learning through integrated activities.
- Extend the in-school program through meaningful application of knowledge and skills related to real-life situations.
- Develop awareness and concern for the environment and the ways in which we alter it.
- Foster mutual acceptance and responsibility among staff and students.

- **Location:** NorthBay Adventure Camp, North East MD
- **Departure:** Wed., Nov. 9 at 7:30 am from Lake Elkhorn Middle School. Students must arrive to school at 7:00 am and report to the cafeteria.
- **Return:** Friday, Nov. 11 at 12 pm. Students' luggage will need to be picked up upon return.
- **Cost:** \$165 per student: cash, check made payable to Lake Elkhorn Middle School or debit/credit at <http://osp/osmsinc.com/howardmd/default.aspx>

**\*If you need assistance with payment, please complete and return the attached LEMS scholarship form to Mrs. OliverMcCain in the counseling center.**

Use the checklist below to complete the necessary paperwork in order for your student to attend. If you have any questions please do not hesitate to contact Ms. Bailey or Ms. Carmean.

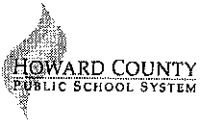
- HCPSS Family File Emergency information completed
- Permission Slip (**complete the bottom portion and return with payment to your MATH teacher by October 12, 2016. NO PAYMENT WILL BE ACCEPTED AFTER THIS DATE**)
- LEMS scholarship request form (only if needed)
- HCPSS Extended Day and Overnight Field Trip form
- NorthBay Health Information Form
- NorthBay Parent Consent and Liability Form for student
- Medication Authorization Form (if medication will be taken at NorthBay)

Please complete the following if you would like to chaperone. You will receive a phone call to confirm that you are a chaperone.

- HCPSS Responsibility Form
- Adult Guest Liability Consent
- Confidentiality and Child Abuse Training and Lobby Guard must be completed as well. Once you are a confirmed chaperone, information on this will be provided.
- Chaperone Night - October 27, 2016 @ Oakland Mills Middle School, 6:30 PM

**Parent Night - September 13, 2016 @ Oakland Mills Middle School, 6:30 PM**

**ALL FORMS & PAYMENT DUE TO STUDENTS MATH TEACHER NO LATER THAN OCT. 12TH**



## PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by Maryland state law and charged as an electronic fund transfer.

School:	Lake Elkhorn Middle School		
Destination:	North Bay Adventures, North East MD 21901		
Objective of the trip:	Science application to develop life skills and character development.		
Class/Group:	Grade 6		
Departure date:	11/9/2016	Time:	7:45 am
Return Date:	11/11/2016	Time:	12:00 pm
Bus Company:	Bowens Bus Service		
Public Transport:	Bowens Bus Service		
Cost per student:	\$165.00		
Checks payable to:	Lake Elkhorn Middle School *direct online payment can be made at <a href="http://osp/osmsinc.com/howardmd/default.aspx">http://osp/osmsinc.com/howardmd/default.aspx</a>		
Due Date:	October 12, 2016		
Meal Arrangements:	All meals will be provided by North Bay Camp		
Appropriate Attire:	Outdoor clothes appropriate for weather		
Total # of Students:	206		
Anticipated Ratio of Chaperones to Students:	1:15		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day <input type="checkbox"/>
Overnight <input checked="" type="checkbox"/>	Non School Day <input type="checkbox"/>

Alternate plans in case of postponement or cancellation: None
--

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Ms. Tracey Bailey

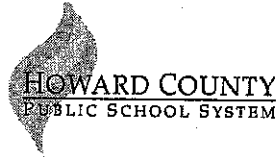
Contact number: 410-313-7600

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR \_\_\_\_\_ TO GO TO NORTH BAY ADVENTURES CAMP  
(PRINT Student Name) (Destination)  
 ON November 9-11, 2016. I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD  
(Date)  
 RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL. PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.  
 CHAPERONE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 CHAPERONE PHONE NUMBER \_\_\_\_\_ CHAPERONE EMAIL: \_\_\_\_\_

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge  
 Revised 7/14/2014



**EMERGENCY PROCEDURE/HEALTH INFORMATION for  
EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS**

**MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP**

STUDENT'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL  
 SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
 PARENT/GUARDIAN NAME \_\_\_\_\_

**EMERGENCY NOTIFICATION**

(List in order of Notification - Parent/Guardian will be contacted first unless otherwise specified.)  
MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON	RELATIONSHIP	PHONE NUMBER
NAME OF PERSON	RELATIONSHIP	PHONE NUMBER

**HEALTH INFORMATION**

(Please list & give dates if known)

**Health conditions/operations:**

**Handicapping Conditions:**

**Allergies** (medication, food, insects, etc.):

Describe the usual **symptoms/reactions**:

**Medications** (prescription and non-prescription):

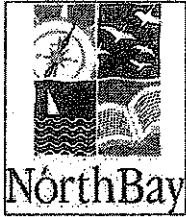
**If prescription or over-the-counter medication is to be taken, a separate written order from your physician specific to Medication Form/Physician's Order (IFAS# 39513035) is required. Refer to attached Medication/Treatment Order. MEDICATION MUST BE PROVIDED FROM HOME. There will not be a school nurse in attendance on this trip.**

Does your child have any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 Does your child have dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are restrictions? \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The information you provide will be handled in a confidential manner. Information provided on this form will be shared with staff as necessary to maintain your child's safety.**

INSURANCE COMPANY _____	POLICY OR BINDER NUMBER _____
PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.	
PARENT/GUARDIAN SIGNATURE _____	DATE _____



## HEALTH INFORMATION FORM

**To be completed by Parent or Guardian**

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

**SCHOOL NAME:** \_\_\_\_\_ **DATES AT CAMP:** \_\_\_\_\_

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address:  City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted) Relationship to Camper:			Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <span style="float: right;"><input type="checkbox"/> Not Insured</span>				
Company:		Policy Number:		
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
<b>Health History (check if applicable &amp; explain)</b>		<b>Allergies (check if applicable &amp; explain)</b>		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery  <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> Allergy to Medications  <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____  <div style="text-align: center; background-color: #cccccc; padding: 2px;"><b>Diet / Nutrition</b></div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below)  _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				



NorthBay

## NORTHBAY HEALTH INFORMATION FORM

*At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Health Information Form be signed as a requirement to attend camp.*

I represent that I am the parent or legal guardian of \_\_\_\_\_ (the "Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Information Form. I assert the information given on this Health Information Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.

In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.

I understand that my child will participate in outdoor and environmental education activities including but not limited to: ropes course, zip line, climbing wall, kayaking, canoeing, wading, fishing, and hiking.

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS** - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol)                          | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin)                     | <input type="checkbox"/> Loratadine (generic for Claritin)         |
| <input type="checkbox"/> Calamine Lotion (for itching)                                | <input type="checkbox"/> Diphenhydramine (generic for Benadryl)    |
| <input type="checkbox"/> Hydrocortisone Cream (for itching)                           |  |
| <input type="checkbox"/> I do not want over-the-counter medications given to my child |  |

### VIDEO/PHOTO CONSENT

I represent that I am the parent or legal guardian of \_\_\_\_\_ ("Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.

Signature of parent/guardian:

Date:

Signature of parent/guardian:

Date:

Persons authorized to pick up child other than parent or guardian:

I also understand and agree to abide with the restrictions placed on my camp activities as listed above.

Signature of minor/adult camper/staffer:

Date:

*(If camper is emancipated, proof must be provided prior to camp)*

# Medication Guidelines

**MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS; THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP**

**In order for NorthBay medical staff to administer medications you must provide ALL of the items below:**

1. Medication Authorization Form listing all of the medications brought to camp
  2. Parent/guardian signature at the bottom of the Medication Authorization Form
  3. Physician signature at the bottom of the Medication Authorization Form
  4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
  5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
  - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
  - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
  - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
  - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapses), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
  - Please call the staff at the Wellness Center if you have any questions – (443) 674-9035

**NORTHBAY ADVENTURE CAMP**  
**MEDICATION AUTHORIZATION FORM**

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- Prescription medication **MUST** be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
  - Per Maryland regulation, sample medications cannot be administered to the camper.
- Non-prescription medication - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication **MUST** be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: \_\_\_\_\_ Dates at camp: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

**PRESCRIBER AUTHORIZATION**



PRESCRIBER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Prescribers Printed Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature of Camp RN: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICATION PROCEDURE INFORMATION

School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

1. Parents must provide a written authorization for any medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
2. The first dose of any new prescription must be given at home.
3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:

- |                                     |  |   |
|-------------------------------------|--|---|
| ◦ Name of student                   | ◦ Date order expires (Check box if order valid for summer school.) | ◦ Authorized health care provider signature   |
| ◦ Date of medication order          | ◦ Time and frequency of medication                                 | ◦ Special instructions (including whether or not medication may be self-administered or carried by the student) |
| ◦ Name of medication                | ◦ Diagnosis (Reason for administration of medication.)             |   |
| ◦ Dosage and strength of medication |  |   |
| ◦ Route of administration           |  |   |

Note: PRN medications should have the frequency of repeat doses clearly indicated on the order.

4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
5. A new medication order is required for each new school year dated on or after July 1.
6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; *a second labeled container can be obtained by asking the pharmacist.* Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:
 

◦ Name of the student	◦ Name of the Medication	◦ Dosage and strength of the medication
◦ Date of the medication order	◦ Route, time, and frequency of the medication	◦ Authorized health care provider name
8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
9. The school nurse must approve the medication order before the first does of medication can be administered at school.
10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
15. Under no circumstances may any school staff administer any medication outside the procedures outlined in the Health Services Medication Administration Procedure.
16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.



Medication Form/Physician's Order (To Be Completed by Physician/Authorized Health Care Provider)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender: M F  
 Reason for Medication: \_\_\_\_\_  
 Name of Medication: \_\_\_\_\_ Order Expires End of School Year or (date): \_\_\_\_\_  
 Time to Give Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Order valid for current year including summer school ( Check if appropriate)   
 Possible Side Effects: \_\_\_\_\_ Dose: \_\_\_\_\_ Strength: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_ Frequency of Medication: \_\_\_\_\_ Date Med. Expires: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Student may carry and self administer medication for asthma or other airway constricting conditions MD Initials \_\_\_\_\_

PRINTED PHYSICIAN/PREScriBER NAME AND SIGNATURE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
 Medication Administration Record (For School Use Only)

	Dates Reviewed:																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

CODES: Chart reason (See H.S. Manual)  
 X: School Closed FT: Field trip  
 A: Absent R: Refused  
 N: None Available O: Omitted  
 NS: No Show to HR H: Dose Held  
 D/C: Med. Discontinued  
 L/E Late Arrival/Early Dismissal

Nurse Reviewed: \_\_\_\_\_  
 Name/Position \_\_\_\_\_ Initials \_\_\_\_\_  
 Name/Position \_\_\_\_\_ Initials \_\_\_\_\_  
 RN Signature \_\_\_\_\_ Date \_\_\_\_\_

Nursing assessment has been completed for student self-administration  
 Student may / may not self administer (Circle One)



# PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.

I am the parent or legal guardian of \_\_\_\_\_ (the "Camper") from (school name) \_\_\_\_\_ who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this *Consent and Liability Release Form* so my child can attend camp. I promise the information given on this Health Form is complete and accurate as far as I, the undersigned parent or guardian, know. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records.

**LIABILITY RELEASE** - I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree both for myself and on behalf of the Camper to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of the camper. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay.

**HEALTH CONSENT** - I have legal authority to consent to medical treatment for the Camper and grant permission for the Camper to engage in all camp activities except as noted. If I cannot be reached while my child is at camp, I give permission to the medical personnel selected by NorthBay to provide routine health care or emergency treatment and to release any records necessary for treatment, billing, referral or insurance purposes. I understand that NorthBay personnel will notify me immediately of any illness or injury that requires significant medical attention or hospitalization or that significantly diminishes the Camper's ability to have a successful camp experience. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the Camp medical personnel to discuss my child's medical information with his/her health care provider if my child is ill, injured, have any medical or psychological concerns, or take medications. I give permission for the camp medical personnel to share information about my child with his Camp teachers, counselors, and dining when necessary to protect his/her health and safety. I give permission to the Camp to administer any prescription or non-prescription medications that the student brings to camp with them in accordance with Maryland law. I understand that I am responsible for any medical expense occurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS** - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- Acetaminophen (generic for Tylenol)
  - Ibuprofen (generic for Advil and Motrin)
  - Calamine Lotion (for itching)
  - Hydrocortisone Cream (for itching)
  - Antibiotic Cream (for minor cuts/scrapes)
  - Loratadine (generic for Claritin)
  - Diphenhydramine (generic for Benadryl)
- I do not want over-the-counter medications given to my child

**PUBLICITY RELEASE** - I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights. For use in materials created for promoting NorthBay. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.



Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

## Adult Guest Liability Consent

School \_\_\_\_\_ Dates at Camp \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions/concerns you would like the NorthBay nursing staff to know about while you are here at camp \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp. I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting me to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release") solely on my own behalf. Execution of this form shall not be construed as a Release of Liability to anyone other than me individually and, in particular, not to my minor child(ren).

LIABILITY RELEASE - I acknowledge that participating in some of the activities sponsored by NorthBay, generally including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, handling animals, nature and acclimatization activities, and the ropes course, involve certain risks, including the risk of serious personal injury. I understand that participation in these activities carries certain risks including the risk of injury. NorthBay will remain responsible for claims that are due to the negligence or intentional misconduct of NorthBay or any of its employees or agents.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against NorthBay by me shall be brought solely in the Circuit Court for Baltimore County or Cecil County, Maryland

PUBLICITY RELEASE — I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without payment or approval rights, for use in materials created for promoting NorthBay.

HEALTH RELEASE - In the event I become unconscious or are unable to make decisions for myself due to a sudden injury or illness while I am on camp property, I hereby give permission for NorthBay staff to request emergency medical services by calling 911 and to provide emergency medical care until such time as EMS arrives to assume care. I understand that I am responsible for any medical expense incurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

PREGNANCY — Adventure activities are NOT RECOMMENDED for women that are pregnant. If you have any questions please contact one of our staff members in Administration.

I hereby agree that I have read and understand the liability statement above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Adult Guest Liability Consent

School \_\_\_\_\_ Dates at Camp \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email address \_\_\_\_\_  
I am a (please circle)...                      PARENT                      TEACHER/STAFF  
Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical conditions/concerns you would like the NorthBay nursing staff to know about while you are here at camp \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp. I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release").

**LIABILITY RELEASE** - I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I agree that I shall assume all such risks as well as any other risks involved in any activities sponsored by or involving NorthBay. I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of myself. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay.

**PUBLICITY RELEASE** - I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without payment or approval rights, for use in materials created for promoting NorthBay.

**HEALTH RELEASE** - In the event I become unconscious or are unable to make decisions for myself due to a sudden injury or illness while I am on camp property, I hereby give permission for NorthBay staff to request emergency medical services by calling 911 and to provide emergency medical care until such time as EMS arrives to assume care. I understand that I am responsible for any medical expense occurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial. I further agree to pay any attorney's fees incurred by NorthBay if I attempt to contest the validity of this Release.

**PREGNANCY** - Adventure activities are NOT RECOMMENDED for women that are pregnant. If you have any questions please contact one of our staff members in Administration.

I hereby agree that I have read and understand the liability statement above

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Dear Parents:

We appreciate your willingness to help chaperone this trip. Without assistance from chaperones, this trip would not be possible. The responsibilities of a chaperone can be demanding mentally and physically. If you have any, or potential, limitations that may prohibit or minimize your ability to carry out the responsibilities of a chaperone, please discuss this with the Teacher-In-Charge prior to the trip. The information provided will assist in planning. Reasonable accommodations, if necessary, will be considered to ensure your safety and health.

To assist us in making this a positive experience for all, we are requesting the following:

- Chaperones should **immediately** alert the Teacher-In-Charge or other staff member under the following circumstances:
  - Student becomes ill or injured or reports feeling ill or injured;
  - Student becomes unmanageable in any way;
  - Student's behavior makes the chaperone feel uncertain or uncomfortable;
  - Student will not stay with the group or follow directions of the chaperone;
  - Student becomes lost; or,
  - Another chaperone seems to be having difficulty dealing with a student or group of students.

The notified staff member will then take appropriate action:

- Please follow the instructions of the Teacher-In-Charge regarding supervision of the students assigned to you. If you are unsure of your responsibilities, please clarify them with the Teacher-In-Charge. Please make the safety of the students your highest priority.
- Purchasing of souvenirs or food (other than the previously announced meal arrangements) is only permitted if approved by the Teacher-In-Charge. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision.
- As some students may have food allergies, students should not share food with one another, and chaperones are asked not to share food with students.
- When students use rest rooms, please exercise age-appropriate care to ensure student safety.
- Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" of their groups. Also, a "head count" should be taken on the bus at the beginning of the trip and prior to the departure of the bus for the return to school.
- Chaperones may not smoke or consume alcohol on any school-sponsored trip.
- If possible, chaperones are asked to bring cell phones and exchange contact numbers with the Teacher-In-Charge to assist in communication during the field trip.

Thank you for your assistance in making this a safe and positive experience for all students.

*Please read, and sign below:*

I understand that the Howard County Public School System shall not be held responsible for my injury and/or loss of my personal property due to my voluntary involvement in an activity that is not required as part of my responsibilities as a chaperone.

The Howard County Public School System provides liability insurance coverage for claims that may be filed concerning any actions or omissions by me, while within the scope of my duties as a chaperone.

I have read, understand and can perform responsibilities/duties of a chaperone for \_\_\_\_\_'s field trip to \_\_\_\_\_.  
(Name of School) (Destination)

I give permission for my cell phone number to be shared with the other chaperones and HCPSS staff to ensure safety and communication on this trip.

\_\_\_\_\_  
(Printed Full Name of Parent Chaperone)

\_\_\_\_\_  
(Parent Signature/Date)

# NorthBay

## What Parents Need to Know!

NorthBay Environmental  
Education Center  
11 Horseshoe Point Lane  
North East, MD. 21901

(phone) 443-967-0500 (fax) 443-967-0501  
www.northbayadventure.org

### CABINS

Lodging is provided in one of 18 different cabins. Each cabin consists of 2 rooms, with 6 bunk beds each, for a total sleeping capacity of 12/room and 24/cabin. Inside the cabin, next to each room is a bathroom. Our cabins are heated and air conditioned, and separated by gender. Males and females are NEVER allowed to be in or around a cabin of the opposite gender! Students are NEVER allowed in the cabin without adult supervision. Each cabin will have at least one adult chaperone who will move throughout the week with that group from one activity to another.

\*Bed liners are provided by NorthBay!

\*Towels and washcloths are NOT provided

## Introducing NorthBay

### THE SCHOOL PROGRAM

At NorthBay, our mission is to challenge middle school students to realize that their attitudes and actions have a lasting impact on their future, the environment and the people around them by using Common Core and Next Generation Science Education standards, character development and the outdoors as an integrating context. Class offerings are extensive and integrate the Maryland Voluntary State Curriculum.

### OUTSTANDING LEARNING AND ADVENTURE OPPORTUNITIES...

Emotions/Reflection	High Ropes Course
Kayaks and Canoes	Indoor and Outdoor Climbing Walls
Bird Platform	Live feed aquariums
Snack Bar	Zip Lines
Art Studio	High Ropes Course
5+ miles of Hiking Trails	Indoor and Outdoor Climbing Walls
Camp Store	Live feed aquariums
Sand Volleyball Courts	

### THINGS TO KNOW

#### CLASSES

Classes meet all over camp. On average, students spend 75% of their class time outside. Dressing in layers is recommended and boots are always a good idea as feet will be in wet areas during every season. Students are expected to come to class dressed appropriately for any and all weather conditions. During winter months, a warm jacket, hat, and mittens or gloves are essential to provide adequate warmth. Some form of rain gear is another essential during warmer months. Chaperones will know their schedule before the day begins and help students to prepare accordingly.

#### MEALS

NorthBay takes time with meals and serves them family style to make them fun, full of surprises, relationship oriented, nutritious, and tasty. We can also accommodate special dietary requirements for your child assuming they are communicated in advance.

#### ACCESSIBILITY FOR ALL

The buildings, pathways, and activities at NorthBay are accessible to disabled persons. Students with special needs can participate in all activities, including our adventure courses. We encourage all students to attend and request to be informed of students with special needs.

Parents with additional questions can call NorthBay office Mon.-Thur. 8am-5pm, Fri 8am-3pm @ 443-967-0500 or visit [www.northbayadventure.org](http://www.northbayadventure.org)

## SNACK BARS and STORES

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

## THOUGHTS ON POCKET MONEY ...

\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$35. NorthBay recommends students bring no more than \$50 to camp. \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

## MEDICAL SERVICES

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

## MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS

- The Health Information form is required for every child attending NorthBay. If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.

- All individual medications must be in their original containers, labeled for the student by the pharmacy.
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

## PARENT NOTE: SAFETY & STAFF

At NorthBay safety is paramount. All of our class locations, adventure courses and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked, & drug tested. We make the safety of your child our highest priority.

Parents are discouraged from visiting their children at camp for security reasons and because it can cause disruption and time sickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

## PHONE CALLS

A NorthBay phone is available at meal times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home every day of their stay.

NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons. Parents will be notified and children will be sent home along with appropriate measures.

## WHAT TO BRING TO NORTH BAY

Sudapits and adults are responsible for bringing personal tents and clothing appropriate for the season and the setting. We want you to stay at North Bay to be as pleasant and trouble free as possible. A suggested list follows:

### Clothing

- 2 pairs of tennis or hiking shoes (one old, shoes to wear in the water)
- Sweaters/6 v-neck t-shirt
- Several changes of other clothing
- 3-5 pairs of socks
- Sun suit (seasonally)
- Palmas

### Personal Gear

- Towel(s) & Washcloth
- Soap and Shampoo
- Toothbrush & Toothpaste
- Medications
- Sunscreen
- Insect Repellent

### Optional Personal Gear

- Flashlight
- Camera & Film
- Store/snack bar/money
- Water bottle
- Sunglasses
- Back pack

### Rain Gear and Boots

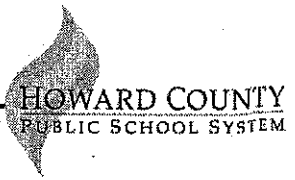
- Add for Winter Season
- Winter Hat (ear muffs are not enough)
- 2 pair mittens or gloves
- Long underwear
- Warm socks

## WHAT NOT TO BRING

- Cell phones (highly discouraged)
- iPod/MP3/CD Players
- PSP/Gameboys
- Drugs, alcohol, cigarettes or weapons
- Skateboards

# LAKE ELKHORN MIDDLE SCHOOL

6680 Cradlerock Way Columbia, Maryland 21045 (410) 313-7601 FAX (410) 313-7610



## LEMS Scholarship Request Form

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Information: List name of all children in household.

Name	Current School	Current Grade
1.		
2.		
3.		
4.		

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Scholarship amounts are based in part on whether your child qualifies for Free or Reduced-price Meal Services (FARMS). If you think your eligible, but do not currently receive FARMS complete FARMS application at <https://www.applyforlunch.com/Application>

In order to qualify for a scholarship, you must demonstrate that paying full price would cause financial hardship. Please check the appropriate box(es) below and provide the financial documentation support;

- Unemployment of a parent or guardian (termination letter from former employer, copy of unemployment assistance check)
- Pending foreclosure or eviction (notice from mortgage company or rental agent)
- Medical hardship (bill from medical provider showing insurance does not fully cover expenses)
- Homeless or currently in Temporary Housing (student in temporary housing form or letter from PPW)
- Other financial hardship (must provide documentation to provide hardship such as tax returns or pay stubs. This may not be used if a student qualifies for free and reduced meal service or has not applied for free and reduced meals but falls within the Federal Income Eligibility Guidelines. The Standard Tuition Reduction Amount applies.)

The school does not provide full scholarship through its funding. All applications will be reviewed by the Scholarship Committee.

By signing this form, you declare and affirm that all information you have provided on this form and all documentation you have provided in association with this application is truthful, accurate, and authentic.

Signature of Adult Household Member \_\_\_\_\_

Printed Name of Adult Household Member \_\_\_\_\_

FOR OFFICE USE ONLY				
Date	Received by	Reviewed By	Complete/Processed	Decision
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approval Date _____ <input type="checkbox"/> Denial Date _____
Comments:	Date of Decision: _____ Amount \$ _____			
	_____			