



Please print NEATLY in blue or black pen

To be completed by Parent or Guardian

**EOSA Challenge Weekend
PERMISSION, EXPECTATIONS & MEDICATION POLICY FORMS
April 27-29, 2012**

_____Elementary SMILE Club

Dear Parent or Guardian,

Your child is attending the EOSA Challenge Weekend. Please read the information on this form, then sign and return it to your child's SMILE teacher by _____.

Yes, I give permission for _____ to attend the SMILE Elementary Outdoor Science Adventure Weekend at the University of Rhode Island's Alton Jones campus in West Greenwich, RI on **April 27-29, 2012**.

Parent/guardian Signature

Date

Students will be presenting their group posters on Sunday, April 29, 2012 at _____ at the Environmental Education Center at Alton Jones. All parents are welcome to attend.

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Elementary Outdoor Science Adventure at Alton Jones Campus, URI.

Departure:

We will leave from _____Elementary School on Friday, April 27,

2012 at _____.

Return:

Students will be picked up at _____ Elementary School by a parent

or guardian on Sunday, April 29, 2012 at approximately _____.

Students are to bring their sleeping bags and packed bag of clothes to school the morning of April 29th.

Sincerely, SMILE Teachers

EXPECTATIONS

I. Electronics

- CELL PHONES
 - If a cell phone is brought to the EOSA Weekend, text messaging and phone calling is not allowed during activities, unless given permission by your SMILE teacher. If a cell phone is seen in use without permission, it will be taken and returned at the end of the event.
- OTHER ELECTRONICS
 - If an iPod, MP3 player, or anything similar is brought to the EOSA Challenge Weekend, it may be used only in designated locations as stated by SMILE staff and teachers.

**The SMILE Program is not responsible for any lost electronics.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent Name (Print): _____

Parent Signature: _____ Date: _____

III. Meals

When at the dining halls for meals, students must sit in sight of the URI mentors.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

IV: Emergency Contact Information

Name and phone number of person to contact if student needs to be picked up from the Alton Jones Campus:

Name: _____ Relation to student: _____

Phone Number to be reached: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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**The University of Rhode Island SMILE Program
Medication policy and Medication/Prescription Authorization
Elementary Outdoor Science Adventure (EOSA)
April 27-29, 2012**

Students needing medication during the EOSA are required to bring the medication with a signed authorization. Both prescription and non-prescription medications require parent authorization.

Prescription medication shall be stored in their original pharmacy labeled containers. Non-prescription medication shall be stored in their manufacturer-labeled container only.

No student shall have in his/hers possession any medication. (See: exceptions Re: inhalers and EpiPens®)

All medications shall be dispensed by the EOSA nurse. This does not include inhalers, which may be self-administered if authorized by licensed health care provider, or EpiPens® which may be self-administered, or administered by trained personnel or, in the event that no trained personnel are available, any willing person may administer the EpiPen® to a medically identified student.

NO MEDICATION SHALL BE DISPENSED WITHOUT FOLLOWING THIS PROCEDURE

The following is to be completed by the PARENT or Legal Guardian.

School District _____ Grade _____

Student's Name _____ Sex _____ Date of Birth _____

Physician's Name/Address: _____ Physician's Phone: _____

I request that my child be assisted in taking the medicine(s) described below at the EOSA by the nurse. This medication(s) will be sent in on the day of the event. (If the procedure is not followed, the student will not be allowed to self-medicate)

Name of Medication _____

Dose/Time _____

Reason(s) for medication _____

Length of time this treatment is recommended _____

Allergies _____

Other information _____

Parent/Guardian signature

Date

Home Phone

Emergency Phone