



**To be completed by Parent or Guardian**

**High School Engineering Challenge Weekend  
 PERMISSION, EXPECTATION & MEDICAL POLICY FORMS  
 March 2-3, 2012**

Dear Parent or Guardian,

Your child is attending the High School Engineering Challenge Weekend. Please read the information on this form, then sign and return it to your child's SMILE teacher by \_\_\_\_\_.

The SMILE Program is holding its annual Middle School Engineering Challenge Weekend at the University of Rhode Island, **March 2-3, 2012**. Due to lack of space in URI dormitories, we will be staying overnight at the Holiday Inn Hotel in South Kingstown. Boys will be on one floor, girls on another with teacher chaperones on each floor. The students have a full schedule of activities.

Students will eat at Butterfield and Hope dining halls, and the engineering activities will take place on Friday day and Saturday morning in the Memorial Union. Friday evening recreation at Tootell gym includes swimming, volleyball and basketball. The activities are fully supervised by SMILE teachers and URI SMILE staff. On Saturday, students will visit labs and other places on the URI campus and students will also receive college admission information

We will depart from \_\_\_\_\_ School at \_\_\_\_\_, Friday, **March 2, 2012**

We will return to \_\_\_\_\_ School at \_\_\_\_\_, Saturday, **March 3, 2012**

All parents must have made arrangements to pick up their child at the School

\*Students must bring an overnight bag containing a change of clothes and toiletries with them to school on Friday. This will be stored at school until we leave for URI. If students bring electronic devices, they are bringing them at their own risk. We are not responsible for any loss or damage.

**Please sign the permission slip and return to SMILE teacher by \_\_\_\_\_.**

Sincerely, SMILE teachers

□-----□-----please cut here-----□-----□-----

**SMILE High School Engineering Challenge Weekend Permission Slip**

Yes, I give my permission for \_\_\_\_\_ to attend the SMILE Middle School Engineering Challenge Weekend at the University of Rhode Island, on **March 2-3, 2012**.

We will leave **Friday, March 2** at \_\_\_\_\_ from \_\_\_\_\_ School.

Students will be picked up at \_\_\_\_\_ School by a parent or guardian on **Saturday, March 3** at \_\_\_\_\_.

\_\_\_\_\_  
 (Signature of parent or guardian)

\_\_\_\_\_  
 (date)

# EXPECTATIONS

## I. Electronics

### ➤ CELL PHONES

- If a cell phone is brought to the Engineering Challenge Weekend, text messaging and phone calling is not allowed during the planned 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 Engineering Challenge Weekend, it may be used only in designated locations as stated by SMILE staff and teachers (e.g. bus and hotel).

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

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## II. Recreation

For the safety of all SMILE students, we ask that students who do not know how to swim stay in the shallow pool. If the student does not want to swim, there will be additional activities, such as basketball and volleyball. Students will be required to pass a swim test before being able to dive from the diving boards.

My child is a strong / medium / poor swimmer. Comments: \_\_\_\_\_

I give permission for my child to swim. Yes No

I give permission for my child to dive from the low dive. Yes No

I give permission for my child to dive from the high dive. Yes No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## III. Meals

When at the dining halls for meals, students must sit in sight of their SMILE teachers.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IV. Hotel

Expectations for staying at the Holiday Inn:

- Once at the Holiday Inn, receive your room assignment, quickly drop off your belongings, and come back down to the lobby for a meeting and discussion of hotel expectations.
- Noise level has to stay to a minimum, as not to disrupt the people in the surrounding rooms.
- Students must stay in their rooms throughout the night, except in an emergency.
- If a student is unable to comply with the hotel expectations, SMILE staff will call the person whose name appears below, so that he/she can get picked up and taken home.

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

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone Number to be reached: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The University of Rhode Island SMILE Program  
Medication policy and Medication/Prescription Authorization**

**High School Engineering Challenge Weekend at URI  
March 2-3, 2012**

If a child is on prescription medication(s), s/he should take their medication before they leave on the field trip. Any further doses shall be withheld until the child returns home. Parents must give written authorization for the student to use an EpiPens® and/or inhaler. Students needing EpiPens® or inhalers should keep them on their person in their original containers to be used if necessary. If the parent is uncomfortable with this arrangement, s/he can chaperone or come to the event to administer the medication(s). For over the counter drugs, like Tylenol, Advil, Ibuprofen, etc., if the parent/guardian gives written authorization that the student can self-medicate, this is okay as long as the student brings only the exact # of pills in their original containers necessary for Friday and Saturday morning.

Teachers do not give medications but still have to collect any parent authorizations for over the counter medications and check on that day that there is a minimal number of pills in the container, and that the student has the EpiPens® and /or inhaler if necessary. Students will be in charge of these.

**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: \_\_\_\_\_

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