Elementary Outdoor Science Adventure (EOSA)
Permission/Expectations/Medication Policy Forms
April 7-9, 2017
_______________________________________ Elementary SMILE Club

Dear Parents or Guardian,

Your child is invited to attend the Elementary Outdoor Science Adventure at the URI Alton Jones Campus. Please read all the information on these forms, then sign and return all forms to your child’s SMILE teacher by____________________.

This is a three-day adventure at URI Alton Jones Campus for 5th grade SMILE elementary students that focuses on environmental science. Every year, URI offers a spring course for college students interested in mentoring and teaching science. They develop activities for elementary students that integrate science and math and develop an appreciation for the natural environment. During the weekend, these college students act as teachers, counselors, and mentors and stay at Alton Jones with the elementary SMILE students along with SMILE teachers and staff.

Students will be presenting their group posters on Sunday, April 9, 2017 at approximately 10:45am at the Environmental Education Center at Alton Jones. All parents are welcome to attend.

Departure:
SMILE students will be leaving from ________________________________ on Friday April 7, 2017
at __________PM via bus.

Return:
SMILE students will return via bus to ________________________________ on Sunday April 9, 2017
at ________PM.

Students will be picked up by a parent or guardian on Sunday April 9, 2017 at ________________________________
at ________PM.

Yes, I give permission for my child, __________________________________________ to attend the SMILE Environmental Outdoor Science Adventure at the University of Rhode Island’s Alton Jones Campus in West Greenwich, RI.

____________________________________________  __________________________
SMILE
Science and Math Investigative Learning Experiences
A STEM PROGRAM

Expectations

Electronics:

Cell phones – If a cell phone is brought to the EOSA, text messaging and phone calling is not allowed during activities, unless given permission by a SMILE teacher. If a cell phone is being used without permission, it will be taken away and returned to the student at the end of the event.

Other Electronics – If other electronics are brought to the EOSA, they may be used only in designated areas with permission from SMILE staff and teachers.

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

Meals:

Students must sit at their assigned tables. All meals will be provided by the Alton Jones Campus.

Cabins:

Students will be sleeping in same-gender cabins with at least two adult supervisors of the same gender and with certified background checks. Students need to be respectful and quiet at bedtime. If a student is unable to comply with the cabin expectations, SMILE staff will contact the Emergency Contact Person to come and pick up the student from the Alton Jones Campus.

EMERGENCY CONTACT INFORMATION

Name: __________________________________________________________

Relationship to Student: __________________________________________

Best Phone Number to be reach at any time: _________________________

Student Name: _________________________________________________

Student Signature: _____________________________________________ Date: __________

Emergency Contact Signature: ________________________________ Date: __________
The University of Rhode Island SMILE Program
Medication Policy and Medication/Prescription Authorization
Elementary Outdoor Science Adventure
April 7-9, 2017

Students needing medication during the Environmental Outdoor Science Adventure are required to bring the medication needed with a signed authorization. Both prescription and non-prescription medications require parent authorization.

Prescription medications need to be stored in their original pharmacy labeled containers. Non-prescription medications need to be stored in their manufacturer-labeled container.

No student shall have his/her medication in his or her possession at any time. A certified nurse on campus will dispense all medication for the Elementary Outdoor Science Adventure; this does not include inhalers, which may be self-administered if authorized by a licensed health care provider. EpiPens may also be self-administered, with authorization from a licensed health care provider, or administered by trained personnel or, in the event that no trained personnel is available, any willing person may administer the EpiPen to a medically identified student.

NO MEDICATION SHALL BE DISPENSED WITHOUT FOLLOWING THE ABOVE POLICY

The following needs to be completed by a parent or legal guardian:

School_______________________________________________________________  Grade_______
Student’s Name:______________________________________________________ Date of Birth___________
Physician’s Name:______________________________________________________
Physician’s Phone#______________________________

I request that my child be assisted in taking the medication(s) described below at EOSA by the nurse. This medication(s) will be sent with my child to the Alton Jones Campus on April 7, 2017. If the procedure is not followed, the student will not be allowed to self-medicate.

Name of Medication: ____________________________________________________
Dose/Time: ____________________________________________________________
Reason for Medication: _________________________________________________
Length of time this treatment is recommended: _____________________________
Allergies: _____________________________________________________________
Parent/Guardian Signature: _____________________________________________ Date: ____________