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 _______________. You can read more about the EOSA at http://www.uri.edu/smile/calendar.html.

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 11-13, 2014.

________________________________________
Parent/guardian Signature

Date

Students will be presenting their group posters on Sunday, April 13, 2014 at _____________ at the Environmental Education Center at Alton Jones. All parents are welcome to attend.

-□-------------------□-------------------detach and save-----□-------------------□-------------------

Elementary Outdoor Science Adventure at Alton Jones Campus, URI.

Departure:
We will leave from __________________________ Elementary School on Friday, April 11, 2014 at ________________.

Return:
Students will be picked up from __________________________ Elementary School by a parent or guardian on Sunday, April 13, 2014 at approximately _____________.

Students are to bring their sleeping bags and packed bag of clothes to school the morning of April 11th.

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 other electronics are brought to the EOSA Challenge Weekend, they may be used only in designated locations as stated by SMILE staff and teachers.

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

II. Meals

When at the Environmental Ed. Center for meals, students must sit in sight of the URI mentors.

III. Cabin Time

Students need to be respectful and quiet at bedtime, so that everyone can get a good night’s rest. Students will be sleeping in same-gender cabins with at least two adults (with certified background checks) supervising. If a student is unable to comply with the cabin expectations, SMILE staff will call the person whose name appears below, so that he/she can get picked up and taken home.

III: 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:________________

Best Phone Number to be reached at any time:__________________________________________

Student Name (Print):______________________________________________________________

Student Signature:__________________________ Date:__________________________

Parent Name (Print):______________________________________________________________

Parent Signature:__________________________ Date:__________________________
The University of Rhode Island SMILE Program
Medication policy and Medication/Prescription Authorization
Elementary Outdoor Science Adventure (EOSA)
April 11-13, 2014

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 medications 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/her 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___________________________ 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