High School Engineering Challenge Weekend
PERMISSION, EXPECTATION & MEDICAL POLICY FORMS
March 31-April 1, 2017

Dear Parent or Guardian,

Your child is invited to attend the High School Engineering Challenge Weekend. Please read all the information on this form, then sign and return it to your child’s SMILE teacher by ____________________________.

The SMILE Program is holding its annual High School Engineering Challenge Weekend at the University of Rhode Island. **Friday March 31 and Saturday April 1, 2017.** Due to the 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 dining halls at URI and the engineering activities will take place all day Friday in the Memorial Union. Students will also visit other areas of URI and receive college admission information. Friday evening recreation at the Tootell Aquatics Center includes swimming, volleyball, and basketball. The activities are fully supervised by SMILE teachers and URI SMILE staff. On Saturday, students will participate in engineering activities at the Tootell Aquatics Center.

We will depart from _______________________ School at ______________, **Friday, March 31, 2017**

We will return to _______________________ School at ______________, **Saturday, April 1, 2017**

All parents/guardians must make arrangements to pick up their child at their 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 your SMILE teacher by  February17, 2017**

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 31-April 1, 2016.**

We will leave **Friday, March 31** at ______________ from________________________ School.

Students will be picked up at ______________School by a parent or guardian on **Saturday, April 1 at approximately** ______________.

_________________________________________            ________________________
(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.
   ➢ OTHER ELECTRONICS
     ▪ If other electronics are brought to the Engineering Challenge Weekend, they 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/Guardian Name (Print):___________________________________________
Parent/Guardian 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/Guardian Signature:_________________________________ Date:_______________

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

Student Signature:________________________________ Date:_______________

Parent/Guardian Signature:_________________________________ Date:_______________

IV. Hotel
Expectations for staying at the Holiday Inn:

  • Once at the Holiday Inn, you will receive your room assignment.

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• 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.
• If a student defaces/damages any hotel property, the student is responsible for any damage costs.

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

Name:______________________________________________ Relation to Student:______________________

Best 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  
April 29-30, 2016

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