Middle School Engineering Challenge Weekend
PERMISSION, EXPECTATIONS, AND MEDICAL POLICY FORMS
March 3-4, 2017

Dear Parent or Guardian,

Your child is invited to attend the 2017 SMILE Middle School Engineering Challenge Weekend. Please read the information on this form, then sign and return it to your child’s SMILE teacher by FRIDAY JANUARY 27, 2017.

The SMILE Program is holding its annual Middle School Engineering Challenge Weekend at the University of Rhode Island, Friday March 3 and Saturday March 4, 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 meals on campus, and the engineering activities will take place on Friday day and Saturday morning in the Memorial Union. Friday evening recreation at Tootell Aquatics Center 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.

There will be closing ceremony on Saturday, March 4, 2017 at 11am in Quinn Hall, URI. All parents are welcome to attend.

We will depart from _______________ School at ______________, Friday, March 3, 2016.

We will return to _______________ School at approximately ______________, Saturday, March 4, 2017. 

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 FRIDAY JANUARY 27, 2017.

Sincerely,
SMILE teachers

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SMILE Middle 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 3-4, 2017.

We will leave Friday, March 3 at 7:45am _____________ from __________________________ School.

Students will be picked up at ______________ School by a parent or guardian on Saturday, March 4, 2017 at between 12:30 and 1pm.

_________________________________________ (Signature of parent or guardian)  __________________________ (Date)
EXPECTATIONS

I. Electronics

➢ CELL PHONES
  ▪ If students bring cell phones to the Engineering Challenge Weekend, **no text messaging and phone calls** are allowed during the planned activities, unless given permission by your SMILE teacher.

➢ OTHER ELECTRONICS
  ▪ If students bring other electronics to the Engineering Challenge Weekend, they **may not use them** during the planned activities. Electronics may be used only in designated locations after planned activities, as stated by SMILE staff and teachers, such as in the hotel and on the bus.

**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, students will receive their room numbers.
- 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:____________

Phone Number to be reached:________________________________

Student Signature:________________________________________ Date:____________

Parent/Guardian Signature:___________________________________ Date:____________
The University of Rhode Island SMILE Program
Medication policy and Medication/Prescription Authorization

Middle School Engineering Challenge Weekend at URI
March 3-4, 2017

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__________________________________________ 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__________