To be completed by Parent or Guardian

Middle School Engineering Challenge Weekend
PERMISSION, EXPECTATIONS, AND MEDICAL POLICY FORMS
May 2-3, 2014

Dear Parent or Guardian,

Your child is attending the Middle 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, May 2-3, 2014. 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 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 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.

There will be closing ceremony on Saturday, May 3, 2014 at ________________ in ____________________________. All parents are welcome to attend.

We will depart from ______________________ School at ______________, Friday, May 2, 2014

We will return to ______________________ School at approximately ______________, Saturday, May 3, 2014

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

[Signature of parent or guardian]  (date)

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 2-3, 2014.

We will leave Friday, May 2 at ______________ from __________________________ School.

Students will be picked up at ______________________ School by a parent or guardian on Saturday, May 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 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 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, 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.

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:_______________
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