Dear Parent or Guardian,

Your child is invited to attend the Middle 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 Middle School Engineering Challenge Weekend at the University of Rhode Island. **Friday March 29 and Saturday March 30, 2019.** 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 additional enrichment activities and receive a campus tour of URI.

We will depart from ________________ School at ____________, Friday, March 29, 2019

We will return to ________________ School at ____________, Saturday, March 30, 2019

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 ___________________________.

Sincerely,

SMILE teachers

[-----------please cut here----------]

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 29-30, 2019**.

We will leave **Friday, March 29** at ___________ from ________________ School.

Students will be picked up at ________________ School by a parent or guardian on **Saturday, March 30 at approximately _________.**

_________________________            ________________________
(Signature of parent or guardian)           (Date)
EXPECTATIONS

I. Electronics

- CELL PHONES
  - If a cell phone is brought to the Engineering Challenge Weekend, use of the phone 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.
- 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
Middle School Engineering Challenge Weekend at URI
March 29-30, 2019

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 EpiPen® and/or inhaler. Students needing EpiPen® 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 EpiPen® 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/Gender_____ 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

Updated January 14, 2019