



WILLIAM H. FARQUHAR MIDDLE SCHOOL

17017 Batchellors Forest Road • Olney, Maryland 20832

Phone: 240-740-1200 • Fax: 301-774-7505

Office of the Principal

Dear Parents/Guardians,

The sixth-grade teachers are excited to announce that all sixth-grade students will be participating in Outdoor Education on either April 6 or April 7, 2022. The question that continues to drive the learning during Outdoor Ed in this Meaningful Watershed Environmental Experience (MWEE) is, *how do our actions and choices impact the health of our local watershed?* The MWEE is an environmentally focused project-based learning unit that culminates in a stewardship action. For Grade 6, the learning occurs in the classroom and at Outdoor Ed, and the action becomes the students' Student Service Learning (SSL) that is a required part of the Grade 6 science curriculum.

Important Information:

Date:

Last Name: A-L Wednesday April 6, 2022 (Blue)

Last Name: M-Z Thursday April 7, 2022 (Yellow)

Hours: 9:45 a.m. – 7:30 p.m.

Cost: \$0

Dress:

- Water bottle, Mask
- Long pants
- Closed toe shoes
- Dress to be outside all day (check the weather forecast)
- Sunblock
- Poncho/raincoat
- Change of socks/clothes

Coordinators:

Ms. Kristina Mason – Kristina_D_Mason@mcpsmd.org

Mr. Matthew Green – Matthew_D_Green@mcpsmd.org

- MCPS transportation will pick up students at FMS and bring them to the Smith Center. At the end of the day MCPS buses will take students back FMS.
- **Parents *must* pick up their student from FMS no later than 7:30pm**
- Masks are mandatory
- Lunch and dinner will be provided (see attached menu)
- As we are going into the community, excellent behavior is expected. Any student who receives a total of three or more bounces from their classes starting February 23, 2022 will be recommended for exclusion from this trip.

PLEASE TEAR OFF AND KEEP THIS PAGE FOR YOUR RECORDS – THE REST OF THE PACKET SHOULD BE SIGNED AND TURNED IN TO YOUR STUDENT'S FIRST PERIOD TEACHER

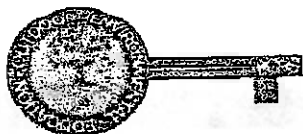
Menu for OE at the Smith Center

Lunch

- Hamburger (beef)
- Hotdog (turkey)
- French fries
- Fruit
- Milk or Water
- *Vegetarian option: Veggie Burger*

Dinner

- Spaghetti with meatballs
- Vegetable and/or Fruit
- Flatbread
- Milk or water
- *Vegetarian option: Spaghetti with marinara sauce*



Outdoor Environmental Education Program Parent/Guardian Permission

Outdoor Environmental Education Programs
Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS TO THE PARENT/GUARDIAN: Please complete this form and return it to your child's teacher. The teacher will deliver the completed form to the health assistant or nurse upon arrival at the outdoor education center.

Student's First Name _____ Student's Last Name _____ MCPS ID# _____

Student's Preferred/Chosen Name _____ Birth Date ____/____/____

Address _____

School Name _____

Date of Outdoor Education Program: _____

Please check all that apply:

My child has special dietary requirements. Please list: _____

Prescribed Medication:

My child takes medication on a daily basis or as needed during the regular school day and all required paper work (such as Form 525-13 525-14) and information is on file in the school Health Room.

My child will need medication administered **beyond regular school hours** while participating in this field trip. MCPS Form 525-13 has been completed (at least one week in advance of the field trip) and is on file in the health room at my child's school. Note: Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact.
See Form 525-13.

REQUIRED INFORMATION*

Parent's/Guardian's Home Telephone ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

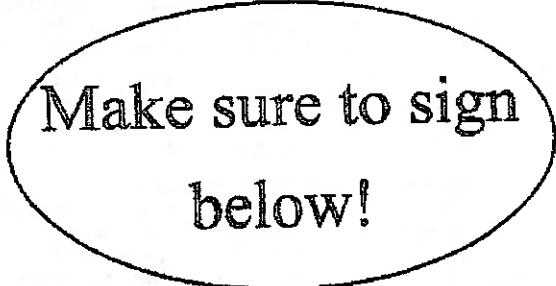
Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

*This required emergency contact information is **ONLY** for this Outdoor Education Program activity. If you need to update your child's emergency contact information, please contact your child's school.



I give permission for my child to participate in the outdoor education program described in the accompanying letter which I have read. In the event I cannot be reached in an emergency, I hereby give permission to the staff of the outdoor education center to secure proper medical treatment for my child.

Parent/Guardian Name (please print) _____

Signature, Parent/Guardian _____ Date ____/____/____



Parent/Guardian Approval For Trips MCPS Transportation Is Provided

MCPS Form 555-6
July 2018

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: To Be Completed by the Trip Sponsor

School William H. Farquhar MS - 507 Grade Level/Group 6th Grade

Date(s) of Trip April 6th/7th From 9:45 a.m./p.m. To 7:30 a.m./p.m.

Location of Trip (include city and state) 5100 Meadows Lane Rockville MD 20855

Transportation Arrangement: MCPS Bus Student Cost \$0.00

Purpose of Trip Outdoor Education

School Staff Sponsor Kristina Mason, Matthew Green Date 2 / 16 / 22

The student named below may be excused to engage in the above-described activity.

Signature of Principal [Signature] Date 2 / 16 / 22

PART II: To Be Completed by Parent/Guardian or Eligible Student

A. Parent/Guardian Financial Responsibility
Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips.

Cost—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee.

Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.

Delay, Change, or Cancellation—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment.

Additional Cost—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren).

B. Prescribed Medication
School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, and/or MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto-Injector*.

My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. *Note: Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details.*

C. Information Regarding Travel Insurance
Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Student Name _____ Teacher _____

I give permission for my child to participate in the above-described activity.

I do NOT give permission for my child to participate in the above-described activity.

I would like to volunteer to chaperone this field trip.*
**Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks.*

Parent/Guardian Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature _____ Date _____/_____/_____

OUTDOOR EDUCATION MEDICATION POLICY

If your child needs to receive medication while at Outdoor Ed, the Medication Authorization Form must be completed and submitted with the medication to the Farquhar MS Health Room by **March 11, 2022**.

Medication Authorization Form (525-13) and EpiPen Authorization Form (525-14) are attached or you can download the form from the Farquhar or MCPS websites.

Please note: The PARENT must bring the medication to the Health Room. We can not accept medication from a student.

- 1. PRESCRIPTION MEDICATION:** The parent must sign and complete Part 1 of the Medication Authorization Form. Have the physician complete Part 2 of the form. Bring the signed form and the original pharmacy labeled medication container (with the number of doses needed) to the Health Room.
- 2. OVER THE COUNTER MEDICATION:** A parent completes and signs both parts 1 and 2 of the form. Bring the signed form and unopened/sealed medication container to the Health Room.
- 3. SELF-ADMINISTERED MEDICATION:** Students bringing inhalers or EpiPen's to Outdoor Ed who self-carry must have the device with them on the bus in a backpack, fanny pack or drawstring bag. We need a self-carry order signed by the doctor.

If you would like the medication returned, please get it from the nurse when your child returns from Outdoor Ed or within the following week. If you have any questions, do not hesitate to contact me or the Health Room.

Harriet Caplan RN SCHN
Farquhar MS Health Room 240-740-1205
Harriet_L_Caplan@mcpsmd.org

MEDICATION INFORMATION-PARENTS/GUARDIANS

- Under the "Effective Dates" section in Part 2, please indicate 'OUTDOOR ED', not the actual dates.
- Write Group 1 or Group 2 at the top of the medication form.
- Please indicate any allergies or health problems on permission form.
- Over the counter meds need to be in a NEW, UNOPENED PACK.
- Prescription meds need to be in a pharmacy labeled container. Your pharmacy may give you an empty bottle with a label if you ask.
- **NO MEDICATIONS CAN BE PACKED IN STUDENTS BACKPACKS.** This includes Tylenol, Advil, cold medicine etc. We will take it away if found.
- If your child self carries an inhaler or EpiPen, you still need a medication form from the doctor. We can use orders in Health Room.
- If you want your child to have a pain reliever (over the counter), you must provide it. There are no medications at Smith Center other than what you send for your child.
- If you are sending pain reliever, please just write 'PAIN' in the diagnosis section of Part 2 on the medication form unless you only want it given for a specific pain.
- Please fill out both Part 1 and Part 2 (where it says doctor) on the Medications form even for over the counter meds.
- Each medication needs a separate form.
- If you already have an order and/or meds in the Health Room we can send them to Outdoor Ed.

Authorization to Administer Prescribed Medication Release and Indemnification Agreement



MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS Form 525-13
February 2019
Page 1 of 2

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by an authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student Name: Last _____ First _____ MI _____

MCPS ID# _____ Date of Birth ____/____/____ School Name William H. Farquhar MS - 507

Prescription: Renewal New If new, the first full day's dosage was given at home on: ____/____/____

List all medication(s) student is taking, including over-the-counter medication(s): _____

Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

DHHS and MCPS discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication (trade name or generic): _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at school: _____
Ranges not accepted (i.e., 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____
Medication orders effective Current school year, **OR** Effective dates ____/____/____ to ____/____/____

Side Effects: _____
If PRN, specify when indicated (signs/symptoms) _____

Frequency of administration (ranges not accepted, i.e. every 2 to 4 hours) _____

Authorized Prescriber's Name (print/type) _____ Phone ____-____-____ Date ____/____/____

Authorized Prescriber Signature _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors must be authorized by the authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication _____ Date ____/____/____

Signature _____
School Nurse (RN) approval for self-carry/self-administration of emergency medication _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL

- Check as appropriate:
- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)
 - Prescription medication is properly labeled by a pharmacist.
 - Medication label and authorized prescriber order are consistent.
 - Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.
- ____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order).

Signature, School Community Health Nurse (SCHN)/Principal _____ Date ____/____/____

INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. This form must be completed for medication administration in school. MCPs Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*, is preferred for epinephrine auto-injectors.
3. The parent/guardian is responsible for completing Part I and obtaining the authorized prescriber's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A authorized prescriber may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: student's name, diagnosis, medication name, dosage, time of administration, route of administration, duration of medication order, possible side effects, authorized prescriber signature, and date.
4. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either school health (DHHS) or school (MCPs) personnel administer medication brought to school by the student.
5. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the original container with the manufacturer's dosage label and safety seal intact. Authorized prescriber samples must be appropriately labeled by the authorized prescriber.
6. The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school.
7. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
8. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of either MCPs or DHHS. Medications without accompanying authorized prescriber's orders and parent/guardian consent will not be stored in the health room.
9. Students may not self-administer controlled substances.
10. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and epinephrine auto-injector for anaphylaxis. The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the health staff or MCPs staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine auto injector, so 911 may be called.
11. The school nurse will call the authorized prescriber, as allowed by the *Health Insurance Portability and Accountability Act (HIPAA)*, if a question arises about the student and/or the student's medication.

Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis

Release and Indemnification Agreement for Epinephrine Auto-Injector



MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS Form 525-14
February 2018
Page 1 of 2

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer an epinephrine auto-injector as directed by the authorized prescriber (Part II, below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the authorized prescriber's orders as written in Part II. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

I understand that the rescue squad (911) will always be called when an epinephrine auto-injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name: Last _____ First _____ MI _____
 MCPS ID# _____ Date ____/____/____ School Name William H. Farquhar MS - 507
 Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

In accordance with Maryland State Regulations, the epinephrine auto-injector may be administered by unlicensed staff (DHHS School Health Room Technician or MCPS employee) that are trained by the School Community Health Nurse (SCHN). Unlicensed staff are **not** allowed to wait for the appearance and observe for the development of symptoms for students with an authorized prescriber's order to administer the epinephrine auto-injector.

1. **Name of medication:** epinephrine auto-injector
NOTE: *Epinephrine auto-injector will not be accepted for the management of asthma.*
2. **Diagnosis:** Anaphylaxis/Severe allergic reaction to: _____
3. **Dosage of medication:** Check (✓) one: epinephrine auto-injector 0.15 mg. epinephrine auto-injector 0.3 mg.
4. Repeat dose in 10 minutes if rescue squad has not arrived.* Yes No
*NOTE: *For repeat dose, a second epinephrine auto-injector must be ordered and brought to school.*
5. **Time to be given at school: PRN. Check (✓) all that apply:**
 Sting by bees, wasps, hornets, yellow jackets
 Ingestion of (specify): _____
 If other known or unknown allergen(s) (explain): _____
6. **Route of administration for epinephrine auto-injector:** Intramuscularly (IM) into anterolateral aspect of the thigh.
7. **Side effects:** Palpitations, rapid heart rate, sweating, nausea and vomiting: _____

THIS MEDICATION AUTHORIZATION IS EFFECTIVE ____/____/____ **TO** ____/____/____

Authorized Prescriber _____
 Name—Print or Type Phone Number **Original Signature, Authorized Prescriber** _____ Date _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION: AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to Maryland State School Health Services Guidelines.

Prescriber's authorization for self-carry/self-administration of emergency medication:
 Signature, Authorized Prescriber _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication:
 Signature, School Nurse _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

- Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the authorized prescriber's stationery/prescription form.
 - Medication properly labeled by a pharmacist. **Epinephrine auto-injectors** received: 1 injector 2 injectors
- Reviewed by: Signature, Principal/School Nurse _____ Date ____/____/____

INFORMATION AND PROCEDURES

1. The authorized prescriber prescribed epinephrine auto-injector WILL NOT BE ADMINISTERED IN SCHOOL OR DURING SCHOOL sponsored activities without a parent/guardian signed authorization and waiver and an authorized prescriber's order/ authorization for students with a known diagnosis of anaphylaxis.
2. This form must be on file in the student's health folder. The parent/guardian is responsible for obtaining the authorized prescriber's order/authorization. (See Part II.) The principal or school nurse will ensure that all items on the form are complete.
3. The parent/guardian is responsible for submitting a new form to the school each school year and whenever there is a change in dosage or a change in conditions under which the epinephrine auto-injector is given.
4. An authorized prescriber may use office stationery/prescription pad in lieu of completing Part II. Information necessary includes: student's name, allergen for which the epinephrine auto-injector is being prescribed, amount of pre-measured epinephrine, order for repeat dose if deemed necessary, authorized prescriber's signature and date.
5. Medication must be properly labeled by a pharmacist and must match the authorized prescriber's order. If the authorized prescriber's orders include a repeat epinephrine auto-injector, an additional epinephrine auto-injector must be provided by the parent/guardian.
6. Medication must be hand-delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will the school nurse, the School Health Room Technician, or school (MCPS) personnel administer medication brought to school by the student.
7. All medication kept in the school will be stored in a secure area accessible only to authorized personnel.
8. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
9. In no case may the school nurse, the School Health Room Technician, or school (MCPS) personnel, administer epinephrine to a student who is identified as subject to anaphylactic reaction outside the framework of the procedures outlined above.
10. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as epinephrine auto-injector for anaphylaxis. The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative that the student understands the necessity for reporting to either the health staff or MCPS staff following self administration of an epinephrine auto-injector, so 911 may be called.
11. The school nurse will call the authorized prescriber as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.
12. Use MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, for all other prescribed medications.