



Poolesville High School
17501 Willard Road
Poolesville, Maryland 20837-2006

Jan 19, 2023

Dear Poolesville High School Student,

You are invited to attend the Spring Hackathon put on by the Poolesville Hacks student club. The hackathon objectives include generating innovative solutions, building and expanding communities, and tackling civic issues. The hackathon will be held on April 18th from 9 am to 9 pm. The hackathon will be held at Poolesville Baptist Church, 17550 W Willard Rd, Poolesville, MD 20837.

There is no cost for students to attend the Spring Hackathon. Students must provide their own transportation to the hackathon. During the hackathon, all MCPS expectations regarding student conduct, rules and behavior must be adhered to. In an emergency, parents will be notified via phone by the Magnet Coordinator or one of the Assistant Principals.

Parents/Guardians & students should fill out the attached PHS permission forms and **return the permission form packet to Mrs. Bailey by Wednesday, March 29.** Lunch will be provided, or students may bring their own. Students will not be allowed to leave campus for lunch.

Sincerely,

Mrs. Janice Bailey
MSP sponsor



POOLESVILLE HIGH SCHOOL



PARENT PERMISSION FOR FIELD TRIP

Dear Parent/Guardian,

An educational field trip is being planned for your student as indicated below. The purpose of this form is to secure written permission for your child to participate. As with all school policies, the zero tolerance policy will be enforced. Once the cost of the trip is determined, and fees are collected **no refunds will be made**. Funds are available to students who are unable to pay part or all of the field trip cost. Please contact Ms. Wilder, Magnet Coordinator, for information on cost waivers. Any donated funds collected in excess of the field trip cost will be transferred to the school's general field trip fund to help offset future field trip costs for students whose families are experiencing financial hardship.

Please review the information below and indicate your approval for your child's participation. Please read and sign the attached transportation permission form as appropriate.

To be completed by Trip Sponsor:

Purpose of Trip: Spring Hackathon

Curriculum Objectives: generate innovative solutions, build and expand community, tackle civic issues

Destination: Pooleville Baptist Church, 17550 W Willard Rd, Pooleville, MD 20837

Trip Sponsor: Janice Bailey Date of Trip: April 15 Time of Departure: 9am

Mode of Transportation: personal vehicle Cost Per Student: \$0 Time of Return: 9pm

To be completed by Parent/Guardian:

Child's Name Home Phone Cell Phone

Mother/Guardian Daytime Phone Mother/Guardian Cell

Father/Guardian Daytime Phone Father/Guardian Cell

I have read, understand, and accept the conditions, expectations, and refund policy for this proposed field trip. I give permission for my student to participate.

Parent Signature Date

I understand that while attending this trip all school policies and procedures are in effect, including the zero tolerance policy. I also understand I am responsible for all missed work.

Student Signature Date

Emergency Plan for Field Trips

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

DIRECTIONS

To be completed by the trip sponsor and submitted through the online field trip request process along with MCPS Form 210-4, Approval for Extended Day, Out-of-Area, and Overnight Field Trips, or MCPS Form 210-6, Approval for June Field Trips.

FIELD TRIP INFORMATIONSchool Poolesville HS - 152Date(s) of Trip: April 15Destination Poolesville Baptist Church Address: 17550 W Willard Rd, Poolesville, MD 20837**Arrangements for medical needs/first aid:**

- ☒ At least one week prior to the field trip, consult with the School Community Health Nurse (SCHN) regarding students taking medications during the day.
- ☒ All student medications, including over-the-counter medications, must be accompanied by a completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication*, which must be signed by an authorized prescriber.
- ☒ Name of staff member(s) in charge of medical needs of the students

Janice Bailey**Access to communication devices:**

- ☒ Field trip sponsor name Janice Bailey Cell 240 - 242 - 7350
- ☒ MCPS employees attending trip and their telephone number during trip
Janice Bailey 240-242-7350
- ☒ Name(s) of field trip volunteers attending and their telephone number during trip. If you need more space, attach list. (All volunteers and chaperones must have completed the online child abuse and neglect training. Fingerprinting and background checks are also required IF the trip is out-of-area (50 miles or more from the Carver Educational Services Center (CESC) in Rockville), an overnight field trip, or if it is an extended day trip that requires Office of School Support and Improvement approval. (e.g., if return time is later than 7:00 p.m. or the trip takes place on a Saturday or Sunday.)
- ☒ Ratio of chaperones to students 1 to 40
- ☒ Procedures for implementing telephone tree
sponsor(Ms. Bailey) will contact the participating students' families in case of an emergency
- ☒ Identify local school procedures that will prepare travelers in case of an emergency situation
- ☒ Identify Authorized Searcher, i.e. a) A principal or assistant principal, b) An MCPS Department of Systemwide and Emergency Management (DSSEM) staff member and/or a school-based security staff member (employed by MCPS), or c) A teacher on a school-sponsored trip who has been so designated in writing by the principal/designee and who has been trained in conducting searches.
Janice Bailey

If this is an overnight trip, please include the following:

- ☒ Name of hotel, complete address, and telephone number



Parent/Guardian Approval For Trips MCPS Transportation Is **NOT** Provided

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

MCPS Form 560-31
July 2018

PART I: To Be Completed by the Trip Sponsor.

School Poolesville HS - 152 ☒ Grade Level/Group 9-12
Date(s) of Trip April 18 From 9 a.m./p.m. To 9 a.m./p.m. Student Cost \$0.00
Location of Trip (include city and state) Poolesville Baptist Church 17550 W Willard Rd, Poolesville, MD 20837
Transportation Arrangements: ☐ MCPS Approved Bus Carrier (Name: _____)
☐ Public Transportation (Specify: _____) ☐ Walking
☒ Riding in a vehicle with: ☒ Parent ☐ Guardian ☐ Staff ☐ Student
Purpose of Trip attend Hackathon
School Staff Sponsor Janice Bailey Date 1 / 19 / 23
The student named below may be excused to engage in the above-described activity.
Signature of Principal _____ Date _____ / _____ / _____

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 _____ / _____ / _____

Poolesville High School
17501 W. Willard Road
Poolesville, Maryland 20837

MEMORANDUM

To: Mrs. Diane D. Morris, Deputy Superintendent of School Support and Improvement

From: Mark Carothers, Principal *MC*

Subject: Authorization to Conduct a Student Search on a School-sponsored Field Trip

(OPTION 1: If the trip sponsor has received training.)

Janice Bailey a teacher(s) at Poolesville High School is authorized and has received training commensurate with training received by a principal, to conduct a reasonable search of any student(s) during the school-sponsored field trip to Poolesville Baptist Church on April 16.

I will be attending the school-sponsored field trip to Poolesville Baptist Church on April 18. I understand that in the event that I am unable to attend the field trip, (See below), a staff member going on the field trip will be authorized to conduct a search and will receive training prior to the field trip.

The above-mentioned staff member understands that the search must be based on a reasonable belief that the student(s) possesses an item which is a violation of any State law, rule or regulation of Montgomery County Public Schools, or policy of the Montgomery County Board of Education.

The search must be conducted in the presence of a third party. A self-search is the preferred method of searching. If a search is conducted and any illegal items are found and seized, the teacher must contact the school. When there is a reasonable belief that a student(s) is in possession of a firearm, police assistance should be requested immediately. If the student(s) is not presenting an immediate threat, continue to monitor the individual until the local police arrive. If the circumstances prompt a physical search of the student and a weapon is seized, make every effort to secure the weapon in a safe place, continue to monitor the student, and wait for the police to arrive.

If drugs or weapons are found during a search of a student, the drugs or weapons must be turned over to the police in the jurisdiction in which the items are found.

A copy of this authorization will be kept in the principal's office.

1. Janice Bailey

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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 -- Choose One --

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

Signature _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication

Signature _____ 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 ____/____/____