



MAPLE CREEK ELEMENTARY SCHOOL

2025 East Teague, Fresno, CA, 93720
PH (559)327-7300 FAX (559) 327-7394

Sonora Outdoor School- Maple Creek 6th Grade Trip Wednesday, November 6, through Friday, November 8, 2019

Gina Kismet
Principal

Josh Turpin
*Guidance
Instructional
Specialist*

The countdown is beginning for our departure on our three-day trip to the Regional Learning Center in Sonora. This trip is an annual event for C.U.S.D. sixth graders, and it has always been an exciting and worthwhile part of the educational program.

The total cost of the trip is \$208.00 per student (*which covers the 3 days and 2 nights of food and lodging at the RLC*). This must be paid prior to the trip, due by Thursday, October 17, 2019. If there are financial circumstances that the school should be made aware of, please discuss this with your child's teacher or call Mr. Turpin, as we certainly do not want any child to miss this trip. Mr. Sharp, Mrs. Armstrong, and Mrs. Smith will be going on the trip with our students. Mr. Turpin will also plan to be with the group at least part of the time.

Attached is some important information:

1. LETTER FROM THE REGIONAL LEARNING CENTER

2. CLOTHING CHECKLIST: This is intended to help you and your child pack for the trip. The elevation at the Regional Learning Center is about 6000 feet, so students can expect some fresh mountain air. Weather is normally cool this time of year – jackets in the morning, sweatshirts during the day, gloves and hats are a good idea as well.

3. CAMP CONDUCT RULES: In the interest of safety and order, the Regional Learning Center stipulates and adheres to some important rules. Please take a few minutes to go over these with your child. **If the RLC rules, or Maple Creek rules, are violated, parents will be responsible for coming up to the Center to pick up their children.**

4. DIRECTIONS TO THE LEARNING CENTER

5. MAP OF THE REGIONAL LEARNING CENTER

6. SIERRA OUTDOOR SCHOOL ENROLLMENT AND HEALTH FORM: **This form must be filled-out completely.** It is both an enrollment form and an emergency procedure card. Although we don't anticipate an emergency at the Regional Learning Center, it is important that we have accurate information on hand should it be needed. **This form is due on or before Thursday, October 17th.**

7. SIERRA OUTDOOR SCHOOL SPECIAL DIETARY NEEDS: Please complete this form if your child has special dietary needs and give it to your child's teacher as soon as you can. **This form is due on or before Thursday, October 17th.**



8. MAPLE CREEK MEDICATION ORDER FORM: This form is due on or before Thursday, October 17th. This form must be completed for all medications. If the medication is not on this form, it cannot be taken on the trip.

IMPORTANT DATES

TUESDAY, AUGUST 27 @ 7:05 p.m. in the MPR, immediately after Back to School Night, there will be an informational meeting for all parents about the trip. While this trip is exciting for the students, this meeting is for parents only.

THURSDAY, OCTOBER 3: Parent Chaperone payments are due. The cost for the adult chaperones is the same as the student cost. Payments must be submitted through Permission Click:

THURSDAY, OCTOBER 17: All forms and payments are DUE!

- Sierra Outdoor School Enrollment and Health form: hard copy completed and turned into your teacher
- Sierra Outdoor School Special Dietary Needs form: if needed, hard copy completed and turned into your teacher
- CUSD Medication at School Order form: hard copy completed and turned in to the Maple Creek Health Office. **THIS IS IMPORTANT: NO FORM, NO MEDICINE.**
- Payment paid in full (online through Permission Click or cash payment delivered to the classroom teacher). **Checks must be made payable to Clovis Unified School District.**

TUESDAY, October 29: At 7:30 a.m. in the technology lab, there will be a *mandatory* meeting for parent chaperones. All parent chaperones must attend.


WEDNESDAY, NOVEMBER 6: DEPARTURE TIME – 6:30 a.m. Students should arrive **no later than 6:00 am.** Bags and luggage should be clearly labeled and dropped in front of the school. Student helpers will be waiting to receive the luggage. Students are then to report to the cafeteria and be ready for roll call by **6:15 a.m.** Students will place their bagged lunches, clearly labeled with their names, in their team boxes on the stage. Again, all students should arrive by **6:00 a.m.**

FRIDAY, NOVEMBER 8: Return home. Students should be back to Maple Creek at around 4:00 p.m. The school office will be notified of any change or delays, and we will do our best to communicate to parents. Please arrive promptly to pick up your student.

Please note: all permission slips and payments must be completed online through Permission Click. The link to the Permission Click permission slip will be emailed to you by your child's teacher. If you do not have computer or internet access, please contact Heidi Lynn, Office Manager, at 327-7300 for assistance.

I am looking forward to a great trip, full of learning and exploration.

Thank you,~


Josh Turpin
Guidance Instructional Specialist
Maple Creek Elementary



Sierra Outdoor School at Five Mile Creek

Operated by Clovis Unified School District

Eimear O'Farrell, Ed D.
District Superintendent
1450 Herndon Avenue
Clovis, California 93611-0599

Michael Olenchalk, Director
15700 Old Oak Ranch Road
Sonora, California 95370
Voice: (209) 532-3691
FAX: (209) 532-4196

Dear Parents,

Thank you for allowing your child to visit Sierra Outdoor School at Five Mile Creek, an outdoor and environmental educational school operated by Clovis Unified School District. Your child will have unique experiences that will last a lifetime! SOS offers opportunities for growth not only in academics but in human relations skills as well. Your child will hike in the woods, take interesting and challenging classes, live in the dorms with classmates, and eat healthy food. In addition, they will sit around campfires, sing songs, perform skits and garner an appreciation for nature and the outdoors.

Our science classes are aligned with the California State Standards for Science and we are currently working on alignment with NGSS. Classes are conducted in the finest laboratory on earth, namely nature itself. We believe that learning science can be fun as well as rewarding. In addition to our science programs, we offer human relation activities that will foster the development of leadership, team building, and interdependence skills that are necessary for tomorrow's workplace.

Your child will be presented with a range of teaching strategies that engage all learning modalities. Our standards based curriculum has been developed on site and focuses on the unique characteristics of the Stanislaus National Forest. Trained naturalists and naturalist interns will serve as instructors during your child's stay, while visiting teachers and adult chaperones (selected by your school site) will assist with supervision duties. Our school is unique and offers the opportunity for success for every student.

We offer a structured and safe learning environment. Please note that Clovis Unified School District Policies and California Education codes apply to all students and adults that come to the Sierra Outdoor School. These policies may be viewed in the main office or at www.cusd.com.

We continue to work on tree removal as a result of drought and bark beetle infestation. We may have to modify our use of some trails in the forest, but you may be assured that we will keep all of our visitors safe while we remove hazard trees.

The SOS staff looks forward to your visit. We believe that all children can learn and we appreciate the fact that you have selected the Sierra Outdoor School to be a meaningful part of your child's education.

Please feel free to call us at (209) 532-3691 if you have questions that your school cannot address.

Sincerely,
Michael Olenchalk, Director

In cooperation with the Stanislaus National Forest - Sonora, California

95370

Website:

<http://www.sos.cusd.com>

SIERRA OUTDOOR SCHOOL PACK LIST



The following is a list of clothing and equipment which will enhance your personal comfort while you are staying at Sierra Outdoor School. Do not bring anything that you worry about getting dirty or "gently used".

Please limit your luggage to a bedroll or a sleeping bag, a pillow, one duffel bag or suitcase and a school backpack. **Label everything with your name and your school's name.**

Pack in your suitcase/duffel:

- o T-shirts
- o Long pants
- o Underwear
- o Socks
- o Sleepwear
- o Sweater/sweatshirt/jacket
- o Rain jacket or poncho
- o 2 pair close-toed walking shoes
- o Sandals-for showering
- o Laundry bag/plastic bag
- o Flashlight
- o Towel, hand towel, washcloth, shampoo, hand soap, body wash
- o Toothbrush & toothpaste
- o Hairbrush/comb
- o Non-aerosol insect repellent (Spring)

Winter Items (mid Oct.- mid May)

- o Thermal underwear
- o Long sleeve shirt(s)
- o Extra pair of pants
- o Warm coat
- o Warm hat
- o Wool/Synthetic socks
- o Gloves or mittens
- o Waterproof boots

Pack in your backpack:

- o Arrival day sack lunch
- o Reusable water bottle (at least 16 oz. size)
- o Sunscreen
- o Hat or cap
- o Pencils
- o Inexpensive camera
- o Chapstick
- o Small notebook

Don't forget:

- o Sleeping bag or Bedroll
- o Pillow

Do not bring:

- o Snacks, candy, gum
- o Electronic devices
- o Knives
- o Matches
- o Walking sticks
- o Perfume, makeup
- o Things of great value that could be misplaced, lost or stolen

Chaperones and Teachers also need to bring the above items. They may also want to bring a reusable mug and money for the soda and water machines.

Sierra Outdoor School

Conduct Rules

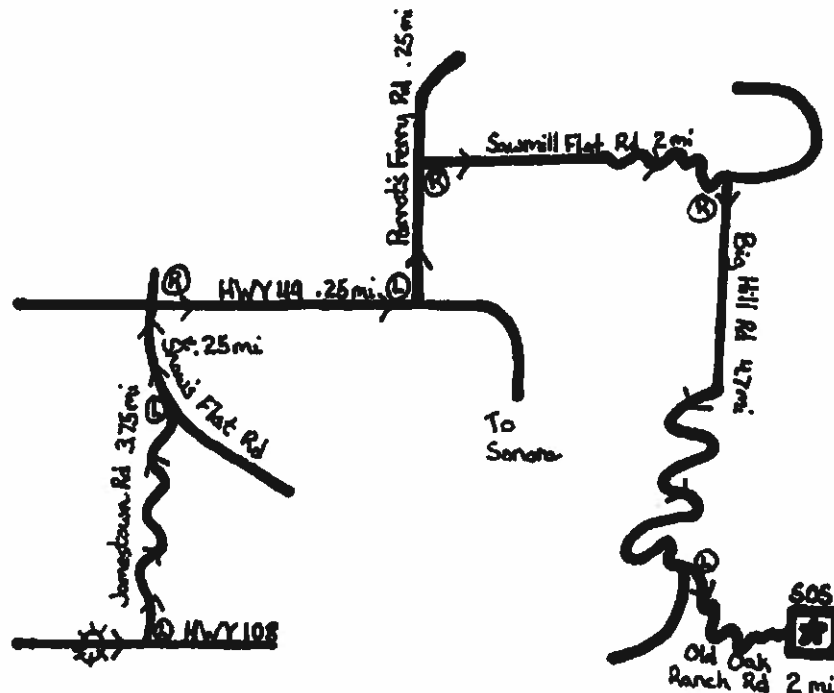
1. Clovis Unified School District policies and the California Education Codes apply to all schools or groups coming to Sierra Outdoor School.
2. Students are not allowed anywhere without adult supervision—students should be with an adult AT ALL TIMES.
3. Shoes must be worn outside at all times.
4. Running is allowed in designated areas only. Please stay on pathways and walkways on the main campus. Do not cross over fences at any time.
5. Snacks should not be brought to SOS (we have lots of animals that may wish come indoors if they smell food, candy, or gum). Adults must collect any items and store them in an appropriate area. We do operate a snack cart after the second days lunch period.
6. SOS is located in the Stanislaus National Forest. Don't be a litter bug; use trash cans and recycling bins on campus. Collecting of forest items is to be done at direction of SOS staff. Rocks, sticks, and snow are not to be picked up or thrown at this school facility.
7. Students are not allowed in the private residence area unless an SOS staff member is escorting a class to a trailhead.
8. It is very important that all students, parents, and teachers be on time. Lining up for classes and meals in a timely fashion will maximum time for instruction.
9. Relationships should be conducted in good taste while at the SOS. Boys and girls are not allowed in the living areas of the opposite gender.
10. A FIRE DRILL PROCEDURE will be practiced after the first dinner. Students line up in groups; adults will check each group and wait for instructions from SOS staff. In case of emergency evacuation due to fire, other natural disasters, or transportation emergencies, SOS buses will transport students from the from the school to a secure location.
11. MEDICATION WHILE AT SOS:
 - a. If a student is taking medication while at SOS, that medication needs to be given to the child's teacher upon departure to the SOS. All medications must be logged by visiting teacher while at SOS. It is the visiting teachers responsibility to administer medications while at SOS.
 - b. In the case of inhalers, if the student must have it with them, a note needs to be in the teacher's possession before departure to SOS. Inhalers are the only medication to be in students' possession while at SOS. This is for the students' protection.
 - c. Your school's staff will notify parents if a child becomes ill during their stay. Be sure emergency forms are accurate and complete. (Please see "Visiting Teacher First Aid/Health Procedures")

DIRECTIONS FROM FRESNO

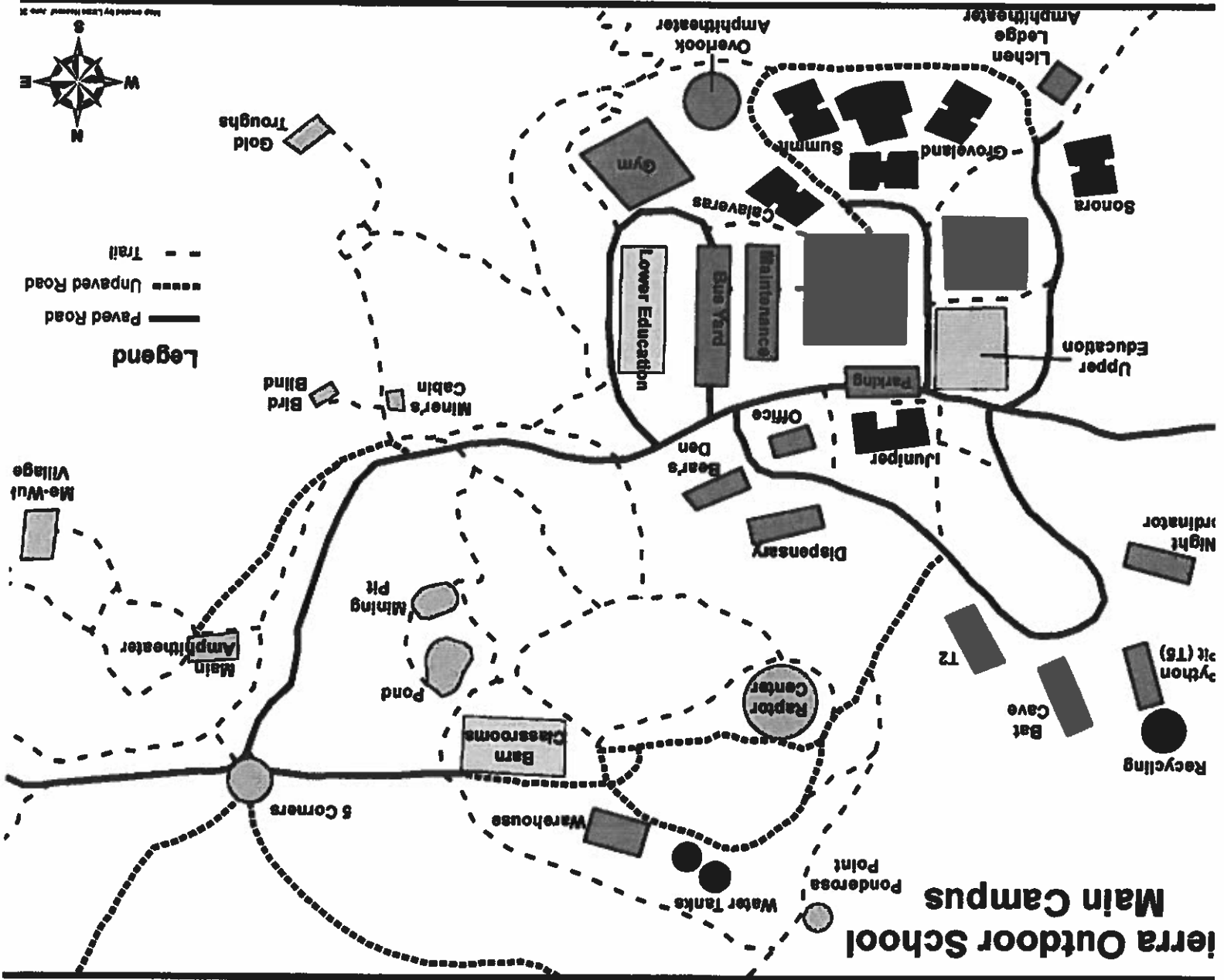
From Hwy. 99 North

- Turn right (North) on G Street in Merced. This goes through Merced and out into the country, becoming Snelling Rd.
- Turn right onto J59 (at the "T" intersection). Follow through the curves of Snelling.
- Turn left on J59 (La Grange Rd.), just on the other side of Snelling. (In order to stay on J59, you must turn left here.)
- At the stop light, keep going straight. You will be on this road for approximately 1/2 hour.
- Turn right (east) on Hwy. 108 (at "T" intersection).
- Directions once you are coming in to Sonora:
 - Come into Jamestown going east on Hwy. 108.
 - Turn LEFT on Jamestown Road, which is the next left after the signal. Take it to the end (second stop sign, 3.75 miles).
 - Go LEFT on Shaw's Flat Rd (at the "T" intersection). Go .25 miles to stop sign.
 - Turn right on Hwy. 49, and go about .25 miles to Parrott's Ferry Rd. (first LEFT). Look for the "Columbia State Park" signs.
 - Turn left on Parrott's Ferry Road toward Columbia State Park, and go .25 mile.
 - Take the first right on Sawmill Flat Rd. where you will see a large Columbia College sign. Go 2 miles, passing Columbia College on your left.
 - Turn right onto Big Hill Road. Be careful! This turn comes suddenly, and it's a right-hand only intersection.
 - Go 4.7 miles up Big Hill Road.
 - Veer left on Old Oak Ranch Road, where you see the large yellow "Sierra Outdoor School" and "RLC 2 miles" signs. This is a narrow, paved road. Remember it is a 2 way road and that you may encounter buses!
 - Continue 2 full miles to SOS. You will pass the Old Oak Ranch Conference Center (brown buildings), to SOS (green buildings) on your left.
 - You made it! Cars should park in the lined spaces on the road. The office is on the left with the flag pole in front.
 - Telephone number is (209) 532-3691.

BUS DRIVERS: Old Oak Ranch Rd. is *very narrow*, with blind corners. Please keep to your side of the road as much as possible and HONK before blind corners.

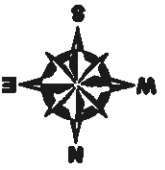


Terra Outdoor School Main Campus



Legend

- Paved Road
- - - Unpaved Road
- - - - Trail



Map created by Lisa Howell, June 21

School _____
Attendance dates from _____ to _____

ENROLLMENT AND HEALTH FORM

Name of child _____
First _____ Middle _____ Last _____
Address _____
Street _____ City _____ Zip _____
Name of Parent/Guardian _____
Telephone: Home _____ Work _____ Relative or Friend _____

SPECIAL PHYSICAL LIMITATIONS WHICH SHOULD BE KNOWN TO CHAPERONES AND CAMP DIRECTOR:

Diet problems Asthma Recent Surgery/illness Allergies Heart Condition

Recent Broken Bones / Sprains

If any of the above are marked, please specify _____

Name and address of Physician _____
Has your child been exposed to a communicable disease within the past three weeks? Yes No

If yes, what disease? _____ Date he or she was exposed _____

In order to protect children from possible embarrassment, the following information is necessary.

Does your child walk in his/her sleep? _____ Wet the bed at night? _____ Are there other factors that might affect the care of your child? _____

IF YOU CAN'T BE LOCATED IN CASE OF AN ACCIDENT, WHO SHOULD BE CALLED?

Name _____ Phone _____
Address _____

Has your child had his/her tetanus series or booster? _____ If so, what date? _____

INSURANCE COVERS ACCIDENTS ONLY, NOT ILLNESS. IN THE EVENT OF ILLNESS, IS YOUR CHILD COVERED BY A HEALTH INSURANCE POLICY? IF YES, PLEASE FURNISH US WITH THE FOLLOWING INFORMATION:

Name of Insurance Company _____ Policy Number _____

If child is covered by Medi-Cal (up to date) _____ Card Number _____

Child's Date of Birth _____

IN THE EVENT OF ACCIDENT OR ILLNESS, CLOVIS UNIFIED SCHOOL DISTRICT DOES NOT ACCEPT RESPONSIBILITY FOR PAYMENT. PARENTS WILL BE CONTACTED. CHILD WILL BE TREATED ONLY WITH PARENTAL PERMISSION. PARENTS WILL PAY FOR TREATMENT IF THERE IS NO INSURANCE.

If a serious emergency arose, it might be necessary for a physician to attend your child before the camp administration staff could get in touch with you. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT. These statements below must be signed before your child can be accepted at the Sierra Outdoor School.
AUTHORIZATION FOR:

TETANUS SHOT/BOOSTER - I hereby give my permission to the Sierra Outdoor School to authorize a tetanus shot or booster if deemed advisable by a physician at Sonora Regional Medical Center.

Signature _____

MEDICAL TREATMENT - I hereby authorize the Sierra Outdoor School to provide medical or surgical care, including care rendered through the facilities of Sonora Hospital in any emergency which may occur while he/she is attending the Outdoor Camp.

Signature _____

It is understood that still and motion pictures may be made of this child as a participant in the program and permission is hereby given for the release of said pictures for such purposes as designated by the Director of the Sierra Outdoor School. Parents and/or Legal Guardians hereby give consent for the above named child to participate in all activities under the direction of the Sierra Outdoor School staff, including transportation to and from the location of the program and field trips which are part of the program.

Signature of Parent or Guardian _____

PLEASE RETURN THIS FORM TO THE SCHOOL YOUR CHILD ATTENDS

SIERRA OUTDOOR SCHOOL

SPECIAL MEAL STATEMENT FOR PARTICIPANTS WITH ALLERGIES, CHRONIC DISEASES, DISABILITIES OR VEGETARIAN REQUIRING SPECIAL MEALS

(1) Name of Participant	(2) Age	(3) School
(4) Name of Parent, Guardian or Authorized Representative		(5) Telephone Number
(6) Must Check One: <input type="checkbox"/> Participant is disabled or has a medical condition and <i>requires</i> a special meal or accommodation. <u>A licensed physician must sign this form.</u> <input type="checkbox"/> Participant is not disabled, but is <i>requesting</i> a special meal or accommodation. An example may include a food intolerance. However, food preferences are not included as an example. <u>A licensed physician, physician's assistant, or registered nurse must sign this form.</u> <input type="checkbox"/> Participant is vegetarian .		

(7) Disability or medical condition requiring a special meal:

(8) Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation):

Foods to be omitted and substitutions: Please list specific foods to be omitted and suggest substitutions. You may use the back of this form for additional information.

(9) Foods to be omitted:	(10) Suggested substitutions:

(11) Signature of Preparer*		
(12) Printed Name of Preparer	(13) Date	(14) Telephone Number
(15) Signature of Medical Authority*		
(16) Printed Name of Medical Authority	(17) Date	(18) Telephone Number

*Physician's signature is required for meal changes to be made for participants with food allergies, intolerances or chronic diseases. For **vegetarian** meals, parent or guardian signature is required.

Important message from the Nurse's Office

Maple Creek Elementary

6th Grade Sierra Outdoor School (Sonora) Trip November 6th-8th, 2019

Dear Parents and/or Guardians,

Please take the time to read the following information regarding medications for your child during the Sonora trip beginning November 6th through the 8th.

This is an educational and exciting trip for your students and our job is to make it a safe learning experience.

Important Information

- If your student needs to take **ANY** medication on this trip, the Maple Creek Health Office **MUST have a doctor's order (Medication at School form) and parent signature on file.** Do not send medication or fill out Medication at School form if not necessary.
 - For the safety of your child, this includes:
 - **ALL inhalers**
 - **ALL prescription medication**
 - **ALL over the counter medications**-including Tylenol, Advil, Benadryl or other antihistamine, Dramamine or other motion sickness medication, any cough syrup, cough drops, throat lozenges, vitamins, medicated creams and lotions, etc....
 - **All medications MUST be in the original prescription bottle with the label or in the original (small) over the counter bottle/box/tube with the student's name clearly marked.**
 - **DO NOT** send loose pills in baggies. They will not be accepted.
 - **Only send the exact amount of medication the student will need to take.** **NO** large medication bottles.
 - **Please have your student take their morning doses before they leave for Sonora.**
 - All medications and doctor's orders (Medication at School form) **MUST** be in the Maple Creek Health Office **by 3:15 pm on Thursday, October 17th, 2019** in order to be processed in time for camp. **We will not accept any forms and/or medications after this date, NO EXCEPTIONS!** Doctor's orders may be faxed to the Health Office at 327-7390.
PLEASE DO NOT WAIT UNTIL THE LAST MINUTE. Nurse Chelle needs time to organize medications for the teacher/administrator who will be giving the medication. **NO MEDICATIONS WILL BE ACCEPTED BY THE TEACHER ON THE MORNING THE KIDS LEAVE FOR SONORA. NO EXCEPTIONS WILL BE MADE.**
 - **This is required by California State Law.** If a parent cannot get this done prior to the trip, and the medication is essential, the parent may go up to Sonora to administer the medication or the student may opt out of attending the trip.
- If you have any questions or concerns, please do not hesitate to call **Chelle Bridges, RN School Nurse** or **Peggy Lee, Health Assistant** at 327-7377. Thank you in advance for your help and support.



AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Name of Student	Date of Birth	Grade	School	Date
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California Education Code 49423 defines certain requirements for administration of medication "...any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician statement." CUSD Board Policy No. 2401 does not allow students to administer their own medication without written permission as stated above.

Additionally, CUSD Administrative Regulation No. 2401 indicates that school personnel are prohibited from administering any over-the-counter or prescription medications including, aspirins, vitamins, antihistamines, etc. unless the medication is accompanied with written permission from both the parent/guardian and physician. The medication must be clearly labeled and sent to school in a container from the pharmacy and will be kept in the school office unless otherwise directed by the physician.

All medication orders will be automatically discontinued at the end of the school year after summer school.
New orders are required each school year.

PLEASE RETURN THIS FORM TO YOUR SCHOOL HEALTH OFFICE
******PHYSICIAN USE ONLY******

1. Medication: _____ Dose: _____ Reason/Diagnosis: _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ Stop Date: _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

FOR INHALER, EPINEPHRINE AUTO-INJECTORS or other medications approved by physician only.

Self-Carry - Student demonstrates competence. • (NOT recommended in elementary school)

Stored in the Health Office

Other instructions or precautions-possible reactions: _____

2. Medication: _____ Dose: _____ Reason/Diagnosis: _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ Stop Date: _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

FOR INHALER or EPINEPHRINE AUTO-INJECTORS ONLY or other medications approved by physician only

Self-Carry - Student demonstrates competence. • (NOT recommended in elementary school)

Stored in the Health Office

Other instructions or precautions-possible reactions: _____

3. Medication: _____ Dose: _____ Reason/Diagnosis: _____

Route: Oral Inhalation Nasal Topical Intramuscular Subcutaneous Other _____

Medication Start Date: _____ Stop Date: _____

If DAILY, Time (s) to be given: _____

If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other _____

Physician's Name: _____ Physician's Signature: _____ Physician's NPI # _____

Address: _____ Phone: _____ Date: _____

PLEASE COMPLETE BOTH SIDES

Name of Student	Date of Birth	Grade	School	Date
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******PARENT/GUARDIAN COMPLETES THIS PAGE******

Parent Request For Assistance with Medication at School

Responsibility of the Parent or Guardian

1. Parents/guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on school campus.
4. Parents/guardians may pick up unused medications from the school office during and at the close of the school year. Medication remaining after the last day will be discarded.
5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

The parent or guardian must complete this page before any medication (prescription or over-the-counter) can be given, or taken, at school. This form must be renewed at the beginning of each school year or with any change in medication.

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions).

All medication orders will be automatically discontinued at the end of the school year-summer school. New orders are required each school year.

A. For MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE only: I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of parent or guardian: _____ Date: _____ Phone Number: _____

B. For INHALERS/EPINEPHRINE AUTO-INJECTORS SELF CARRY only: I hereby request that my student carry and self-administer his/her inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent or Guardian: _____ Date: _____ Phone Number: _____