

March 17, 2009

Dear Sixth Grade Parents,

Attached are two forms that need to be completed and returned to school as soon as possible in preparation for Camp Orkila. The first form is an *Extended Field Trip Permission form* that will give us information regarding your child's health needs and emergency contacts. The second form is a *Medication Permission form* which allows us to give medication while at camp. If your child takes **any medication, either prescription or over-the-counter** at home or currently at school and will/could need to take these at camp, we must have a **new form** to cover giving medications for a 24-hour period. ***This form requires signature by parent AND physician.*** Over-the-counter medications that may be helpful to send to camp include:

- Antihistamine such as Benadryl for allergies and hay fever
- Cortisone cream or anti itch ointment for bug bites or itching
- Tylenol or Ibuprofen for headaches, fever or pain.
- Cough drops or throat lozenges for sore throats
- Daily vitamins/supplements

If your child uses an inhaler or an EpiPen you may want to discuss with your physician including an order that states your child may carry those and that the medication may be self-administered. This is the only way medication can be carried by the student. With self-carried and administered medication it is a good idea to send two, one for the nurse to keep as a back up and one for the student. The camp covers a large area and it is important to have the inhaler or EpiPen close at hand when it is needed and an extra one if the first is lost or out of medication.

The medication forms and medications must be at school no later than April 7, 2008. Please make sure all medication containers are clearly labeled with the students' name.

The Shoreline School District requires each child to have health insurance before going to camp. Please send a proof of insurance card to school **no later than April 6, 2009.** There are many different ways for you to document your child's proof of insurance:

1. Bring your card to the front office and we will copy it.
2. Send your card in an envelope with your student. We will copy it and send it back to you.
3. Make a copy of your card and send it in with your child.

If you do not carry health insurance, please let the office know right away. The School District offers a plan that can be paid for that month alone.

Field trip permission forms must be returned to your child's teacher **no later than April 6, 2009.**

Please call the Echo Lake Health Office with any questions or health concerns at (206) 361- 4332.

Thank you,
Nurse Shelly

TO: Sixth grade parents, regarding Camp Orkila

FROM: The Health Office

PLEASE
Return Forms by
April 6th



PLEASE READ THIS, IT IS IMPORTANT INFORMATION!!!

TAKE THE TIME TO FILL OUT THE HEALTH INFO ON THE PERMISSION SLIP.

While students are at Camp Orkila, they will be subject to the Shoreline School District medication policy.

1. NO MEDICATION can be given without the Camp version of the "Permission to Administer Medication at School" form filled out completely.
2. **THIS INCLUDES OVER THE COUNTER MEDICATION** like Tylenol or Benadryl, daily vitamins and supplements.
3. We will need your signature **AND YOUR DOCTOR'S SIGNATURE** on the form for ALL MEDICATION. We can FAX the form to your doctor for signing.
4. The medication will need to be in the ORIGINAL CONTAINER (no baggies or envelopes with self-labeling, and please send small bottles if possible...no room for Costco size!)
5. ALL FORMS need to be in the Health Office by **April 6th**.
6. All Medications must be turned in by April 27th. Students without medications by this deadline will not be able to have any medication at camp. **NO MEDICATIONS WILL BE ACCEPTED ON THE DAY OF DEPARTURE.**
7. Students who already have a "Permission to Administer Medication at School" form for daily medication **NEED TO FILL OUT A NEW FORM FOR CAMP ORKILA DUE TO DIFFERENT HOURS IN ATTENDANCE.**

Please try to predict any medication your child may benefit from for allergies, motion sickness, headache, minor pain etc. as **THERE WILL NOT BE ACCESS TO MEDICATION AT CAMP EXCEPT AS ABOVE.** Remember that there are many allergens at camp, and even children who haven't had an asthma attack for years may have one there.

ALL CAMPERS NEED PROOF OF INSURANCE. Don't forget to attach a photocopy of both sides of the insurance card or medical coupon that covers the student if you have not already turned one in.

There are a lot of steps to get to Camp. Thanks for your patience and promptness in sorting through all of the information and then filling everything out and getting it back quickly. Much Appreciated!!

Echo Lake Nurse Shelly

Camp Nurse: Highland Terrace Nurse Mary Ann

Echo Lake Elementary School Behavior Contract for Camp Orkila

Must be signed and returned by **Monday April 6**

Student Responsibility:

Students are to know and understand that they are visitors of Camp Orkila. School rules apply at camp. All behavior expectations placed upon them at school apply at camp. If any inappropriate behavior, attitude or infraction of school rules occur at camp, the following course of action will be taken:

1. The student will be given a verbal warning and an explanation of what he/she did wrong by counselor or staff member.
2. If a second incident occurs, the student's name will be reported to the Echo Lake and/or Highland Terrace teaching staff. A staff member will process the incident with the student and the student may receive an appropriate consequence at camp, if necessary (this may include not being able to participate in certain activities, community service, etc.).
3. If a third incident occurs, the student will be reported, and will be removed from camp. Parents will be notified and will receive an explanation of the infraction(s) and must meet their student and teacher at the Orcas Island Ferry Terminal to return home.

Note: If a student's behavior constitutes a risk to themselves or others, or in the judgement of school personnel is serious in nature, he/she will be removed from camp immediately without the two warnings outlined above.

Parent Responsibility:

I understand and agree that if my student needs to be removed from camp due to inappropriate behavior, attitude or infraction of school rules, then I will pick up my student at the Orcas Island Ferry Terminal.

Student Name: _____ Date: _____

Student Signature: _____

Parent Signature: _____

ECHO LAKE HEALTH OFFICE

PERMISSION TO ADMINISTER MEDICATION FOR EXTENDED FIELD TRIPS

Echo Lake Elementary
 19345 Wallingford Ave North
 Shoreline WA. 98133
FAX (206) 361-4335
 Phone (206) 361-4332
Attn: S. Harpring/J. Stromdahl

Student _____
 Birthdate _____ Age _____ Grade _____
 Parent(s) Guardian(s) _____
 Address _____ Phone _____

PHYSICIAN'S ORDERS FOR MEDICATIONS FOR EXTENDED FIELD TRIPS

This INCLUDES over-the-counter medications. Please list the **24 hour medication needs** for daily as well as medications the student may take on an "as -needed" basis. (Tylenol, Imodium, Dramamine, Midol etc.)

I request to have a designated staff member administer the following medication(s), for the above-named student according to the following directions:

Medication	Dosage	Admin. method	Time (hour) to be given

Date to start medication _____ Date to discontinue medication _____

This medication is being prescribed for the following reason(s) _____

Possible side effects _____

Other comments _____

Signature of student's physician
Date
Phone

Printed Name of Physician

PARENT/GUARDIAN REQUEST FOR MEDICATION ADMINISTRATION FOR EXTENDED FIELD TRIP:

I request a designated staff member, to administer the above medication(s) as directed by

(name of physician)
(physician phone number)

I accept responsibility for supplying in the original container (prescription bottle or over-the-counter container), and for immediately notifying the school nurse (or principal) of any change in these instructions.

I give my consent for the confidential information contained on this form to be FAXed to the above named school.

I understand that my name on this form constitutes a waiver by me to the school or staff member for liability for untoward reactions when the medication is administered in accordance with the above directions.

Signature of Parent/Guardian
Date

SHORELINE SCHOOL DISTRICT
Echo Lake Elementary
19345 Wallingford Ave. North
Shoreline, WA 98133

PLEASE
Return Forms by
April 6th

PERMISSION TO PARTICIPATE IN EXTENDED FIELD TRIP

Name of Student _____ Birth Date _____ Age _____ Grade _____

Address _____ Home Phone _____

Trip Destination Camp Orkila Date(s) May 4 - 8, 2009

Description of Field Trip Outdoor Education

I hereby release and hold harmless the Shoreline School District, Highland Terrace and any other contracted agency and all of their employees and designees from responsibility for any injuries or damages the above-named student may suffer as a result of his/her participation in the above-referenced trip.

I also certify that said student is in good physical health and is able to safely undertake and complete said trip. I give permission to Echo Lake employees and designees to authorize emergency medical or dental treatment or hospitalization, if necessary, for the duration of the trip. I hereby certify that all information provided to Highland Terrace relating to said trip is true and complete.

Signature of Father/Guardian _____ Signature of Mother/Guardian _____ Signature of Student _____

This information will be available for Highland Terrace staff should your student become ill during the course of field trip:

Father's Name _____ Home # _____ Work # _____ Cell # _____

Mother's Name _____ Home # _____ Work # _____ Cell # _____

Student's Physician's Name _____ Phone # _____

In the event the parent/guardian cannot be reached, the following friend or relative will take responsibility for your student's care.

Neighbor or friend's Name _____ Home # _____ Work # _____ Cell # _____

All information is considered confidential. It is extremely important you provide ALL medical information that may impact the care for your student in an emergency.

1. ALLERGIES (Please answer Yes or No and describe)

Food _____ Plants _____ Insects/Bees _____ Drugs (including aspirin) _____

Penicillin _____ Tetanus _____ Novacaine _____ Other _____

2. Please list any chronic illnesses (asthma, etc.) _____

3. Student is taking Medication to Camp: No Yes (If YES, please complete the CAMP Permission to Administer Medication form). This includes over the counter medications you want to send "just in case" they may need them, pain/fever meds, ointments, motion sickness etc.

4. Sleep Patterns _____

5. Other health information you would like to alert staff to: _____

PROOF OF HEALTH INSURANCE IS REQUIRED.
Attach a photocopy of BOTH SIDES of the insurance card under which the student is covered. Let the Teacher know IMMEDIATELY if you need assistance securing health insurance for the trip. There are resources available.