

WASHINGTON, D.C. Roommate Sign Up

Dear Shanahan Washington, D.C. Trip Students and Parents,

This form will be used to help students create groups for the upcoming Washington, D.C. trip. Here is how to approach filling out this form. Begin by working together to create a group of four students (your child and three others) that will stay together in a room* in Washington, D.C. Here are your options:

Four student agreement - Fill out the form with the other three student's names listed and with you and your parent / guardian's signature and we will prepare for this to be your group of four on the trip.

Three student agreement - Fill your form out with the other two student's names and include you and your parent / guardian's signature, signifying that you are aware that a single student who didn't find a match may be placed with your group to complete your foursome.

Two student agreement - Include the other student's name as well as you and your parent / guardian's signature stating that you are aware you will be paired with another twosome or solo student who needs a group.

One student agreement- Please sign the form, along with your parent / guardian knowing that we as a staff will work diligently to connect you to an existing group of two or three students so that your trip is a success.

Every student will turn this form in to their history teacher by March 16, 2020. If your form is not signed and turned in, we as a staff will still do our best to place your child in an appropriate group.

My signature below signifies that I have read all the information on this sheet and I accept the roommates listed below for our upcoming Washington, D.C. Trip and that all parents in connection with this group have discussed and accepted the group:

Student Name in Print and Signature:

Parent / Guardian Name in Print and Signature

* Rooms have either two double beds or a king bed with a pullout sofa. There are no rooms of five.

Medication for Washington D.C. Trip 2019

If your child needs to carry and wants to self-administer a prescription medication, please complete the following steps: Paperwork is due by April 16th

Have your doctor complete the Physician's Medication Procedure Request Form. The doctor MUST write "*may carry and self-administer*" on the form under Special Instructions to indicate that the student is responsible for his/her medication.

1. Parents need to complete and sign page #2 titled Parent's Medication Procedure Request Form.
2. The student should bring this medication with them in its original container the morning he/she leaves for D.C. Please notify the bus chaperone the student has this medication. They should have only enough for the week of the trip.

If your child needs to have a staff member administer medication during the trip, please complete the following steps: Paperwork is due by April 16th

1. Have your doctor complete the Physician's Medication Procedure Request Form. Parents need to complete and sign page #2 titled Parent's Medication Procedure Request Form.
2. Parents must drop off any medication that will be administered by a staff member to the clinic before the trip. Please have medication in its original container and in a zip lock baggie with your student's name and bus number written on the front.

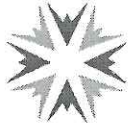
The due dates to turn in staff administer medication are May 4th-6th from 7:15-3:00, for alternative arrangements call the clinic: #740-657-4339.

If you want your child to carry and self-administer an over-the-counter medication, please complete the following steps: Paperwork is due by April 16th

1. Parents complete the Parent's Non-Prescription Medication Form. The student should bring this medication with them the morning he/she leaves for D.C..
2. Please notify the bus chaperone the student has this medication and send only what is needed for the trip.

**All the D.C. medication forms were sent home with your child. You can also find them on the Olentangy District site at this link: <https://www.olentangy.k12.oh.us/domain/388>

If your child has medication kept in the clinic and/or self-carries during the school year, please call Alisa Braaten, RN Clinic Aide, at 740-657-4339 to make arrangements.



OLETANGY SCHOOLSSM

**PARENT'S NON-PRESCRIPTION MEDICATION REQUEST FORM
(Grades 6-12 only)**

Student's Name _____ Grade Level _____

As a parent or legal guardian of the above named child, I am requesting that he/she be allowed to carry and self-administer an over-the-counter medication.

1. I have instructed the student as to the proper use of this medication.
2. I understand that students are not permitted to possess or carry more than a one-day supply of any over-the-counter medication.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that this form is in effect for the duration of the current school year unless stated below.

Dates medication to be taken

Name of over-the-counter medication

Parent's Signature(s)

Date Signed



PHYSICIAN'S MEDICATION PROCEDURE REQUEST FORM

TO BE COMPLETED BY THE PHYSICIAN

Child's Name _____ Birth Date _____

Child's Address _____

Diagnosis _____

Medication _____

Dosage or Procedure Required _____

Time Required _____

Can a morning dose be given if forgotten at home? _____

What is the morning dose? _____

Should afternoon dose be adjusted? _____ New Time _____

Possible adverse reactions, which should be reported to the parent and physician:

Special instructions for administration (including students carrying own meds):

Date when administration of medication or procedure is to begin: _____

Date when administration of medication or procedure is to end: _____

Physician's Signature: _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone Number: _____

Physician's Fax Number: _____



PARENT'S MEDICATION PROCEDURE REQUEST FORM

Student's Name _____ Grade Level _____

As a parent or legal guardian of the above named child, my signature below authorizes school personnel to administer the medication as instructed by the physician. I understand that a trained staff member administering the medication might not be a health professional.

1. I will deliver the medication to the clinic staff in its original container.
2. I will notify the clinic staff immediately if there is any change in the use of this medication or the prescribed treatment.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that school officials are authorized to contact the physician on matters relating to the medication.
5. I agree that this form is in effect for the duration of the current school year unless stated below.
6. I have read the above statements and agree to them

Parent's Signature(s)

Date Signed

Principal's Signature

Date Signed

WASHINGTON, D.C. - Trip rules awareness form:

This form confirms my knowledge and compliance of the rules that my child needs to follow in regards to the items they bring on our Washington, D.C. field trip.

My student's phone, ipad and/or any internet or video accessible device must be used appropriately in accordance to school guidelines as well as local, state and national law. This means any movies or video that would be rated PG13 or above and any games above a teen rating will not be accepted. If students are not following the rules and the chaperone requests (meaning there are times while we are touring, listening to guides and chaperones and certain locations where these items will not be permitted to be used) they will lose their technology privileges and may face further consequence based on the severity of the offense. Chaperones reserve the right to check devices if there is a question about appropriate usage during the trip.

The following is a list of electronics that my child has on the trip. This form confirms that their contents have been checked and comply with school policies:

- 1)

- 2)

- 3)

I also understand that our chaperones and the school are not responsible for any lost, stolen or damaged items. If an "unapproved" electronic item is found on the student, it will be confiscated for the remainder of the trip.

STUDENT'S NAME: _____ Trip Bus Number _____

Parent signature: _____