

# OUTDOOR ENVIRONMENTAL EDUCATION

## NORTH BETHESDA MIDDLE SCHOOL

Thursday, August 28, 2025

Dear Grade 6 Parents/Guardians,

The Outdoor Environmental Education (ODE) program will be one of the most memorable experiences in your student's middle school career! This school year, the sixth grade class is scheduled to attend Camp Letts in Edgewater, Maryland from September 29 – October 10. Students will attend ODE in ONE of three sessions according to the first letter of their last name. Approximately 135 students and 25 parent chaperones and NBMS staff members will attend each session. This packet will provide a general overview of your child's ODE experience this fall!

### PARENT MEETINGS:

On **TUESDAY, SEPTEMBER 2**, there will be a **parent information meeting** held from 7:00 – 8:15 p.m. on Zoom. This meeting will provide a detailed breakdown of the three days and two nights your child will spend at Camp Letts. All sixth grade parents are urged to attend, but please review this packet in its entirety PRIOR to the meeting. If you have questions but cannot attend, please reach out to the ODE coordinator. Additionally, the presentation will be posted to the NBMS website after the meeting.

On **MONDAY, SEPTEMBER 8**, there will be a **parent chaperone meeting** held in the NBMS cafeteria beginning at 7:00 pm. This is for caregivers interested in chaperoning the trip to review responsibilities of the role and requirements to ensure eligibility. **We need 16-20 parent chaperones per session!** If you are interested in chaperoning, please first complete the **interest form** (via the QR code) and review the important information regarding the three major requirements parents must complete in order to attend.



### PROGRAM ACTIVITIES:

While at ODE, your child will participate in various instructional activities during the day and other exciting activities in the evening.

CONFIDENCE COURSE	PREDATOR PREY SIMULATION	WATERSHED EXPLORATION	TREASURE EARTH
CAMPFIRE S'MORES	REPTILE SHOW	NIGHT HIKE	DJ DANCE PARTY

**OBJECTIVES:** Through a study of the instructional courses and other activities indicated, we will concentrate on the following objectives:

1. Cultivate students' awareness, knowledge, appreciation, and concern for the natural environment and the effect of people's actions upon it.

2. Provide students with various experiences using scientific processes, such as observing, predicting, hypothesizing, measuring, and classifying.
3. Apply the knowledge and skills acquired in the classroom to real-life situations beyond the school building.
4. Enhance human relations among students and their peers, as well as students and adults.

## **LUGGAGE:**

Your student's clothing and toiletries should be confined to **ONE** piece of luggage, which they can carry. It is not necessary to purchase new clothing for this trip; in fact, old clothing is more appropriate for most outdoor activities. **Please note that LONG PANTS are required for ALL instructional classes (regardless of the temperature).** Be sure to check the weather prior to departure and pack accordingly. Students will be outside for several hours at a time.

In addition to clothing, each student should bring bedding items (pillow, sleeping bag/blanket, twin sheets, etc.). All bedding items should be contained in **ONE** bag (a large plastic garbage bag will suffice for this). It is highly recommended to pack **TWO** extra plastic garbage bags for the return home – an extra bag for dirty clothing, and an extra bag for re-packing bedding items (oftentimes, students will accidentally rip the original garbage bag). Please refer to the packing list for additional guidelines.

All possessions going on the luggage bus should be **clearly identified** on the outside of the bag/suitcase. Please label your child's belongings using duct tape/masking tape. All possessions must be labeled with:

- Student's first AND last name

## **MEALS:**

Students will be served meals cooked in-house at Camp Letts:

- Day #1: Dinner only (bagged lunch from home; see more info in "Day of Departure")
- Day #2: Breakfast, lunch, and dinner
- Day #3: Breakfast and lunch

**ALL MENU ITEMS ARE BOTH TREE NUT AND PEANUT FREE!** If there are any food allergies, dietary restrictions, or other concerns, please complete and return the "ODE Dietary Restrictions" form.

**Students with severe food allergies and/or who are gluten-free are strongly encouraged to bring their own meals from home.** Such outside food will be kept in the refrigerator located in the dining hall, which is accessible to students at each mealtime. A commercial microwave is located in the dining hall, and can be used to heat pre-packed meals. Please make note on the "ODE Dietary Restrictions" form if this arrangement will apply to your student.

## **SLEEPING ARRANGEMENTS:**

Students will be sleeping in cabins with modern amenities, such as electricity and indoor plumbing. Students will sleep in bunk beds, and use communal restrooms (with individual showers and toilet stalls). Students will be supervised **at all times** by parent chaperones assigned to each cabin. NBMS staff members will complete cabin checks frequently throughout the trip. For your student's safety, all overnight parent chaperones are required to have a fingerprint background check on file with MCPS.

Students will be assigned to cabins based on their gender-identity; gender non-conforming students will be able to select which binary gender they are most comfortable staying with. Students will be randomly assigned to their specific cabin. This will provide an additional opportunity for your student to meet more peers within the NBMS community. Please refrain from making cabin-mate requests. Keep in mind that students will be in their assigned cabin the least amount of time; cabin spaces are primarily used for changing clothes/shoes, showering, and sleeping.

### DAY OF DEPARTURE:

Students must be dropped off at NBMS on their day of departure between **8:35 – 8:50 a.m.** with their bagged lunch and luggage. **Students will NOT be allowed to ride their regular school bus with their luggage and students should NOT arrive earlier than 8:35 a.m.** Luggage will be organized by the tennis courts, and students will NOT be able to get back into their luggage once they enter the building that morning.

Students must be dressed ready to hike (long pants, boots/sneakers, reusable water bottle). After leaving NBMS and arriving in Edgewater, students will be dropped off and will hike one to two miles into the camp. Students may bring a small bag on the bus with sunglasses and a water bottle (water only), but please be aware that students will have to carry the bag with them on the hike.

All students should eat breakfast at home, and must bring a bagged lunch (gallon-sized Ziploc bag or brown paper bag) to school the day of departure. Do not send any type of reusable containers or silverware, as we have no way to store these items during the trip. Leftover food will be thrown away. **Students will bring their lunch with them into the school building the morning of departure to be collected prior to boarding the buses.** If your student is unable to pack a lunch, please complete the “ODE First Day Lunch” form to purchase a school lunch.

**Parents are encouraged** to write a letter to their student that they can receive while they are away on their trip. You may drop your letter(s) in the designated mailbox in the main office anytime prior to departure or outside of the school building on the morning of departure.

Both your child’s bagged lunch AND letter(s) from home must be labeled with:

- Student’s first AND last name

### EXPECTATIONS ON THE TRIP:

Please remember that Outdoor Education is an extension of the classroom, and that **all students are expected to follow the same rules and meet the same behavior expectations required of them while at school. Cell phones are NOT permitted at ODE; students must leave their cell phones AT HOME.** It is extremely important that each student behaves appropriately, follows directions the first time given, shows respect to all peers and adults present on the trip, and packs ONLY what is allowed for the trip (specified in the packet). Students who do not meet these expectations will receive a consequence from the ODE coordinator and/or NBMS administrator. **In the case of a serious incident, students may need to be picked up by their parents/guardians.**

### RETURNING TO NBMS:

Students will **return to NBMS** from Outdoor Education on the third day of the program by **1:00 pm**. Students will need to leave upon their arrival back to NBMS (they will NOT finish out the rest of the school day). **Parents are expected to pick them up at this time or arrange a carpool.** Students will NOT be allowed to ride their regular school bus home with their luggage.

**STUDENTS WHO TAKE MEDICATION:**

All medication and completed forms must be submitted to the health room by **FRIDAY, SEPTEMBER 19**. Medication that is already in the health room for this school year will **automatically** be sent along with the program, and no additional information is required.

If your child requires medication that is **NOT** already in the health room, please refer to the “ODE Student Medication Needs” section.

Camp Letts’ nurse and/or an NBMS staff member will administer all medication while on the trip. Camp Letts’ nurse is on site from 8:30 a.m. to 4:30 p.m. each day, and an NBMS staff member will be the designated “Night Nurse” when Camp Letts’ nurse is off-duty. In case of a medical emergency concerning your student, an NBMS staff member will contact you immediately.

**TRIP FEE:**

The price of this trip is **\$95** per student attending. This covers the county charges for renting the site, food services, Camp Letts’ nurse, securing medical reimbursement insurance, student drawstring bags, evening activities, general supplies, and an MCPS payment processing fee. **If this fee is a financial hardship for your family, confidential arrangements can be made to underwrite all or part of the fee.** **If this is the case, please contact your child’s counselor immediately.** No student will be deprived of this valuable learning experience due to financial reasons!

COUNSELOR CONTACT INFORMATION FOR FINANCIAL ASSISTANCE	
<a href="mailto:Cayla_Cwerner@mcpsmd.org">Cayla_Cwerner@mcpsmd.org</a> for last names A-O	<a href="mailto:Jennifer_D_Sadara@mcpsmd.org">Jennifer_D_Sadara@mcpsmd.org</a> for last names P-Z

**MCPS now uses an online system to handle all activity fees, obligations, and other funding for academic programs. The PREFERRED method of payment is School Cash Online (SCO).** If unable to pay online, you can send in cash or check with your student’s permission slip instead.

**ACTION NEEDED:**

Please complete the permission slip and return with payment to your child’s **SCIENCE teacher by FRIDAY, SEPTEMBER 5**. If you cannot attend the parent information meeting, please visit the NBMS website to view the slides presented at the meeting! If you have any questions or concerns, please contact the ODE coordinator. We want **EVERY** student to share in this extremely memorable and valuable experience - thank you for your support!

Sincerely ,  
Olivia Simoncic  
**NBMS Outdoor Ed Coordinator**  
[Olivia\\_C\\_Simoncic@mcpsmd.org](mailto:Olivia_C_Simoncic@mcpsmd.org)

Outdoor Education Program Site  
Camp Letts  
4003 Camp Letts Road  
Edgewater, MD 21037  
410-919-1413

# ODE IMPORTANT DATES

PLEASE REFERENCE THE CHART BELOW TO KEEP TRACK OF IMPORTANT DATES  
RELATED TO THE 2025 ODE PROGRAM!


DATE	EVENT
THURSDAY, AUGUST 28	Science teachers distribute ODE information packet/permission slips, and discuss the program in detail with all sixth grade students.
TUESDAY, SEPTEMBER 2 7:00 PM - 8:15 PM	Parent information meeting hosted on <b>Zoom</b> for a detailed breakdown of the ODE program. (This is for <b>all</b> parents to attend!) The presentation will be shared on the NBMS website the day after the meeting!
FRIDAY, SEPTEMBER 5	<b>DUE DATE</b> FOR PERMISSION SLIPS AND PAYMENTS to your student's Science teacher. <b>*The preferred payment method is through <u>School Cash Online!</u></b>
MONDAY, SEPTEMBER 8 7:00 PM	Parent <b>chaperone</b> meeting hosted in the <b>NBMS cafeteria</b> for a detailed breakdown of chaperone requirements, expectations, and roles during ODE. (This is <b>only</b> for parents who are planning/hoping to chaperone the trip!)
FRIDAY, SEPTEMBER 19th	Deadline for medications and completed medication forms to NBMS health room.
MONDAY, SEPTEMBER 29 – WEDNESDAY, OCTOBER 1	<b>SESSION 1:</b> First Letter of Last Name <b>A D H N Q R S Z &amp; All ARS Students</b> Students must be dropped off on Monday between 8:35 am – 8:50 am.
MONDAY, OCTOBER 6 – WEDNESDAY, OCTOBER 8	<b>SESSION 2:</b> First Letter of Last Name <b>B F I J L M O W</b> Students must be dropped off on Monday between 8:35 am – 8:50 am.
WEDNESDAY, OCTOBER 8 – FRIDAY, OCTOBER 10	<b>SESSION 3:</b> First Letter of Last Name <b>C E G K P T U V X Y</b> Students must be dropped off on Wednesday between 8:35 am – 8:50 am.

# NBMS ODE PACKING LIST

**PLEASE REFERENCE THE CHECKLIST AND CHART BELOW WHEN PACKING YOUR STUDENT'S BELONGINGS FOR THE 2025 ODE PROGRAM!**

\*Check the weather leading up to the trip and pack accordingly!

- Long pants must be worn to ALL instructional classes and recreational activities.
- Do not pack clothing that should avoid getting dirty!
- Labeled Ziploc-bagged or brown paper bag lunch is required for the first day of the trip.
- Please label the following information on the outside of ALL student's luggage using duct or masking tape:
  - Student's first AND last name

ESSENTIALS	OPTIONAL	PROHIBITED
<input type="checkbox"/> Sturdy hiking shoes, such as boots/sneakers (2) <input type="checkbox"/> Long pants (3-4) <input type="checkbox"/> Shirts both short and long sleeved (4-5) <input type="checkbox"/> Socks (6-8) <input type="checkbox"/> Underwear (3-4) <input type="checkbox"/> Pajamas (1-2) <input type="checkbox"/> Sweatshirt and/or jacket <input type="checkbox"/> Warm Coat* <input type="checkbox"/> Raincoat/poncho* <input type="checkbox"/> Pillow <input type="checkbox"/> Blanket and/or sleeping bag <input type="checkbox"/> Twin fitted sheet <input type="checkbox"/> Bath towel <input type="checkbox"/> Shower shoes <input type="checkbox"/> Brush/comb and hair ties <input type="checkbox"/> Toothbrush and toothpaste <input type="checkbox"/> Deodorant <input type="checkbox"/> Shampoo and Conditioner <input type="checkbox"/> Body wash and wash cloth <input type="checkbox"/> Two extra garbage bags (one for dirty laundry and one for bedding items – in case the original one rips)	<input type="checkbox"/> Insect repellant <input type="checkbox"/> Sunscreen <input type="checkbox"/> Sunglasses <input type="checkbox"/> Hat <input type="checkbox"/> Lip Balm <input type="checkbox"/> Lotion (unscented - you don't want to attract the bugs!) <input type="checkbox"/> Rain boots <input type="checkbox"/> Watch <input type="checkbox"/> Book(s) <input type="checkbox"/> Journal <input type="checkbox"/> Pen/Pencil <input type="checkbox"/> Binoculars <input type="checkbox"/> Compass	× Cell phone × Chromebook/laptop × Airpods/headphones × Electronic music players × Electronic games × Gum, candy, and food/snacks × Bottled drinks × Crocs and sandals × Slime × Hair dryer + curling iron/flat iron × Aerosol Sprays × Money × Weapons, firearms, matches, alcohol and drugs   <b>RESTRICTED ITEMS WILL BE CONFISCATED AND/OR RESULT IN A CONSEQUENCE.</b>

# ODE STUDENT MEDICATION NEEDS

**PLEASE REFERENCE THE CHECKLIST AND CHART BELOW IF YOUR STUDENT WILL NEED MEDICATION WHILE AWAY AT THE 2025 ODE PROGRAM!**

- Parents/Guardians (NOT students) must bring in medications and completed forms to the **Health Room** by **FRIDAY, SEPTEMBER 19** — at the latest —between the hours of 8:00 a.m. and 3:00 p.m.
- Only send medications that your student will need over the 48 hours away from home.
- When your child returns from the ODE program, remember to pick up medications that you previously dropped off from the health room. Medications that are not picked up will be destroyed.

NOTE: Medication that is already in the health room for this school year **will automatically be sent along** with the program, and no additional information is required.

PHYSICIAN PRESCRIBED MEDICATIONS	OVER-THE-COUNTER (OTC) MEDICATIONS
<input type="checkbox"/> Must have MCPS form 525-13 completed (attached within packet) and signed by parent (Part I) and student's physician (Part II).	<input type="checkbox"/> Must have MCPS form 525-13 (attached within packet) completed and signed by the student's parent (Parts I & II only).
<input type="checkbox"/> Prescription bottles must match physician's orders.	<input type="checkbox"/> No physician signature is required for OTC medications.
<input type="checkbox"/> <b>Inhalers:</b> Must have MCPS form 525-13 (attached within packet) completed and the self-carry section completed and signed by student's physician.	<input type="checkbox"/> Each medication must be in a new, unopened, unexpired bottle/package.
<input type="checkbox"/> <b>EpiPens:</b> Must have MCPS form 525-14 (attached within packet) completed and the self-carry section completed and signed by student's physician.	<input type="checkbox"/> Each medication must have a <b>separate form</b> (you can download extra forms from MCPS website or you can make a copy of the form from the packet).
<input type="checkbox"/> Each medication must have a <b>separate form</b> (you can print extra forms using the ODE website or you can make a copy of the form from the packet).	

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# ODE FIRST DAY LUNCH

Students are required to bring a bagged lunch on the first day of their ODE session. If your student is bringing their lunch FROM HOME, please **DO NOT RETURN THIS FORM.**



Please list your student's name and ID number **ONLY IF** your student will need a bagged lunch provided by the NBMS cafeteria.

Student's Name: \_\_\_\_\_

Student's ID number: \_\_\_\_\_



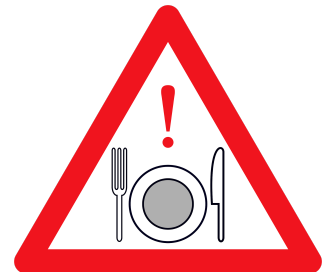
# ODE DIETARY RESTRICTIONS

If your student **DOES NOT** have any dietary restrictions, please **DO NOT RETURN THIS FORM.**

Please list your student's name, ID number, and restrictions **ONLY IF** your student has dietary restrictions.

Student's Name: \_\_\_\_\_

Student's ID number: \_\_\_\_\_



- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free
- ☐ No Pork
- ☐ Other: \_\_\_\_\_

(intentionally left blank)

# ODE STUDENT PAYMENT & PERMISSION SLIP

NORTH BETHESDA MIDDLE SCHOOL

2025 – 2026

PAYMENTS AND PERMISSION FORMS ARE DUE TO YOUR STUDENT'S  
SCIENCE TEACHER BY **FRIDAY, SEPTEMBER 5.**

Please keep this packet in a safe place for reference.

STUDENT'S LAST NAME(S): \_\_\_\_\_

STUDENT'S FIRST NAME: \_\_\_\_\_

CIRCLE YOUR ASSIGNED SESSION!

## SESSION 1

September 29 – October 1  
A D H N Q R S Z  
& All ARS Students

## SESSION 2

October 6 – October 8  
B F I J L M O W

## SESSION 3

October 8 – October 10  
C E G K P T U V X Y

### PAYMENT:

MCPS now uses School Cash Online (SCO) to handle all activity fees, obligations, and other funding for academic programs. Using this online system allows for easier processing of payments and potential reimbursements. Parents/Guardians who are using SCO for the first time will be able to register using the prompts on the SCO website.

**\*PREFERRED METHOD: GO TO THE FOLLOWING WEBSITE TO PAY!**

<https://www.schoolcashonline.com>

### PAYMENT METHOD:

Please mark your selected payment method.

- ☐ **School Cash Online\***
- ☐ **Check** (Must be made out to NBMS and include student's full name)
- ☐ **Cash** (Sealed in an envelope and labeled with student's full name)

**NOTE: PERMISSION SLIP IS ON THE BACK!**



# Outdoor Environmental Education Program Parent/Guardian Permission

MCPS Form 345-7  
January 2018

REMINDER: You must  
SIGN and DATE the  
bottom of the form!

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 North Bethesda MS - 413

Please check all that apply:

- ☐ My child needs medication. (Parent/Guardian is required to furnish medication in the original properly labeled container, correctly authorized on [MCPS Form 525-13, Authorization to Administer Prescribed Medication](#). No medicine will be given that is not in compliance with [MCPS Regulation JPC-RA, Administration of Medication to Students](#).)
- ☐ My child should take the following over-the-counter medications \_\_\_\_\_. I have submitted [MCPS Form 525-13, Authorization to Administer Prescribed Medication](#). (A doctor's signature is **not** required for over-the-counter medications at the outdoor environmental education program **only**.)
- ☐ My child is allergic to insect bites and could potentially need medical treatment. (If epinephrine is required, attach [MCPS Form 525-14, Emergency Care for Management of Anaphylaxis](#).)
- ☐ My child has an anaphylactic reaction to \_\_\_\_\_ food(s). Attach [MCPS Form 525-14, Emergency Care for Management of Anaphylaxis](#) if epinephrine is required.
- ☐ My child is allergic to \_\_\_\_\_.
- ☐ My child has special dietary requirements \_\_\_\_\_. (Some special diets will require that parents/guardians supply some food.)
- ☐ My child has other special conditions of which you should be aware. They are: \_\_\_\_\_

Date of student's last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

## REQUIRED INFORMATION\*

NOTE: Emergency contact must be  
DIFFERENT than parents/guardians.

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.

## INSURANCE INFORMATION

NOTE: If no insurance, leave blank.

Medical Insurance Carrier's Name \_\_\_\_\_

Group/Organization \_\_\_\_\_

Policy Number \_\_\_\_\_

### If Family is member of HMO/PPO:

Name of Group \_\_\_\_\_

Office Used \_\_\_\_\_ I.D. # \_\_\_\_\_

Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Family Doctor \_\_\_\_\_

Doctor Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- ☐ Check if your child is serving as a high school student assistant and list school your child attends: \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

\*

# 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 North Bethesda MS - 413

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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  
August 2023  
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 of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Name North Bethesda MS - 413 ☒

Student will eat MCPS cafeteria food ☐ Yes ☐ No

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 (SHRT) or MCPS employee) that are trained by the School Community Health Nurse (SCHN). Unlicensed staff **do not** wait for symptoms for students with an authorized prescriber's order to administer the epinephrine auto-injector.

1. **Name of medication:** epinephrine auto-injector (*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**

Ingestion of:

☐ Peanut ☐ Tree nut ☐ Soy ☐ Sesame ☐ Fish ☐ Shellfish ☐ Wheat

☐ Milk—safe in baked goods ☐ Yes ☐ No ☐ Egg—safe in baked goods ☐ Yes ☐ No

☐ Other food(s) \_\_\_\_\_

☐ Stinging insects—i.e., bees, wasps, hornets, yellow jackets

☐ Other known or unknown allergen(s) (must include specific symptoms): \_\_\_\_\_

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** ☐ Current school year, or ☐ Effective dates \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHN approval for self-carry/self-administration of emergency medication:

Reviewed by: Signature, SCHN \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PART III: TO BE COMPLETED BY THE SCHN OR PRINCIPAL

☐ 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, SCHN/Principal \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### INFORMATION AND PROCEDURES

1. Student individually 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 designated adult. Staff will **not** 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. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications. The school nurse must evaluate and approve the student's ability and capability to self-administer medication. The student must understand the necessity for reporting to either health staff or MCPS staff following self-administration of an epinephrine auto-injector.
10. 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 epinephrine auto-injector order.
11. Use MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, for all other prescribed medications.





FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Session Number:

## YMCA OF METROPOLITAN WASHINGTON ("YMCA") PARTICIPANT WAIVER FORM

### ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

### RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

### INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

### ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian of Participant(s) under the Age of 18

Date

Address and Telephone Number of Participant or Parent/Guardian of Participant(s)

Name(s) and Age(s) of Participant(s) under the Age of 18, If Any

Name of Emergency Contact Person for Participant(s)

Address(es) and Telephone Number(s) of Participant(s) under the Age of 18

Telephone Number for Emergency Contact Person for Participant(s)