

Gamble Rogers DC Trip – January 2019

In an effort to make your packing more efficient, here is a suggested packing list:

Small duffel bag/drawstring bag (goes on the bus with you):

- deodorant
- chap stick
- your wallet/purse
- toothbrush/ toothpaste/hairbrush
- pair of gloves/a warm hat/scarf
- change of clothes
- a warm jacket (you can carry this on the bus, you don't have to pack it)
- camera (if you are bringing one)
- any electronics you wish to bring with ear buds (remember YOU are responsible for these items)
- snacks (drinks must have a screw top cap) NO GUM on bus.
- Hand/Foot warmers
- Pillow/Blanket if wanted for bus

The weather changes VERY quickly and you will be both indoors and out, so layering should be your game plan. Suggested bus wear should be comfortable, yet in dress code, like sweat pants and a long sleeve shirt. We will stop every few hours for bathroom and bus driver breaks, so make sure you have a warm jacket with you on the bus.

A suitcase/large duffel bag (goes under the bus, NOT accessible until Monday evening at hotel)

- 5 changes of warm clothes, pajamas, socks and underclothes
- 2 pairs of comfortable closed toe shoes (sneakers or boots)
- long underwear (if you have them)
- sweatshirts/sweaters/fleece jacket
- chargers for electronics
- hand and feet warmers
- Spending money for snacks, souvenirs and anything else you might want.

Medicines:

Any medicine needs to be brought in a ziplock bag in the original container with the following information:

- The student's first and last name on the outside of the bag
- A statement giving permission to administer, including medicine name and dosage with parent signature

Please make sure that bottle or box with the prescription information is included in the baggie and DO NOT send loose pills.

Remember that Washington DC is a "big city". As such remember the following safety rules:

1. You must remain in groups of 4 or more at all times
2. Keep your wallet in your *front pocket* or keep your purse close to your body at all times
3. Never talk to a stranger, and report any suspicious activity to your chaperone immediately

We will leave promptly at 4:30 pm, on Sunday, January 6. Please arrive at Gamble Rogers Middle between 3:30 and 3:45 pm on that day. Your parents should drop you off in the front of the school. Line all your luggage up in the assigned area. Go to the Multi-Purpose room to check in with your assigned chaperone, get your luggage tag and go back out to put it on your luggage. Your parent will need to turn in your medicine bag to the assigned adult on your bus. Once you are finished with the above, go to the auditorium

Remember that this is a school-sanctioned trip and we look forward to sharing in this once-in-a-lifetime trip with you.

St. Johns County School District Health Services

**Parent Permission for Student to Self-Administer
Non-Prescription Medication**

School Board Policy 5.15 – Administration of Medication During School Hours, states that “all prescription and non-prescription medication administered by the school at the elementary, middle and high school level must be directed by a physician who has determined that a student’s health and well-being requires medication during school hours. All non-prescription medication in the possession of students at the middle and high school not administered by the school requires written permission from the parent to the school.”

To comply with **School Board Policy 5.15**, parents/guardians are responsible for obtaining the Medication Authorization Form to be filled out by the physician if medication will be given by the school. For those students carrying Non-prescription; Non-emergency medications, the parent/guardian is responsible for completing the Parental Permission Form at the bottom of this letter.

School Board Policy 5.15 – Administration of Medication During School Hours, states that a student at the middle and high school level may carry a Non-prescription; Non-emergency medication on his/her person while in school with approval from his/her parent/guardian.

I give permission for the below named child to carry and self-administer his/her own Non-prescription; Non-emergency medication. I understand that my child may not share his/her medication under any circumstance and that a copy of this permission form must accompany the stated medication. I understand that if there is inappropriate behavior or a safety risk, *the privilege* of carrying his/her medication will be rescinded.

Student Name _____ Grade _____ Homeroom _____

Name of Non-prescription medication _____

Amount (Dosage): _____ Time: _____

Name of Non-prescription medication _____

Amount (Dosage): _____ Time: _____

Name of Non-prescription medication _____

Amount (Dosage): _____ Time: _____

Name of Non-prescription medication _____

Amount (Dosage): _____ Time: _____

Parent/Guardian Signature

Parent/Guardian Signature

Date

HEALTH SERVICES

AUTHORIZATION TO ASSIST IN THE ADMINISTRATION OF MEDICATION/TREATMENT

Student Name: _____ Date of Birth: _____
School: _____ Teacher/Grade: _____
List Known ALLERGIES: _____

NURSING SERVICES AND MEDICATION/TREATMENT ORDER

ALL INFORMATION MUST MATCH THE PRESCRIPTION LABEL! All medication must be properly labeled and in original containers. Complete one form for each medication/treatment to be administered. A new form must be completed if the dosage of a medication changes at any time.

Nursing services are recommended for the care of this student during the school day.

It is necessary for the following medication/treatment to be given in school and during school sponsored activities. I am aware that non-medical personnel may administer this medication/treatment.

Name of medication/treatment: _____ Amount (Dosage): _____
Time to be given: _____ Date to start: _____ Date to end: _____

Health condition requiring medication: _____

Possible side effects: _____

Special instructions: _____

Physician ordering medication: _____ (please print)

Physician address: _____

Physician's phone: _____ Fax: _____

Physician's signature: (required for all medications) _____ Date: _____

PARENT to Complete: Authorization for Health Care Provider and School Nurse to Share Information

I authorize my child's school nurse to assess my child as regards his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

As the parent or guardian of the student named above, I request that the principal or principal's designee assist in the administration of medication/treatment prescribed for my child.

I understand that under provisions of Florida Statue 1006.062, there shall be no liability for civil damages as a result of the administration of medication when the person administrating such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances. I also grant permission for school personnel to contact the physician listed above if there are any questions or concerns about the medication. I have read the guidelines and agree to abide by them. I authorize the physician to release information about this condition to school personnel.

Parent/Guardian Signature _____ Print Name _____ Date _____

EMERGENCY MEDICATION (INHALER/EPINEPHRINE)—Florida Statute 1002.20

Florida law states a student may carry a metered dose inhaler or epinephrine auto-injector on his/her person and self-administer while in school with approval from his/her parents and physician.

The above named child may carry and self-administer his/her emergency medication.

Parent/Guardian signature: _____ Date: _____
(required)

Physician's Signature: _____ Date: _____
(required)