

March 2008

On behalf of the Administrative Team and the entire Howard High School staff, I would like to welcome your family to “Lion Country,” Howard High School. Howard High School is a learning community where students, administrators, teachers, and parents learn and work together to enhance student achievement, personal growth, and development. Making the leap from middle school to high school can be a great academic and social challenge. The staff at HHS is committed to providing the support necessary for every child to be successful.

To ease your child’s transition from middle school to high school we have put together a unique orientation experience. The entire 9th grade team will be taking an overnight trip to Summit Lake in Emmitsburg, Maryland. We expect this overnight orientation to be a major step in providing your son/daughter an opportunity to build his/her own personal potential as well as a way to build unity and school spirit. The planned activities and strategies are designed to assist students in recognizing the benefits of cultural diversity, promote self-worth, and set the groundwork for academic achievement. We strongly recommend that every freshmen attend. If for some reason your rising 9th grader cannot attend, we wish to be notified in order to make sure that we have accurate data and have not overlooked any student.

Attached to this letter please find a packet containing several forms that must be completed and returned to Howard High by June 2, 2008. **Every participating student must complete the emergency information and permission forms.** The medication form need only be completed if your child is on any medication (over-the-counter or prescription). You may mail your completed forms to the attention of Mark Covington at the school address. Payment must be in the form of a check or money order made payable to Howard High School. Please write your **child’s full name** on the check/money order and return it with the completed permission forms. The forms may also be found on our website, www.howardhighschool.net.

Last year’s overnight was an overwhelming success easing the transition from middle school to high school of every student who attended. Again, I welcome your family to Howard High School and look forward to seeing all of the rising 9th graders on August 11th.

Mark Covington
9th Grade AP
Howard High

Gina Massella
Principal
Howard High

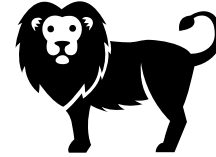
PLEASE RETURN PERMISSION AND EMERGENCY INFORMATION FORMS TO HOWARD HIGH SCHOOL, ATTN: MARK COVINGTON, BY June 2, 2008

GO LIONS!!!!



PARENT PERMISSION FOR STUDENT FIELD TRIP

Howard County Public School System



THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME. IN ADDITION, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSSES IF A TRIP IS CANCELLED FOR THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS.

SCHOOL: HOWARD HIGH SCHOOL, 8700 Old Annapolis Rd., Ellicott City, MD 21043

Dear Parents:

Field trips are an important aspect of education in an era that claims the world as a classroom. The following field trip has been arranged. Every effort and precaution will be taken by the school to make the trip safe, enjoyable, and valuable for those invited to attend. The group will be accompanied by a reasonable number of chaperones and will be taken on approved conveyances that are covered by insurance. This trip has been approved according to the guidelines established by the Superintendent of Schools. If you have any questions concerning this trip, please feel free to call Mark Covington at 410-313-2867.

Destination: **Summit Lake, Emmitsburg, Maryland**

Objective of Trip: **The faculty of Howard High School would like to use this trip as a means of introducing all the freshmen to their peers. We would also like the rising freshmen to familiarize themselves with the adults who work at Howard High.**

Cost Per Pupil: **\$39.00** Please make checks and money orders payable to Howard High School. No cash please. All payments are due by June 2, 2008.

Check In Date and Time: **August 11, 2008, 9:00 to 9:30 a.m.**

Return Date and Time: **August 12, 2008, 12:00 p.m.**

Meal Arrangements: **Summit Lake will serve lunch and dinner on the 11th and breakfast on the 12th.**

Appropriate Attire: **Shorts, t-shirts, sneakers or boots, swimwear, and/or camping attire. NO open toe shoes.**

Additional Items Needed: **Bug spray, sunscreen, toiletries, towels, pillow and sleeping bag or sheets.**

**PLEASE KEEP THIS SHEET OF PAPER AS A
REFERENCE FOR ALL YOU NEED TO KNOW ABOUT
OUR 9TH GRADE OVERNIGHT SUMMER ORIENTATION**

PERMISSION FORM TO ATTEND FIELD TRIP

I GRANT PERMISSION FOR _____ TO GO TO
The Freshman Overnight at Summit Lake. I RECOGNIZE THAT THE HOWARD
COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR
CONDITIONS BEYOND THEIR CONTROL.

Signature _____ Date _____

PERMISSION TO BE TREATED IF NECESSARY

I, _____ (please print) give my
permission for my child, _____ (please print)
to be treated by the school provided health staff at Summit Lake during the Outdoor
Education trip.

Parent Guardian signature _____

Date _____

**PLEASE COMPLETE BOTH SIDES OF THIS SHEET
AND RETURN TO HOWARD HIGH SCHOOL,
ATTN: MARK COVINGTON
BY JUNE 2, 2008**

MEDICATION TIPS FOR OUTDOOR EDUCATION

Medication administered on any school sponsored activity should be administered according to Maryland State School Health Services Guidelines/Administration of Medication in Schools and Howard County Public School System Medication Administration Guidelines. This policy pertains to the Howard High School Outdoor Education Trip for ninth grade students.

If your child will need to receive any medication for any reason during this trip, a separate medication form will need to be completed and signed by the parent or guardian and your doctor or health care provider for each medication. We ask that only essential medications be sent on this trip. Daily medications and medication used to manage chronic health conditions or for emergency situations should be provided for this trip. Any type of pain medication or over the counter medication must also have a signed order form. **The order form may be found on our website howardhighschool.net or picked up at Howard High School. Please see your doctor early to get the forms signed.**

Medication supplied must be in the original container with current information. The pharmacy label cannot be expired; pain relievers must also have a non-expired label.

If your child carries a medication such as an inhaler or EpiPen, a physician order must be received which gives permission for the child to carry the medication. Medication and orders which are currently used in the health room cannot be used for this trip. New medications and forms must be provided. Do not expect us to make any exceptions. Medications at camp will be in the health suite.

Medications for the trip will be checked in on August 11th between 9:00 and 9:30 AM. All medications must be accompanied by a completed medication form. No medications can be accepted without a medical form signed by a Doctor. Please package all medicines in a ziplock bag with your child's full name on the bag.

Thank you for your cooperation with this policy. We want your child to have a safe and enjoyable experience.

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL
MEDICATION/TREATMENT ORDER**

THIS SIDE TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Dear Health Care Provider:

Your patient will be participating in an approved trip to _____ from _____ to _____. There will not be a nurse in attendance (date and time) (date and time) on this trip. If you have any concerns about your patient's health needs on this trip, please contact the cluster nurse at _____. **Please indicate below any treatment/prescription and/or over-the-counter medications that your patient is currently taking and will need to continue to take while on the trip.** This form must be returned two weeks prior to the trip date to provide for planning and staff training.

Student's Name

Date of Birth

To be completed by the Physician

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/symptoms for administration	Diagnosis

_____ Student may carry and self-administer medication.

Signed by prescribing health care provider: _____

Date: _____

To be completed by designated school personnel

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated School Personnel

Howard County Public Schools EpiPen Order Form/Care Plan

13 30 375

Medication Form for Students with Allergic Reactions - To be completed by physician/authorized pre

Name: _____		Gender: M		School/Grade: _____		DOB: _____	
Student Allergies: _____							
Known Triggers:		<input type="checkbox"/> Ingestion	<input type="checkbox"/> Touch	<input type="checkbox"/> Sting	<input type="checkbox"/> Other (list) _____		
Date of Order: _____		Order Expires End of School Year OR (list date): _____					
Order Valid for Current Year including Summer School <input type="checkbox"/> (check box if applies)							
Physician/Prescriber Signature: _____				Phone: _____			
Parent/Guardian Signature: _____				Phone: _____			

EpiPen Order
EpiPen Dose: (Circle one) .15mg .30mg Student is able to self-administer YES NO Student may carry EpiPen on sel YES NO (A back-up EpiPen must be kept in Health Room) Date EpiPen Expires: _____ Possible Side Effects: _____

Oral Medication Order
Medication: _____ Dose: _____ Strength: _____ Frequency: _____ Date Medication Expires: _____ Possible Side Effects: _____

Student Photo

VI-45

Administration Choices (please check all that apply):	
_____ Administer _____ (oral medication)	for known or possible ingestion/touch/sting/other (list) _____ of _____
_____ Prior to onset of symptoms	_____ If student develops hives, rash, itchy mouth or other symptom(s) (list) _____
_____ After EpiPen is given	_____ Give EpiPen for known or possible ingestion/touch/sting/other _____ of _____ :
_____ Prior to onset of symptoms	_____ At first sign of any symptoms (see back for list)
_____ Only if student develops throat/lung/heart symptoms or if two or more body systems are involved (see b	Other Instructions: _____