

Parents,

Our Washington D.C. Safety Patrol trip is coming up soon!!!! We are so excited for the students to have an opportunity to participate in such a fun experience. We have been working hard on finalizing our itinerary, plans and activities. There are a few housekeeping items to check off so that we can get room assignments completed, t-shirts ordered, medical and permission/release forms filled out and returned and payments finalized. Attached you will find all forms that are required for the trip. Due dates for all information are listed below. The T-shirt and roommate form are due on 4/14/23. Electronic copies of all required forms can be accessed on each school's website. Extra hard copies can be sent home/emailed if needed and can also be picked up in each school's front office. Please reach out to us if you have any questions.

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Complete and Return by 4/14/23

- *Pizza Treat/T-shirt order form and payment
- *Roommate Request Form

Complete and Return by 4/25/23

- *Medical Form(s) for Administration of Medication
- *Parental Consent and Release Form
- *Medical Profile/Emergency Contact Form

Info to Keep

- *KCS Administrative Procedures
- *KCS Board of Education Medication Policy
- *Final Payment Update
- *Medication and Illness Sheet

Safety Patrol Trip 2023 T Shirt and Pizza Treat Order Form

Student Name_____

Homeroom Teacher_____

T-SHIRTS: As a safety measure for all students, we request that all students purchase and wear official Safety Patrol Trip t-shirts. With your \$28 payment, you will receive four t-shirts. The students will wear an assigned color shirt each day of the trip allowing chaperones to easily gather and account for all groups of RHES and BGE children.

PIZZA: In the past, our group has had a fun evening together eating pizza and socializing in the hotel. In order to do this, we are asking anyone that would like to participate to send in \$5/student. This is optional and is only meant to be a snack, not a full meal.

	SIZE	QUANTITY	PRICE
T-Shirt*		4	\$28
Pizza (optional)		1	\$5
		TOTAL	

*T-Shirts come in sizes Youth Small (YS), Youth Medium (YM), Youth Large (YL), Adult Small (AS), Adult Medium (AM), Adult Large (AL), Adult Extra Large (AXL), Adult Extra-Extra Large (A2XL/\$2 more). The brand of shirt is Gildan.

T-Shirt Payment: Checks made to THREDS or cash.

Pizza Payment: CASH ONLY

Roommate Request Form

Please list three (3) students from RHES your child would like to room with on the Safety Patrol Trip to Washington, D.C.

Your child will be with at least one (1) of these students.

Please return this form to your child's homeroom teacher by Friday,
April 14, 2023.

Student Name _____

1. _____

2. _____

3. _____

Rocky Hill

PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

(Bus transportation)

KNOX COUNTY SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

- Release and Acknowledgement of Personal Liability

My child, _____, has permission to participate in the field trip to the _____ ("activity") on ____ / ____ / _____. I understand that this activity involves travel to and from _____. I also understand that this activity (circle one) does / does not involve staying overnight. I understand and acknowledge that the Knox County Board of Education ("Board") is the legal entity that operates Knox County Schools ("KCS" or "District").

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this field trip may expose my child/student to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child/student by reason of his/her participation.

By signing this form, however, I hereby release Knox County Schools and its individual school, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain in their individual and/or corporate capacities, known or unknown, which Parent/Guardian and/or Student has or ever had or may in the future have against Releasees or any of the Released Parties arising out of or relating to the field trip described herein. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ____ day of _____, 202__.

This consent and release has been read and is understood by me.

Student's signature (If 18 years or older)

Date

Student's Name (print)

Signature of Student's Parent or Legal Guardian
(If Student is less than 18 years)

Date



Health Services
MEDICAL FORM FOR ADMINISTRATION AND SELF
ADMINISTRATION OF MEDICATION

Name of student _____ Date of Birth _____

School _____ Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

MEDICATION

Reason for medication _____

Name of Medication _____ Dosage _____

Route _____ Time _____ ☐ For Episodic / Emergency Events ONLY

Student competent to self-administer Medication? YES _____ NO _____

Allergies _____

Special Instructions _____

Health Care Provider Name (Print) _____

Health Care Provider Signature _____

Health Care Provider Signature _____

Date _____ Address _____

Phone _____ Fax _____

TO BE COMPLETED BY PARENT

I hereby give consent for my child to be assisted in taking the medication described above at school. I also authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above. I will comply with the policy that accompanies this form related to dispensing medication at school. I also give consent for a photo of my child to be taken and used as a secondary form of identification for medication administration.

Parent Signature _____ Date _____

Phone Number _____ Relationship _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Date Medication Received _____ Signature _____

Parent to sign in medication. ☐ Enter in ASPEN. ☐ Fax to Health Services ☐

Add to Procedures if needed. ☐ Print MAR ☐

This form is only good for the current school year

KNOX COUNTY SCHOOLS

Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? Yes No. If yes, please explain:

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take?

Does the student seem to have vision, hearing or speech problems? Yes No. If yes, please explain:

The student has a history of (Check any that apply): C= Current P= Past

C	P	C	P	C	P	C	P						
<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Shunts/hydrocephalus
<input type="checkbox"/>	<input type="checkbox"/>	Amputation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celiac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"G" / "J" feeding tubes	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart defects	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems
<input type="checkbox"/>	<input type="checkbox"/>	Requires inhaler (Please provide school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Swallowing problems
<input type="checkbox"/>	<input type="checkbox"/>	Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	Tracheotomy
<input type="checkbox"/>	<input type="checkbox"/>	Bee stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Brain Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Food: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic spinal injury
<input type="checkbox"/>	<input type="checkbox"/>	Latex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic problems	<input type="checkbox"/>	<input type="checkbox"/>	Urinary problems
<input type="checkbox"/>	<input type="checkbox"/>	Requires Epi-pen (please provide school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does your child require any special dietary accommodations? _____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: _____ Date: _____

Relationship to the student _____

Section J:	Knox County Board of Education		
Students	Descriptor Term:	Descriptor Code: J-352	Issued: 7/95
		Reviewed: 11/21	Revised: 1/22

Medication

Students who are required to take medication(s) during school hours must comply with the regulations established by the Tennessee Department of Health and Education. Over the counter medications are included in these regulations. The regulations are as follows:

1. Knox County Schools has the final decision-making authority with respect to the administration of and/or to reject requests for administering medications.
2. Written orders must be provided by a licensed health care provider. The order must include, student name, prescription number, name of the drug, dosage, frequency, route, and time administered, potential side effects, discontinuation date, and method of storage.
3. Medications administered at school should be limited to those required during school hours which are necessary to maintain the student's health and those needed in the event of an emergency.
4. Each medication requires a separate Medication Administration Form, signed by the prescribing health care provider and parent/guardian. The Medication Administration Form must be renewed yearly. Medication(s) changes during the school year require a new Medication Administration Form.
5. Medication(s) must be brought to the school by an adult. Students may not carry medications of any kind on their person with the exception of asthma inhalers, Epi-Pens (anaphylaxis medications), pancreatic enzymes or insulin delivery systems with written permission from a parent and authorization by a medical health care provider. Failure to properly register medication shall lead to a presumption that any such medication is not lawfully in the possession of the student.
6. Medications must be in appropriate containers, properly labeled by a licensed medical care provider or pharmacy. Over-the-counter (OTC) medication(s) prescribed for a student must be provided in its original unopened, labeled, unexpired container and identified student's written name.
7. If included in the student's medical management plan and in the Individualized Health Plan (IHP), a student with diabetes shall be permitted to perform blood glucose checks, administer insulin, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes in any area of the school or school grounds and at any school-related activity, and shall be permitted to possess on the student's person at all times all necessary diabetes monitoring and treatment supplies, including sharps. Any sharps involved in diabetes care shall be stored in a secure but accessible location, including the student's person, until use of the sharps is appropriate. Use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee Occupational and Safety and Health Administration (TOSHA).

KCS Administrative Procedure (rec'd 12-1-21)

Category:	Procedure:	
Instructional Goals & Objectives	Off Campus Trips	
Descriptor Code:	Issued Date:	Revised Date:
AP-I-250	December 2021	

Parent/Guardian picking up a student from a field trip:

Knox County Schools understands that parents/guardians may choose to assume responsibility of their students at the conclusion of a field trip as opposed to having them return to the school under the supervision of a Knox County Schools employee. This practice is allowable as long as there is adherence to the following:

- The parent/guardian must submit a request in writing to the school's front office at a minimum of 24 hours prior to the field trip. *(This will give the school time to verify the request and ensure everything is in order.)*
- The KCS employee in charge of the field trip will check with the front office prior to leaving for the trip to verify the list of students who are approved to be picked up at the field trip rather than return to the school.
- The KCS employee in charge of the field trip will verify the parent/guardian's identity at the field trip site, parent is to furnish valid ID, and have him/her sign a sign-out sheet turning over responsibility to the parent/guardian.
- The parent/ guardian may only assume responsibility of the student(s) for which he/she has legal custody.
- A parent/guardian who is serving as a chaperone may not leave the field trip to take his/her personal student home, since it may compromise the adult to student ratios that must be maintained at the number below.
- The Knox County School employee in charge of the field trip has discretion and reserves the right to deny the request of the parent/guardian if the previous steps were not followed or if he/she feels the student's safety may be in jeopardy.

Chaperone to student ratio for Field trips by grade-level:

KCS values the participation of volunteer chaperones to be used for supervision on field trips. Adult-to-student ratios may vary but must be adequate for the field trip activity and the number and age of the students. Below are the expected adult-to-student ratios for Knox County Schools:

Elementary (Grades Pre-K -5)

Type of Field Trip	Adult: Student Ratio
Pre- K-2	1:5
Grades 3-5	1:10
Overnight	1:10

Secondary (Grades 6-12)

Type of Field Trip	Adult: Student Ratio
In-County Day field trips	1:15
Out of County or overnight field trips	1:10

Medication and Illness Info

- Here are some details for you to consider when sending in medications for our trip. These guidelines are in line with and are required by KCS. No medication can be administered by our nurse or chaperones without a form signed by a parent AND a physician.
- If your child needs ANY TYPE of medication given to him/her, a separate Medical Form for Administration must be filled out for EACH medication and signed by a physician. Your child's dosage and instructions MUST be clearly indicated and all medications must be in an original labeled package. This includes ALL prescription medications and ANY over the counter medications, such as Benadryl, allergy medications like Claritin or Allegra, Dramamine, or any gummies like Melatonin, Magnesium or vitamins.
- We will be taking children's liquid Tylenol and Advil with us. We will get the brand name forms of each of these. If you would like your child to have the option of being treated with these medications for any unforeseen reasons, such as fever, headache or minor aches/pains, you must complete the Medical Form for Administration with your child's dosage of Advil or Tylenol and return it signed by a parent and a physician. You do not need to send in Tylenol or Advil, but we must have the signed form to treat your child with these.

Final Payment Update

Parents,

Our trip is right around the corner! As stated at our parent meeting in the fall, the cost of the trip was subject to change based on our final numbers and the cost of gas, lodging, food, etc. Due to these rising costs and our counts, the price of the trip will be increased by \$35 per student. Also, as a reminder, all payments are non-refundable. Please know **every** effort was made to keep the final total per student under \$800. Even with the increase, it is still under that number. That increase will be reflected on the *We Travel* website you have been making payments on and can be paid there. Please don't hesitate to reach out to us if you have any questions or concerns. We want every student to be able to participate and will work hard to make that happen. We are looking forward to a fun-filled weekend in our nation's capital that your kids will always remember.

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