

December 1, 2014

Dear Parents,

In preparation for our trip to Tampa, Florida, your child will be bringing home two medication forms that need to be filled out and returned to Mr. Eddleman by Tuesday, December 9th, 2014. If your child takes any prescription medications or there is a potential that your child may need over the counter medications (OTC), the forms need to be filled out completely. If your child has a current medication form on file at school, we can use those forms. The forms we are requesting need to be completed for the medications that we are not aware of that your child needs to take on the trip. All prescribed medications must be received in the original, pharmacy labeled prescription bottle and all OTC meds must be in the original, manufactured container, *no exceptions*.

Over-the-Counter Medication Form:

Please complete the over the counter (OTC) form that has been provided. You may list more than one OTC medication on this form. In addition, the medication will be administered according to the package dosing. If your child takes a different dosage as advised by a doctor, a Medication Administration Record (MAR) must be completed and signed by the physician and you.

General Medication Form (Medication Administration Record)

One form per prescribed medication needs to be filled out completely. There is a section that **must** be filled out by the physician. Please be aware that students that use an inhaler, epinephrine pen, or insulin are allowed to self-carry their medications *if indicated by the physician*. According to the law, a backup epinephrine pen will need to be provided to us to carry for your child in case they lose theirs.

If your child becomes ill between the first day of Winter break and the start of the trip and requires medication, a note from the physician will be sufficient. The note must include the following information: student name, address, date of birth, any known allergies, medication name, dosage, frequency, start date and end date for all of the medications.

If you have any questions, please contact Mrs. Ohm.

Thank you for your cooperation.

Lisa Ohm, RN
440 933-6290, ext. 1572
lisa.ohm@avonlakecityschools.org

**Medication Procedures for Field Trips and Other Off-Campus Activities
For Avon Lake High School Grades 9 thru 12**

Certain school activities involve travel away from the school property for overnight trips. To accommodate the potential need for administration of medication at these activities, either over-the-counter or prescription, the following procedures will be followed.

1. When it is known that a student will require medication during the activity, the parent should be encouraged to chaperone the activity, control, and administer the medication.
2. If the parent cannot accompany the student and the student must take medication, the student may carry the medication under the following circumstances:
 - a. Medications must be locked in the student's suitcase when not in their possession.
 - b. Prescriptive medications must be in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication. It must be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and date of expiration when appropriate. *PLEASE PACK ONLY THE NEEDED AMOUNTS OF MEDICATIONS FOR THE TRIP. NO MEDS WILL BE ACCEPTED IN BAGGIES OR OTHER CONTAINERS.*
 - c. Non-prescribed (over-the-counter medications) must be in its original container with student's name affixed to it and must be administered according to package dosage/directions unless otherwise ordered by a physician.
 - d. The Overnight Field Trip Medication Administration Consent Form for Prescriptive and Over-the-Counter Medications (Page 1 of this packet) must be completed and signed by the parent or guardian. Please indicate if the student will be *self-administering* their medications or if it is *to be administered* by a staff member.

For prescription medicines to be administered by a staff member, the General Medication Form, also known as the MAR Form (Page 2 of this packet), must be completed in full and signed by the physician and parent to be considered valid.

Over-the-counter medications require a parent signature only. One copy of the consent form(s) will remain with the student and a second copy will be in the possession of the Administrator in charge. For students requiring insulin, Epi-pens, and/or inhalers, we are requesting a backup supply; one for the student and one for the chaperone.

- e. The parent must submit the Medication Administration Consent Form **no later than two weeks** prior to the trip to allow the building nurse to review the orders.
 - f. If under some unusual circumstances, the parent is unable to supply the permission form in the appropriate time frame, permission to carry **may** be given after review by the nurse and the principal.
3. If the student is allowed to carry their medication and shares the medication with another, the student will lose the privilege of carrying the medicine and will be subject to disciplinary action under the Drug and Alcohol Policy of Avon Lake City Schools. The student will give the remaining medication to the responsible staff member who will administer it according to the order/information provided on file.
 4. If the student carries medication without meeting the above criteria, the medication will be taken from the student and the student will be subject to disciplinary action under the Drug and Alcohol Policy of Avon Lake City Schools.
 5. If a student has an identified health need on his/her IEP or 504 Plan, and the parent of the eligible student does not accompany the student, efforts will be made to accommodate the medical needs. **The building nurse should be informed of the need at least two weeks prior to the trip.**

**Overnight Field Trip Medication Administration Consent Form
For Avon Lake High School Grades 9 thru 12
Prescriptive and Over-the-Counter Medications**

**This permission form is only for this trip. Each extended trip requires a separate form completed.*

Name (please print)	Date of Birth
Student Address	
Name of Parent or Guardian:	Phone Number(s)
Name of Parent or Guardian:	Phone Number(s)
List any known drug allergies/reactions	

Please state any health issues we should be aware of:

Please list any prescribed or over-the-counter medications your child is currently taking. Please indicate if your child will be self-administering the medication or if a staff member will need to administer the medication. If your child will be taking medications during the trip **that will be administered by the Avon Lake City School Staff, you will need to complete the General Medication Administration Form (MAR) included in this packet. The form requires both parent and physician signatures to be valid.** You will need to complete a form for each prescriptive medication to be administered.

Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
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Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer
Name of Medication:	Dosage/Route:	Times:	Staff Administer	Self Administer

If a student carries any medication without signed permission/ notification or shares medication with another student, they will be subject to disciplinary actions under the Drug and Alcohol Policy of Avon Lake City Schools.

The chaperones on this trip have permission to take my child to a hospital or medical facility for emergency medical or dental treatment. _____ (Please initial)

I hereby agree to hold the Board of Education, the School Principal, Teachers, Staff and any other chaperones harmless for any accident that may occur during the trip.

Signed _____ Date _____
(Parent/Guardian)

Medication Administration Record (MAR)
General Medication Form
(Including Asthma Inhaler and Epinephrine Autoinjector Use)

Student Information

Student name			Date of birth
Student address			
School	Grade/Class	Teacher	School year
List any known drug allergies/reactions			Height Weight

Prescriber Authorization

Name of medication	Circumstance for use		
Dosage	Route	Time/Interval	
Date to begin medication	Date to end medication		
Circumstances for use			
Special instructions			
Treatment in the event of an adverse reaction			
Epinephrine Autoinjector	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.		
Asthma Inhaler	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the Inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.		
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief			
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718 a) To the student for whom it is prescribed (that should be reported to the prescriber)			
b) To a student for whom it is not prescribed who receives a dose			
Other medication instructions Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prescriber signature	Date	Phone	Fax
Prescriber name (print)			
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.			

Parent/Guardian Authorization

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

Parent/Guardian Self-Carry Authorization

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

AVON LAKE CITY SCHOOLS – EMERGENCY MEDICAL AUTHORIZATION FORM



Please PRINT or TYPE all information

Date ___/___/___

Student's Last Name _____

First _____

Please check here if the following address or phone number are different from last year

Address _____

School (check one) Eastview___
Erievew___ Redwood___ Westview___
Troy___ Learwood___ ALHS___

Grade___ Age___ Birthday___/___/___ Approximate Ht.____ Approximate Wt.____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

PLEASE LIST CURRENT PHONE NUMBERS; PREVIOUS NUMBERS WILL BE DELETED.

Mother's Name _____ Home Phone () _____

Cell Phone () _____

Work Phone () _____

Father's Name _____ Home Phone () _____

Cell Phone () _____

Work Phone () _____

Additional Contact Name _____ Daytime Phone () _____

Name of Relative/Child Care Provider _____ Relationship _____

Address _____ Daytime Phone () _____

PLEASE COMPLETE EITHER PART I OR PART II

PART I: TO GRANT CONSENT -- I hereby GIVE consent for the following medical care providers and hospitals to be called:

Physician _____ Phone () _____

Dentist _____ Phone () _____

Medical Specialist _____ Phone () _____

Local Hospital _____ Phone () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does **NOT** cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list any facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted. Please contact nursing staff for all health conditions that will require attention by school personnel.

Date ___/___/___ Signature of Parent/Guardian _____

PART II: REFUSAL TO CONSENT -- I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date ___/___/___ Signature of Parent/Guardian _____

Student's Last



LETTER OF PERMISSION AND MEDICAL RELEASE

STATE OF _____
COUNTY OF _____

TO WHOM IT MAY CONCERN:

I hereby give my permission for _____ to travel with

_____ at _____

(Director)

(School)

for the purpose of a musical, educational, and recreational tour within the United States of America. Furthermore, I hereby authorize the above Director, and officially designated chaperones to arrange treatment in case of illness, any medical emergencies, or accidents.

Signature of Parent

Signature of Legal Guardian (if applicable)

Signed this _____ day of _____, 2014

Brightspark
Events



WAIVER AND HOLD HARMLESS AGREEMENT

I have freely and voluntarily chosen to participate in activities organized and/or sponsored by National Events ("Brightspark Events"), Outback Bowl, Inc. ("CBI"), and Outback, in connection with the Outback Bowl. I fully realize and acknowledge that injuries are a possibility of the activities I will participate in or perform as a CBI volunteer, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. I also understand that, because of the potential danger in such activities, Brightspark Events and CBI is unwilling to allow me to participate in and/or perform any such activities unless I sign this Waiver and Hold Harmless Agreement, waiving any claims I might otherwise have as a result of such activities and holding Brightspark Events or CBI and such other persons and entities harmless as indicated below. Therefore, in consideration of me being allowed to participate in and/or perform any such activities and on behalf of myself, my heirs, next of kin, personal representatives, successors and assigns:

1. I acknowledge and represent that I am in good physical condition, and I have no condition of any sort, which would be aggravated by my participation in activities related to the Outback Bowl, except as disclosed beneath my signature below;
2. I assume all risk, including any risk associated with any special medical needs or conditions that I may have, of the activities I will be participating in or performing as a CBI volunteer;
3. I certify that I have insurance reasonably sufficient to cover me against injury, loss of life and property damage caused to me in connection with my participation in or performance of any activities;
4. I acknowledge and understand that CBI has not obtained worker's compensation insurance to cover any injury, which I might sustain while working as a CBI volunteer;
5. I recognize that participating or assisting others in participating in the Outback Bowl may involve risk of injury to me, including death, loss or damage to me, or my property, or other consequences, which might result not only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used;
6. I have received a copy of the attached Outback Bowl, Inc. Code of Conduct and I understand that it applies to all persons who are affiliated directly and indirectly with the Outback Bowl as employees or volunteers and I agree to comply with the letter and spirit of the Code of Conduct. Furthermore, I understand that this Code of Conduct is meant for my safety and well-being as well as for the benefit of the Outback Bowl;
7. I acknowledge that there may be other risks of injury, death and/or property damage not known, or not reasonably foreseeable;
8. I am providing my services to CBI voluntarily and without any promise or expectation that I will receive any compensation in the form of money or otherwise.
9. I agree that all expenses relating to or arising out of any such injuries, loss of life or property damage will be my financial responsibility or the financial responsibility of my family, and I, for myself, my heirs, my administrators and executors agree to forever waive, release, discharge, hold harmless and indemnify Brightspark Events, CBI, Metro Atlanta Chamber of Commerce, Inc., Outback, Inc., all sponsors of the Outback Bowl, the Georgia Dome, the Georgia World Congress Center Authority, the participating conferences, school districts, teachers, schools, teams, coaches, staff and players and each of their respective affiliates and their officers, shareholders, agents, representatives and

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Events



employees (the "Indemnified Parties") against any and all liabilities, obligations, damages, losses, claims, demands, recoveries, settlements, deficiencies, costs or expenses (including reasonable attorneys' fees) with respect to any injuries, regardless of severity or loss of life, property damage or economic loss relating to or arising out of my volunteering for, or associated with, CBI and/or the activities, **EXPRESSLY INCLUDING, BUT NOT LIMITED TO ANY INJURY, HARM, DEATH, OR OTHER DAMAGE ARISING OUT OF OR RELATED IN ANY WAY TO ANY ACTIVE OR PASSIVE NEGLIGENCE OF THE INDEMNIFIED PARTIES OR ANY OTHER PERSON OR ENTITY, OR AS MAY OTHERWISE ARISE IN CONNECTION WITH THE ACTIVITIES.**

10. I expressly grant permission to Brightspark Events, CBI, Metro Atlanta Chamber of Commerce, Inc., Outback, Inc., all sponsors of the Outback Bowl, the Georgia Dome, the Georgia World Congress Center Authority, the participating conferences, schools, teams, coaches, staff and players, their respective successors, assigns, and designees to use any aural or visual depiction of my name, image, likeness, or any combination thereof which results from my involvement in or performance of the activities contemplated under this Waiver and Hold Harmless Agreement for any purpose whatsoever without any compensation of any type to me, my successors, or assigns.

11. Brightspark Events or CBI may terminate my services at any time.

12. I meet the minimum age requirement of 18 years old or have a parent or guardians signed approval accompanying my signature.

I HAVE READ THIS WAIVER AND HOLD HARMLESS AGREEMENT CAREFULLY AND UNDERSTAND ITS CONTENTS.

Signature

Name (Please Print)

Date

Parent or legal Guardian Signature

Parent or Legal Guardian Name - Please Print

Date

Further response to Item 1 above:

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**AVON LAKE MARCHING SHOREMEN
WHAT TO TAKE ON THE TRIP**

Each student and chaperone may take:

- One suitcase with name tag attached (goes in compartment under the bus)
- One carry-on bag with name tag attached (snacks, toothbrush, iPod, book, camera, sunglasses, sweats for cold bus, etc.)
- Do not bring cases of Red Bull or other energy drinks. No energy drinks on the bus. No purchase of energy drinks while traveling.

The following items will be loaded onto the equipment trailer on Friday, December 19th:

- Uniform in garment bag
- Hat box, raincoat, shoes, socks, gauntlets, gloves in black band bag
- Instrument (with name tag or tape with name)

Travel Bags will be lined up on December 28th at ALHS at 1:15 PM for inspection.

Clothing:

- Complete change of clothing for each day (five days, no questionable or inappropriate sayings, slogans, etc.) MAROON BAND POLO
- Extra underwear
- Swimsuit and towel for pool
- Two pairs of black socks, marching shoes (clean), shorts and two t-shirts (Quidam t-shirt and shorts under uniform for the game; other maroon t-shirt and shorts for the parade)
- Kleenex or handkerchiefs
- Jacket, sweater, and/or sweatshirt (there can be some cooler days and evenings)
- Extra pair of comfortable shoes
- Pajamas and teddy bear! (Maybe a small blanket and pillow for the bus)
- **Don't forget to pack your Quidam band t-shirt and maroon band polo**

Toiletries

- Roommates decide who is bringing one hair dryer and one power strip for phones and ipods (you don't need four hair dryers)
- Shaving supplies
- Deodorant
- Shampoo
- Toothpaste and toothbrush
- Meds (completed form with over the counter and prescription meds listed)
- Mouthwash
- Personal care items

Inspiring Student Travel

ITINERARY

AVON LAKE HIGH SCHOOL BAND**TAMPA****December 28 - January 02, 2015**

DAY 1 - SUNDAY, DECEMBER 28, 2014

GROUP	TIME	ACTIVITY
ALL	1:45 PM	Trip check-in and motor coaches arrive for loading at Avon Lake High School . 175 Avon Belden Road Avon Lake, OH 44012
	2:30 PM	Depart for Tampa, Florida to begin your tour!

DAY 2 - MONDAY, DECEMBER 29, 2014

GROUP	TIME	ACTIVITY
ALL	3:30 PM	Arrive in Tampa and your hotel to check-in and freshen up for tonight's activities: Hilton Garden Inn 5312 Avion Park Drive Tampa, FL Your Professional Brightspark Events Tour Director will greet you here.
	4:45 PM	Leave for John's Pass Village and Boardwalk. This quaint turn-of-the-century fishing village has over one hundred merchants with unique retail shopping, a variety of restaurants, the local fishing fleet, cruise lines, boat rentals, parasailing and jet skiing. 150 John's Pass Boardwalk, Madeira Beach, Florida 33708
	5:30 PM	Enjoy dinner at Bubba Gump's Shrimp Company
	8:00 PM	Director's Reception at Raymond James Stadium 4201 North Dale Mabry Highway; Tampa <u>Location:</u> Tampa Sports Authority Conference Room Entrance to this office is located by Tunnel C. Please park in Parking Lot C and go around Gate C to enter the office area. (A lot of valuable information will be discussed at this meeting so please make an effort to attend. Your tour director can give the director a ride or can attend the meeting in their place. Please contact Paul Rauscher if you are unable to attend so he can meet with you at another time)
	9:00 PM	Group returns to the hotel for the evening to enjoy the pool and other hotel amenities.

DAY 3 - TUESDAY, DECEMBER 30, 2014

GROUP	TIME	ACTIVITY
ALL	7:00 AM	Breakfast buffet included at your hotel.
	8:00 AM	Board coaches and depart for Universal Studios where you will spend the day in the parks. Your ticket gives you admission into Universal Studios and Islands of Adventure . Spend the day in the parks and don't forget to check out the new Harry Potter World in Universal Studios (now a world in each park)! Lunch and dinner on your own in the parks



9:00 PM Board coaches and transfer to your hotel for the night

DAY 4 - WEDNESDAY, DECEMBER 31, 2014

GROUP	TIME	ACTIVITY
ALL	7:00 AM	Breakfast buffet included at your hotel.
	8:15 AM	Board coaches and depart for rehearsal location
	9:00 AM	Massed Band and Auxiliary Unit Rehearsal at Jefferson High School 4401 West Cypress Street; Tampa NOTE: Plan on being on the field warming up and ready to rehearse 10-minutes prior to start time
	12:00 PM	Rehearsal ends. Board coaches and transfer to hotel to freshen up for lunch and evening activities.
	1:30 PM	Transfer to International Plaza and Bay Street for some shopping time and lunch on your own.
	3:30 PM	Transfer to parade staging area in Ybor City . East Palm Avenue, between North 19th & North 20th Streets
	4:00 PM	Parade Staging begins (see map inserts in your binder for location and directions. Additional information will be supplied at the Director's Reception)
	5:30 PM	National Outback Bowl Parade in Ybor City (Please see the parade map and schedule included in your final packet for drop off info and step-off order. Additional information will be supplied at the Director's Reception)
		Avon Lake High School Marching Band is #14 to step off Following the parade, meet coaches at coach parking to change uniforms and load instruments before departing for Busch Gardens! Nuccio Parkway, between East Palm Avenue & East Seventh Avenue Arrive at Busch Garden Africa -Tampa!! Hit loops going 60 mph on the Kumba, get soaked on the Congo River Rapids, swoop straight down at a mind boggling 90 degrees, on the 'dive coaster' Sheikra, or experience the mammoth Gwazi, the Southeast's largest and fastest double wooden roller coaster! 10001 North McKinley Drive A boxed dinner will be provided as you exit the motor coaches.
	7:00 PM	National Outback Bowl Awards Ceremony!!! Snack coupons will be provided for use in the park. At Midnight, experience the New Year's Eve Extravaganza with fireworks and ball drop!

DAY 5 - THURSDAY, JANUARY 1, 2015

GROUP	TIME	ACTIVITY
ALL	12:30 AM	Return to your hotel via local motor coaches (due to driver hours).
	6:30 AM	Breakfast buffet included at your hotel. Following breakfast, check out of the hotel and load motorcoaches with luggage.
	8:15 AM	Board coaches and depart for rehearsal location
	9:00 AM	Final Massed Band Rehearsal at Jefferson High School 4401 West Cypress Street; Tampa Note: Plan to be on the field warming up and ready to rehearse 10-minutes prior to start time
	10:00 AM	Rehearsal ends. Load instruments on motorcoaches and depart for Raymond James Stadium. 4201 North Dale Mabry Highway; Tampa (You should plan on being at the stadium around 10:30 am)



TAMPA
December 28 - January 02, 2015

Arrive at the **Raymond James Stadium**, home to the Tampa Bay Buccaneers and the University of South Florida Bulls. The stadium hosted Super Bowl XLIII in 2009.

- 11:30 AM **Outback Bowl Pre-game** begins
\$10.00 cash back included for lunch at the Stadium.
- 12:00 PM **Outback Bowl Kick-Off**
- 1:30 PM Approximate state time - **Outback Bowl Massed Band Half-Time Performance**. Perform in front of 65,000 spectators with the chance of being seen on National Television!
- 2:30 PM Depart for home (19 1/2 hours have been allotted for drive time, dinner & breakfast on your own en-route, breaks and driver change)

DAY 6 - FRIDAY, JANUARY 2, 2015

GROUP	TIME	ACTIVITY
ALL	2:00 PM	Arrive at Avon Lake High School - Welcome Home!

