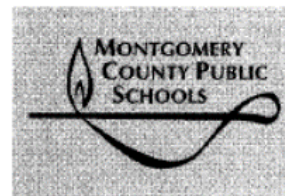


# Cabin John Middle School

10701 Gainsborough Road  
Potomac, Maryland 20854-2599  
301-469-1150



September 5, 2014

Dear Parents of CJMS 6th Grade Students,

Plans are proceeding for your child to participate in our unique, memory-making, three-day, two-night Outdoor & Environmental Education Program at Skycroft Conference Center located in Middletown, MD.

- *Mrs. Troupos's and Mrs. Gottesman's students will attend April 27-29, 2015.*
- *Mrs. Foderaro-Guertin's students will attend April 29-May 1, 2015.*

**The cost of this program is \$86.00 per child.** This includes the base MCPS charge for site use, bus transportation, food services, and evening snacks. This cost also covers consumable, instructional, and recreational supplies. A grant from the CJMS PTSA provides two evening presenters. All students are expected to share in this vital component of the MCPS sixth grade curriculum, and we believe no child should be deprived of the experience for monetary reasons. If the cost imposes a financial hardship on any family, arrangements can be made by contacting your child's counselor, Mrs. Gupta at (301) 469-1160.

There are three *convenient* ways to pay:

- **Cash:** Please place in an envelope with your child's name on it.
- **Personal Checks:** Please make checks payable to Cabin John Middle School.
- **Online:** <http://osp.osmsinc.com/MontgomeryMD/>

Note: This option is only available until Friday, September 26, 2014.

In an effort to ensure that planning goes smoothly and every child is provided the opportunity to engage in this experience, we are collecting permission forms and money sooner rather than later. Therefore, the permission form and payment are due by **Friday, September 26, 2014**. Permission forms and payment can be given directly to your child's World Studies teacher.

For students who require medical attention, a letter from our school-nurse will be sent home as Outdoor Education approaches.

For additional information regarding Outdoor Education, please feel free to visit the MCPS website: <http://www.montgomeryschoolsmd.org/curriculum/outdoored/>

If you have any additional questions, please feel free to contact Mr. Pichola via e-mail.

Sincerely,

Chris Pichola and Zachary Brandt  
Outdoor Education Coordinators

World Studies  
Teacher : \_\_\_\_\_

Office of Curriculum and Instructional Programs  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

OUTDOOR EDUCATION PROGRAM  
PARENT PERMISSION

**INSTRUCTIONS TO THE PARENT/GUARDIAN:** Please complete this form and return it to the teacher. The teacher will deliver the completed form to the health assistant or nurse upon arrival at the outdoor education center

Student's Name \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name \_\_\_\_\_

Please check all that apply:

☐ My child needs medication. (Parent 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 Policy JPC: *Administration of Medication to Pupils*.)

☐ My child should take the following over-the-counter medications \_\_\_\_\_  
. I have submitted MCPS Form 525-13. (A doctor's signature is **not** required for over-the-counter medications at the outdoor education program **only**.)

☐ My child is allergic to insect bites to the extent that he/she needs medical treatment. (If adrenalin 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 if adrenalin is required.

☐ My child is allergic to \_\_\_\_\_.

☐ My child has special dietary requirements \_\_\_\_\_. (Some special diets will require that parents supply some food.)

☐ My child has other special conditions of which you should be aware. They are: \_\_\_\_\_

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

**INSURANCE INFORMATION**

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

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

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

**If Family is member of HMO/PPA:**

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

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

Telephone # \_\_\_\_\_

**OTHER INFORMATION**

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

Doctor's Telephone # \_\_\_\_\_

Parent's/Guardian's Home Telephone # \_\_\_\_\_

Female Head of Household **Work** and **Cell** Phone # \_\_\_\_\_

Male Head of Household **Work** and **Cell** Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

☐ Check if your child is serving as a high school student assistant and list his/her school \_\_\_\_\_

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 treatment for my child.

\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_\_  
Date

MUST FILL  
THIS OUT.



# **An Invitation to Parents of CJMS 6<sup>th</sup> Graders**

Parent volunteer chaperones are **needed** to support our adventure to Skycroft Conference Center in Middletown, MD.

- **Session 1:** April 27, 28, 29 – Troupos's and Gottesman's Classes
- **Session 2:** April 29, 30, May 1 – Foderaro-Guertin's Classes

We are looking for parents who will support our Outdoor Education Program by supervising students during the trip. Supervising the students will be necessary while students are: participating in recreational periods, resting in the cabins, eating in the dining room, and participating in evening activities. Parent chaperones will stay in the student cabins and assist throughout the program for three days and two nights.

MCPS requires prospective volunteers to read "A Guide to Volunteering in the Outdoor Education Program" and submit a completed "Volunteer Disclosure Form" (see attached). These documents, along with details about the program and Skycroft Conference Center, are available electronically on the Outdoor Education website:

<http://www.montgomeryschoolsmd.org/curriculum/outdoored/>

Please submit the volunteer disclosure form (see attached) directly to Mr. Pichola, Grade 6 Team Leader, in Room 1237 **as soon as possible**.

All volunteers are required to attend a meeting on Wednesday, April 22, 2015 at 6:00 PM in room 1237. If you have any questions, please feel free to contact Mr. Pichola via e-mail: [christopher\\_m\\_pichola@mcpsmd.org](mailto:christopher_m_pichola@mcpsmd.org).

*Thank you for considering this once-in-a-lifetime opportunity!*

Parent Gender (Please Circle): Male Female

Child's World Studies Teacher: \_\_\_\_\_

**Montgomery County Public Schools**  
Lathrop E. Smith Environmental Education Center  
5110 Meadowside Lane  
Rockville, Maryland 20855



## Chaperone/Student Assistant Disclosure Form Outdoor and Environmental Education Program

Mr./Mrs./Ms.: \_\_\_\_\_ (Please print first and last name)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
(If applicable)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

I have read and understand the *Guide to Chaperoning in the Outdoor Education Program* brochure and understand the expectations of volunteering as a chaperone in the outdoor education program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_, hereby under the penalty of perjury declare and affirm that I have \_\_\_\_\_ have not \_\_\_\_\_ (please check one) been convicted of nor am I the subject of any pending criminal charges for the commission or attempt to commit any crime(s) as defined by the *Criminal Law Article, Code of Maryland*.

If yes, please explain (use additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further understand that I may be subject to a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_