ELLICOTT MILLS MIDDLE SCHOOL

4445 Montgomery Road • Ellicott City, MD 21043 • 410-313-2839 • (F) 410-313-2845 • emms.hcpss.org April 21, 2022



Dear Parents/Guardians of Performing Arts Students:

Students in the Symphonic Band, Symphonic Winds, Wind Ensemble, Concert Choir, Chorus, String Orchestra, Chamber Orchestra, and Symphony Orchestra will participate in the Music in the Parks Festival at Hershey Park on Saturday, June 4th, 2022. Attached to this letter, you will find information about the structure of the trip, the Permission Form, a Code of Conduct Statement with T-shirt order, and the anticipated itinerary. The Permission Form, Code of Conduct, Health Form, and payment of \$118.00 are to be returned to Mr. Lauer, Ms. Sobel, Mr. Burns, or Mr. Denne on or before May 4, 2022. You may pay using our online payment system (OSP) (http://emms.hcpss.org) or with a check made payable to Ellicott Mills Middle School (EMMS), including the student's name on the remarks line on the check along with a phone number.

Structure of the Trip

Ellicott Mills Middle School has contracted 7 busses with Atlantic Coast Charters for this trip. Students will be divided into chaperoned groups with sizes averaging 6 students per chaperone. All students must ride the bus to and from Hershey Park in their chaperone group, accompanied by their chaperone.

Our stops will be Hershey High School, Middletown Area Middle School and Middletown Area High School. Students will move from chaperone groups to their performing groups while chaperones will assist by helping to remind students how to display exemplary behavior. Following the performance (see the attached Itinerary for more detailed performance information), students will re-assemble into their chaperone groups and board busses for Hershey Park. Students will stay in their group with their chaperone for the entire time spent at the park. Chaperones will take their group to the Awards Ceremony at 4:15 pm., where we will sit together as a school group. At the conclusion of the awards ceremony, students will go to Chocolate World with their chaperone groups before boarding the buses at 6pm to return to EMMS.

Since this will be a long day, students will be responsible for their meals. Please help us plan for this task. Students should be aware that 5 hours pass between the time we leave the school and we enter Hershey Park. While many of the performance venues serve snacks, these are not reliable and students should have food to tie them over until we enter the park. Most chaperone groups will find places to eat upon entering the park, and students may find themselves needing two meals while in the park. Help your child understand the difference between money that is needed to spend on food and money that can be used for games. Hershey Park is going cash-free this year. Students should bring the money needed for food and other expenses (\$30-\$40 is recommended) on a Visa gift card or by able to pay using Apple Pay, Samsung Pay, Google Pay, or major credit or debit cards. If a student must bring cash, they will be able to transfer that cash to a Visa gift card using one of the Cash-to-Card kiosks that will be located around Hershey Park.

We will need approximately 40-50 parent volunteers to chaperone this trip. There will be a \$40 fee for parent chaperones, which will cover the admission to the park, and you will be responsible for staying with your group of students for the entire day. For parents with more than one student going on the trip, the chaperone fee will be waived. Please indicate your interest in being a chaperone by checking the box on the Permission Form. Chaperone spots will be filled on a first-come, first-served basis. There will not be room on the busses for anyone besides the students, teachers, and chaperones.

If you have any questions about this trip, or if your son or daughter cannot attend for any reason, please call Mr. Lauer, Ms. Sobel, Mr. Burns, or Mr. Denne at 410-313-2839.

Sincerely,

Greg Lauer, Choral Director Ben Denne, Orchestra Director Nicole Sobel, Band Director Robert Burns, Band Director

Attachments:

Permission Form Code of Conduct Itinerary

Emergency Procedure/Health Info/Medication Order

PERMISSION FORM FOR STUDENT FIELD TRIP



Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, detach & return with payment to the Music Dept. Teacher. Please use the <u>ONLINEPAYMENT SYSTEM (OSP)</u> for the most convenient payment option. http://emms.hcpss.org. Or make check payable to **ELLICOTT MILLS MIDDLE SCHOOL**.

CASH IS NOT ACCEPTED.

The HCPSS Finance Office has contracted with the Envision Payment Solutions, Inc. for the electronic collection of check payments. If the check is returned unpaid, Envision Payment Solutions, Inc. will assess a \$35 fee allowed by MD state law and charge it as an electronic fund transfer.

| School: | Ellicot | : Mills Mi | ddle School |
|--------------------------|----------------------|------------|----------------------|
| Destination: | Hersh | ey Park, F | lershey, PA |
| Objective of the trip: | The Music in t | ne Park A | djudication Festival |
| Class/Group: | Band, Chort | is and Or | chestra Students |
| Departure date: | June 4, 2022 | Time: | 4:30 am |
| Return Date: | June 4, 2022 | Time: | 8:00 pm |
| Bus Company: | Atlar | ntic Coast | Charters |
| Public Transport: | | NO | |
| Cost per student: | | \$118.0 | 00 |
| Checks payable to: | Ellicott | Mills Mi | ddle School |
| Due Date: | | May 4, 2 | 022 |
| Meal Arrangements: | Bring money/c | redit card | l to purchase lunch |
| Appropriate Attire: | Weather appr | opriate / | Dress code applies |
| Total # of Students: | | 300 | |
| Anticipated Ratio of Cha | perones to Students: | | 1:6 |

| This trip | will be: |
|-------------|----------------|
| Student Day | Extended Day |
| Overnight | Non School Day |

Parent must pick up student no later than 8:00 pm (EMMS).

Alternate plans in case of postponement or cancellation:

RAIN OR SHINE EVENT

Revised 7/14/2014

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

| Teacher-In-Charge: Ben Denne | Contact number: 410.313.2839 |
|--|---|
| | |
| THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE S LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE I | CHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL |
| % | |
| I GRANT PERMISSION FORTO GO TO (PRINT Student Name) HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR C | |
| PARENT SIGNATURE | DATE: PHONE: |
| ☐ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBI | LITIES OF THE POSITION. \$40 SEPARATE PAYMENT REQUIRED. |
| CHAPERONE NAME | SIGNATURE |
| | CHAPERONE EMAIL: |
| FAS #39502293 Packet Please detach and return this bottom port | |

ELLICOTT MILLS MIDDLE SCHOOL



CODE OF CONDUCT

To preserve the dignity and respect that have always been a part of Ellicott Mills Middle School, I do hereby pledge to uphold the policies of the school while participating in the trip to Hershey Park with the school Chorale, Band, and Orchestra.

By signing below, I agree to the following guidelines. I understand that a failure to follow these guidelines will result in severe disciplinary actions and may exclude me from future field trips.

- 1. This field trip is an extension of the school day, and therefore I understand that all school rules and policies are in effect throughout the entire trip.
- 2. I understand that all stops for meals will be made with my chaperone group. I will not be allowed to go anywhere unattended, unless permission is received.
- 3. I understand that the teachers, chaperones, and hosts spent many hours making arrangements so that the performing groups would have the privilege of participating in this trip. Although I may not be completely satisfied with all of these arrangements, I do realize that it is extremely rude to voice complaints about the hard work and efforts of others.
- 4. I understand that I have the obligation to inform the chaperones and teachers of any undesirable behavior on the part of another Chorale, Band, or Orchestra member
- 5. I understand that talking about partaking in any undesirable conduct will be considered an intention to do the same.

| Student Name: | Ensemble: | Per |
|---|--|---|
| Student Signature: | | |
| I have read the above guidelines and under | rstand that my child must upho | old these policies. |
| Parent/Guardian Signature: | | |
| | TE CONTINUE CYCEN | |
| As part of this field trip, we will be provided indicate the size needed by this student by | T-SHIRT SIZE ing T-shirts for each student to checking the correct box below | wear for the performance and in the park. Please w: |
| Youth XS | Youth M | Youth XL |
| Youth S | Youth L | Youth 2XL |
| Adult XS | Adult M | Adult XL |
| Adult S | Adult L | Adult 2XL |

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Hershey Park Student Itinerary

- Students should arrive in concert dress (dark pants, Hershey Park shirt (provided), socks, and closed shoes/sneakers)
- Students should have their instrument and everything required for the performance
- Students should have enough food that will take care of their hunger until we arrive at the park at noon.
- Students should have a change of clothes for the park.
- Students should have enough money for one or two meals while at the park (\$30-\$40 is suggested).
- Don't forget the sunscreen or rain gear (weather dependent of course)!

| 4:30-4:45am | Students board buses. All Cellos/Basses/Bass stools/orchestra supplies need to be placed |
|-------------|--|
| | under buses 1 & 3. All percussion needs to be placed under bus 6. All large wind |
| | instruments need to be placed under buses 7 & 8. All Violins, Violas, and small band |
| | instruments need to be loaded in the overhead compartment in the seating area of the |
| | bus. |

5:15 am Buses Leave for Hershey

7:30 am Buses Arrive at Middletown Area High School

** ALL ORCHESTRA STUDENTS SEE **ORCHESTRA TIMELINE** BELOW **

*** ALL BAND STUDENTS SEE **BAND TIMELINE** ON BACK ***

**** ALL CHORUS STUDENTS SEE **CHOIR TIMELINE** ON BACK ****

*****ALL CHAPERONES MUST FOLLOW THE TIMELINE OF THEIR CHILD*****

| 10:05 am | Symphony Orchestra students go to warm-up room, all other students watch a performance by a different school |
|----------|--|
| 10:30 am | Symphony Orchestra performs. All other students go to the Auditorium to watch |
| 10:55 am | All students return to their original bus with all of their belongings |
| 11:00 am | Buses travel to Hershey Park |
| 11:10 am | Buses arrive at Hershey Park |
| 4:15 pm | Students meet at Hershey Park Arena for Awards Ceremony |
| 5:00 pm | Students go with Chaperone Groups to Chocolate World |
| 6:00 pm | Students board buses and leave for EMMS and are scheduled to arrive back at 8:15 pm |

** ORCHESTRA TIMELINE

| 7:30 am | Buses Arrive at Middletown Area High School |
|----------|--|
| 7:45 am | String Orchestra and Chamber Orchestra students unpack and leave cases on buses 1 & 3 |
| 8:00 am | String Orchestra goes to warm-up; Chamber Orchestra goes to auditorium with instruments, Symphony Orchestra strings go to the auditorium without instruments |
| 8:25 am | String Orchestra Performs, Chamber Orchestra and Symphony Orchestra strings watch |
| 8:50 am | Another school performs, String Orchestra and Symphony Orchestra strings watch. Chamber Orchestra goes to warm-up room |
| 9:15 am | Chamber Orchestra performs. String Orchestra and Symphony Orchestra strings watch. |
| 9:40 am | Students pack up instruments and board buses |
| 9:45 am | Buses travel to Hershey High School |
| 10:05 am | Buses arrive at Hershey High School |

.... GO BACK TO 10:55 am at top of this itinerary!!

*** BAND TIMELINE

| 7 | :30 am | Buses Arrive at Middletown Area High School |
|----|--------|--|
| 7 | :35 am | All band students take their instruments and music to buses 6, 7, & 8, and board buses to travel to Hershey HS. |
| 8 | :00 am | All bands arrive at Hershey HS and begin to unpack instruments, leaving cases on the bus. |
| 8 | :15 am | Wind Ensemble, Symphonic Winds, and Concert Band students performing in Symphony Orchestra go to the auditorium and sit quietly. |
| 8 | :25 am | Symphonic Band goes to warm-up room |
| 8 | :50 am | Symphonic Band performs |
| | | Wind Ensemble goes to warm-up room. Symphonic Winds and Concert Band students watch. |
| 9 | :15 am | Wind Ensemble performs; Symphonic Winds goes to warm-up room, and Symphonic Band students watch. |
| 9: | :40 am | Symphonic Winds performs; Wind Ensemble and Symphonic Band students watch. |
| | | |

.... GO BACK TO 10:05 am at top of this itinerary!!

**** CHOIR TIMELINE

| 8:00 am | All choir students move to Buses 4 $\&$ 5 and travel to Middletown Area Middle School with all choir students |
|----------|---|
| 8:40 am | Chorus goes to warm up |
| | Concert Choir sits quietly in auditorium |
| 9:00 am | Chorus Performs; Concert Choir watches |
| 9:20 am | Concert Choir goes to warm-up |
| | Chorus watches another school |
| 9:40 am | Concert Choir Performs; Chorus watches |
| 10:00 am | Buses 4 & 5 travel to Hershey High School with all choir students |

.... GO BACK TO 10:30 am at top of this itinerary!!



EMERGENCY PROCEDURE/HEALTH INFORMATION for EXTENDED DAY, OVERNIGHT FIELD AND FOREIGN TRAVEL TRIPS

MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP

| STUDENT'S NAME | | | | | MALE | FEMALE | |
|---|---|-------------|--|---------------|----------------------|-------------------------------|----------------------------------|
| - | LAST NAME FIRST | NAME | MIDDLÉ IN | TIAL | | | |
| SCHOOL | | | GRADE | | DATE OF BIRT | rh . | , |
| STREET ADDRESS | | | | | | | |
| CITY | | | _ ZIP CODE | | | _ | |
| HOME PHONE | WORK PHONE | | • | CELL F | HONE | | |
| FAMILY PHYSICIAN | | | | PHONE | } | | e-end |
| PARENT/GUARDIAN NA | AME | | | | | | |
| (1) | EM List in order of Notification - MAJOR EMERGEN | Parent/G | ENCY NOT Juardian will be ILL BE TAKEN | contacted fir | st unless otherwise | specified.) | |
| NAME OF PERSON | | RELA' | TIONSHIP | | PHONE NUMBE | 3R | |
| NAME OF PERSON | | HEAL | IIONSHIP TH INFOR list & give date | | PHONE NUMBE | 3R | |
| Health conditions/oper | ations: | | | • . | • | | |
| Handicapping Conditi | ons: | | | • | · . | | |
| Allergies (medication, | food, insects, etc.): | | • | | | | |
| Describe the usual symp | otoms/reactions: | | | | | | |
| | on and non-prescription): | | | | | | |
| Form/Physician's Ord | -the-counter medication is er (IFAS# 39513035) is re M HOME. There will not | mired. | Refer to attac | ned Medicai | 10n/Treatment U | ıysician specii rder. MEDI | fic to Medication CATION MUST |
| Does your child have an | ny activity restrictions? | Yes_ | No | · | If yes, please ex | xplain | |
| Does your child have di | etary restrictions? Yes | | No | If so, v | what are restriction | ns? | |
| PARENT/GUARDIAN | SIGNATURE | · · | | | DATE | 3 | |
| staff as necessary to m | orovide will be handled in aintain your child's safety | a confid | ential manner | . Înformati | on provided on tl | nis form will k | e shared with |
| INSURANCE COMPA | NY | • | POLIC | CY OR BINDE | R NUMBER | | |
| PERMISSION IS GRAI ANY MEDICAL OR SU | YTED FOR TREATMENT OF IRGICAL EMBRGENCY. | THE AE | OVE NAMED | PARTICIPAN | T BY A PHYSICIA | IN AND/OR HO | OSPITALFOR |
| PARENT/GUARDIAN | SIGNATURE | | | | DATE | | |
| IEAS #30502293 P | | | | | | Revised | 7/14/2014 |

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MEDICATION PROCEDURE INFORMATION

School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

- 1. Parents must provide a written authorization for any medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
- 2. The first dose of any new prescription must be given at home.
- 3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:
 - Name of student
 - · Date of medication order
 - Name of medication
 - Dosage and strength of medication
 - Route of administration
- Date order expires (Check box if order valid for summer school.)
- Time and frequency of medication
- Diagnosis (Reason for administration of medication.)
- Authorized health care provider
- Special instructions (including whether or not medication may be self-administered or carried by the student

Note: PRN medications should have the frequency of repeat doses clearly indicated on the order.

- 4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
- 5. A new medication order is required for each new school year dated on or after July 1.
- 6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
- 7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; a second labeled container can be obtained by asking the pharmacist. Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:
 - · Name of the student
 - Date of the medication
- Name of the Medication
- Route, time, and frequency of the
- Dosage and strength of the medication
- Authorized health care provider name
- order medication
 8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
- 9. The school nurse must approve the medication order before the first does of medication can be administered at school.
- 10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
- 11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
- 12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
- 13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
- 14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
- 15. Under no circumstances may any school staff administer any medication outside the procedures outlined in the Health Services Medication Administration Procedure.
- 16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.

HCPSS/OSESS/Health Services/Medication Order Form/mm/3/14