



Kingsview Middle School

18909 Kingsview Road
Germantown, Maryland 20874

Main Office: 240-740-7130

Counseling Office: 240-740-7139

FAX: 301-601-4610

<http://montgomeryschoolsmd.org/schools/kingsviewms>

Dear 8th Grade Parents/Guardians:

It is hard to believe that we are already in our second semester. We have activities planned for our 8th grade students as they complete their last year of middle school. In accordance with the Code of Conduct, we will continue to hold students accountable for their actions, as we promote social-emotional growth and support academic success. We would like to ensure that all students are putting forth their best effort and conducting themselves in a manner that is commensurate with school rules and expectations.

The criteria outlined below must be met for students to be eligible to participate in the 8th Grade End-of-Year Activities (Hershey Park and promotion ceremony):

- This agreement signed and returned by the deadline
- No suspensions (Marking Period 3 and 4)
- No more than two (2) referrals Marking Period 3 and 4
- Have no financial obligations (ex. overdue library books, missing textbooks, etc.)

If a student does not meet the criteria in one or more areas, the student may still be eligible to participate by going through an appeal process later in the school year. To do so, the student must submit a written request for appeal to Ms. Sohee Cho, eighth grade administrator. Administration will determine if the appeal is granted.

Please discuss the above expectations and requirements as a family. If you have any questions, please contact me at Sohee_Cho@mcpsmd.org or at (240) 740-7130.

Sincerely,

Sohee Cho

Assistant School Administrator

My signature below indicates that I have read and agreed to the above requirements. I understand that if I do not meet the above criteria, I will not be able to participate in the end-of-year activities and I may not be eligible for a refund.

Student Signature: _____ Date: _____

My signature below indicates that I have read and understood the above requirements. I understand that if my child does not meet the above criteria he/she will not be able to participate in the end-of-year activities and may not be eligible for a refund.

Parent Signature: _____ Date: _____

Please return this letter to your Period 1 teacher by Friday, March 10, 2023

Received by: _____ Date: _____

Dyan Harrison
Principal
Dyan_L_Harrison
@mcpsmd.org

David Douglass
Assistant Principal
David_J_Douglass
@mcpsmd.org

Matthew Freiman
Assistant Principal
Matthew_Freiman
@mcpsmd.org

Sohee Cho
Asst. School Administrator
Sohee_Cho
@mcpsmd.org



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Cancellation Policy Letter:

The 8th grade end of year field trip is set for Thursday, June 15th, 2023.

The purpose of this letter is to explain the expectations for students attending the trip, clarify the MCPS emergency cancellation policy, and get final approval from parents/ guardians.

Expectations for participating students:

- All school rules are in force during the trip.
- Students are subject to the authority of teachers and designated chaperones at all times.
- During periods of independent activity, students must remain in groups of at least three participants.
- Students are expected to be respectful and considerate of teachers, drivers, fellow students, chaperones, and all other service personnel.
- Students are expected to follow all rules of Hershey Park and conduct themselves in the appropriate manner.
- Parents will be required to pick up their student in the event of misconduct at Hershey Park.

Please understand that the trip could be cancelled at any time if a situation arises that would put the safety of staff and students at risk. Unfortunately, we are unable to offer any refunds should the trip be cancelled. While this is not something that we anticipate happening...circumstances may arise. If you have any questions please call the school at (240) 740-7130.

I have read and understand the above policies. _____

Signature parent/ guardian

Please return to your Period 1 teacher by Friday March 17, 2023

Dyan Harrison
Principal
Dyan_L_Harrison
@mcpsmd.org

David Douglass
Assistant Principal
David_J_Douglass
@mcpsmd.org

Matthew Freiman
Assistant Principal
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Sohee Cho
Asst. School Administrator
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8th Grade Celebration Permission Slip

All permission slips and money must be turned in by Friday, March 17, 2023 to be eligible for this field trip.

- The cost of ticket to Hershey Park, Lunch ticket and transportation is \$131.00. All payments should be made on <https://www.schoolcashionline.com/>.
- If you need to make special arrangements to cover the cost of the trip, please contact your child's teacher in writing prior to the deadline, or you may include a note on the permission slip. Any correspondence will be kept confidential.
- My child, _____, has my permission to attend the 8th grade field trip to Hershey Park, PA on Thursday, June 15th, 2023.
- My child will be picked up from Kingsview Middle School at 7:00pm by the following person:

- In case of emergency, contact _____
 - Cell _____ name _____
 - Home _____ name _____
 - Other _____ name _____

_____ I am donating money for students with financial assistance. \$ _____

Any donated funds collected in excess of the Hershey Park field trip will be transferred to the school's general field trip fund to help offset future field trip costs for students whose families are experiencing financial hardships.

- **I understand that because tickets are purchased in advance, there will be no refunds.**

Parent signature: _____

Date: _____

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Principal
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@mcpsmd.org

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Sohee Cho
Asst. School Administrator
Sohee_Cho
@mcpsmd.org



Parent/Guardian Approval For Trips MCPS Transportation Is NOT Provided

MCPS Form 560-31
July 2018

Office of School Support and Improvement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: To Be Completed by the Trip Sponsor.

School Kingsview MS - 708 Grade Level/Group 8th Grade

Date(s) of Trip Thursday, June 15th, 2023 From 8:30 a.m./p.m. To 7:00 a.m./p.m. Student Cost \$131.00

Location of Trip (include city and state) Hershey Park, 108 Chocolate World Way, Hershey, PA

Transportation Arrangements: MCPS Approved Bus Carrier (Name: Chesapeake Charters, INC.)
 Public Transportation (Specify: _____) Walking
 Riding in a vehicle with: Parent Guardian Staff Student

Purpose of Trip 8th Grade end of the year celebration

School Staff Sponsor Karen Pate Date 11 / 15 / 22

The student named below may be excused to engage in the above-described activity.

Signature of Principal [Signature] Date 2 / 13 / 23

PART II: To Be Completed by Parent/Guardian, or Eligible Student

- A. Parent/Guardian Financial Responsibility**
Montgomery County Public Schools (MCPS) wants you to know about your financial responsibility for field trips.
Cost—Depending on the trip, the cost may include transportation, ticket or entrance fee, food, hotel, and/or a travel company's fee.
Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.
Delay, Change, or Cancellation—Sometimes it is necessary to postpone, change, or even cancel a trip for safety, bad weather, or other reasons. Sometimes, when a trip is cancelled, changed, or delayed, cancellation fees or other payments have been made in advance that MCPS cannot get back. For example, there may be transportation reservations, tickets that have been purchased, or fees paid to a travel agent. A refund is not always possible, but we will do our best to refund all or part of your payment.
Additional Cost—If a trip is delayed, interrupted, or changed once it has begun and students need to remain away from home and school longer than anticipated for safety or other reasons, there may be additional costs for such things as food, lodging, and additional or alternative transportation. If this happens, we will do our best to keep additional costs to a minimum, but you are responsible for paying these additional expenses for your child(ren).
- B. Prescribed Medication**
School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in overnight field trips if the parent/guardian has completed MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, and/or MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto-Injector*.
 My child will need medication administered while participating in this field trip. MCPS Form 525-13, and/or MCPS Form 525-14, has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. *Note:* Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See Forms 525-13 and/or 525-14 for more details.
- C. Information Regarding Travel Insurance**
Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if your child is not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost.

Student Name _____ Teacher _____

I give permission for my child to participate in the above-described activity.
 I do NOT give permission for my child to participate in the above-described activity.
 I would like to volunteer to chaperone this field trip.*
**Please be advised that all volunteers must complete online training on the prevention, recognition, and reporting of child abuse and neglect. Volunteers for extended-day (returning after 7:00 p.m.), and overnight field trips must also undergo fingerprinting and background checks.*

Parent/Guardian Name _____ Phone Number _____
Emergency Contact _____ Phone Number _____
Parent/Guardian Signature _____ Date _____/_____/_____

Authorization to Administer Prescribed Medication

Release and Indemnification Agreement



MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS Form 525-13
February 2019
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PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by an authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student Name: Last _____ First _____ MI _____

MCPS ID# _____ Date of Birth ____/____/____ School Name -- Choose One -- _____

Prescription: Renewal New If new, the first full day's dosage was given at home on: ____/____/____

List all medication(s) student is taking, including over-the-counter medication(s): _____

Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

DHHS and MCPS discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication (*trade name or generic*): _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at school: _____
Ranges not accepted (i.e., 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____

Medication orders effective Current school year, **OR** Effective dates ____/____/____ to ____/____/____

Side Effects: _____

If PRN, specify when indicated (signs/symptoms) _____

Frequency of administration (ranges not accepted, i.e. every 2 to 4 hours) _____

Authorized Prescriber's Name (print/type) _____ Phone ____-____-____ Date ____/____/____

Authorized Prescriber Signature _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors must be authorized by the authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL

Check as appropriate:

Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)

Prescription medication is properly labeled by a pharmacist.

Medication label and authorized prescriber order are consistent.

Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order).

Signature, School Community Health Nurse (SCHN)/Principal _____ Date ____/____/____