



Science Camp at Chapel Rock

May 14th-16th,
2025

Why We Go

01

Hands on
learning

02

Eco-friendly
campus

03

Seasoned
facilitators

04

Learning
Ratio 10:1

05

Confidence
building

06

Aligned to
standards

Chapel Rock

- Prescott, AZ (5 min from downtown)
- 3 days & 2 nights
- All meals included
- Bunk-style lodging
- 22 acre campus



Well trained-experienced staff

- 40 hours initial onsite training/season
- Weekly staff development
- Formal and informal education experience
- Consistent leadership and quality time
- Risk management
- Culture of growth and new ideas



Cabins





Bathrooms



The Campus





Dining Hall

- Indoor/Outdoor Seating
- All food cooked and served by staff
- Special dietary concerns addressed
- Equipped for food allergies





Breakfast

Hot and cold cereal

Granola & yogurt

Fruit

Eggs

A breakfast meat

French toast, pancakes

Juice, coffee, tea

Lunch

Turkey Croissant Sandwiches

Homemade vegetable soup

Fresh fruit and salad bar

Homemade cookies

Coffee, tea, lemonade

Dinner

Baked chicken

Mashed potatoes & gravy

Steamed vegetables

Fresh Fruit and Salad bar

Rolls & butter

Fruit cobbler

Sample Schedule Day 1

10:30-11:00 Arrive at Chapel Rock and *drop off gear*

11:30 Intro to Dining Hall and Lunch

12:00 Outdoor School Orientation for all

12:30 Settle into cabins

1:00-5:00 Activities!

5:00 Dinner (group 1 and 2 clean-up)

5:30 Free Time

7:00 Evening Activity

8:30-10:00 Prepare for bed

10:00 Lights Out



Sample Schedule Day 2

7:00 Rise and Shine!

7:30 Breakfast
(groups 3+4
clean-up)

8:00 Free Time

8:30 Activities!

11:30 Lunch (groups
5+6 clean-up)

12:30 Activities!

5:00 Dinner
(groups 7+8
clean-up)

5:30 Free Time

7:00-8:30 Evening
Activity

8:30-10:00
Prepare for bed

10:00 Lights Out



Sample Schedule Day 3

7:00 Rise and Shine!

7:30 Breakfast
(groups 9+10
clean-up)

8:00 Pack, clean and
bring bags to bus
depot

9:00 Cabin Check,
free time

9:30 Big Group
Picture

10:00 Load Busses

10:30 Leave
w/snack

By 1:00 Back at
Haley





Physical
Science



Activities
Engineering
&
Technology



Team
Building



Evening Activities

Campfire & S'mores



Game Night



Zipline-Bonus

- Not tied directly to state standards
- Must earn the privilege of participation
- If privilege is lost, students will still be active in all learning activities at camp including rock climbing
 - 36' high 300' long coordinator has
 - 19 yrs experience and certified since 2014



What to Pack

Clothing:

- Jeans/pants & Shorts
- T-shirts, shirts (6th Grade Shirt)
- Sweatshirt/sweater
- Jacket/raincoat (check weather)
- Underclothes
- 2 pairs of shoes/boots (closed-toe)
- Pajamas
- Socks
- Plastic bag for damp clothes

Linens:

- Sleeping bag or twin sheets & blanket
- Towel and washcloth
- Pillow and pillowcase

Wash Kit:

- Toothbrush & Toothpaste
- Brush/Comb
- Deodorant
- Soap/Shampoo
- Other needed hygiene items

Additional:

- Sun block & Hat
- Chapstick
- Refillable Water Bottle
- Ear plugs (light sleepers)
- Camera (NO PHONE)
- Card game
- Flashlight

How do we Group Students?

Chaperone groups (same gender)

Students are in a group of 4-5

Students are asked for their top 3 friends of all classes and we will do our best to honor one of their picks

Day Groups (mixed genders)

3-4 chaperones and their groups

This is their class group that is led by a counselor

*If a dad goes with a daughter or mom goes with son, you will still be in the same day group.

Cabin Groups (same gender)

Chaperones and their group will be with others in a small or large cabin

Some cabins sleep 10 and others 40 (bedrooms within)

Student Expectations

Grades of C or above with limited missing assignments at time of camp

Following handbook rules & displaying Tiger Target qualities

Administration will examine suspensions case by case

Logistics

- Busses leave Haley by 8 AM May 14
- Busses arrive at Haley by 1 PM May 16
- Infinite Campus will be used as a messenger should times be delayed
- Should your child get sick, you will need to get them ASAP



Fees

\$200/student: 3 days, 2 nights, 6 hot and served meals & 14 hours day time programming, 2 evening activities and 2 hour departure day activities, charter bus to and from school

\$200/chaperone (unable to use these fees for tax credit)

Why the Increase?

Price in the past

\$125+

Rockwall and zipline*

\$15

Insurance for climbing tower

\$5

Camp increase

\$10

Charter bus increase

\$50 *(25 each way)*

(not allowed to take school busses)

Other Field Trips—no charge

Depending on grants

Musical
Instrument
Museum (MIM)

Grant covers field trip
fees

Mesquite
Groves
Pool

District covers fee
and busses

Tax Credit Donations

Donations to help
with field trips and
other
extracurricular
school activities

Full refund, not a
deduction on your
taxes

Will be accepted up
to the end of 2nd
quarter

We cannot afford
camp without it



[home](#) / [parents & students](#) / [parent resources](#) /
tax credit and student fee payment menu



Parent Resources

Welcome to CUSD

- [Preschool](#)
- [Kindergarten](#)
- [Elementary Education](#)
- [Secondary Education](#)
- [Special Education](#)
- [Gifted \(C.A.T.S.\)](#)
-
- [Student Registration](#)
- [Open Enrollment](#)

Tax Credit, Student Fee Payments and Crowdfunding Donations

To make your tax credit contribution and/or extra-curricular fee payment or to make a crowdfunding donation, please click the appropriate link below:

[Tax Credit Donations -
Community Members](#)

[Tax Credit Donations -
Parents / Guardians](#)

[Crowdfunding Donations
\(DonorsChoose\)](#)

[Tax Credit Donations by
Mail](#)

[Tax Credit CTDS Codes for
State Tax Return Use](#)

[Crowdfunding Donations
\(Livingtree\)](#)

Parent Portal Login Instructions for InTouch (TouchBase)



In order to access the InTouch (TouchBase) online system for fee payments or to make tax credit donations, you must log into the [Infinite Campus Parent Portal](#) as a parent. Logging in using a student ID and password will not work.

1. If you have an Infinite Campus Parent Portal account, the screen below will display. Please enter your username and password and then click "Sign In." If you do not yet have an Infinite Campus Parent Portal account, please click the link to create an account on the log in page or [click here to create a Parent Portal account](#).

Infinite Campus Transforming K12 Education®

Campus Portal

Chandler Unified School District

Username

Password

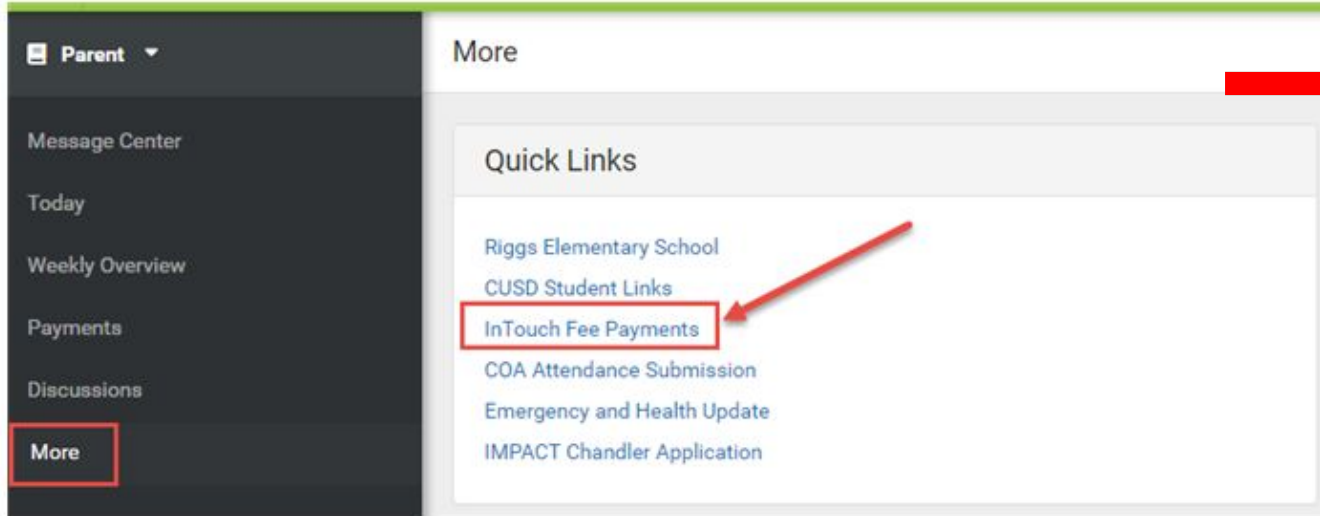
Sign In >>

HELP ▾

District Announcements

Don't have a parent portal account? [Please click here to create a parent portal account.](#)

2. Once logged in to Infinite Campus, you will see a link titled "More" on the bottom left hand side of the screen. Please click on the "InTouch Fee Payments" link to access the InTouch (TouchBase) online system for to make tax credit donations and/or fee payments.



**Email
Kristin
Radice
if using
tax
credit**

Be on the Lookout-Snacks

We will be asking for specific snack donations as we get closer.

Signup will go home to all families



Chaperone Volunteers

- Must have a background check (done by district once picked)
- 1 parent for every 5 children including their own, and will be in the student cabins. Classes will be taught by camp leaders, parents should be there to help.
- Parent chaperones need not be the same gender as their child
- If this is something you are interested in, please email your homeroom teacher or leave info tonight.

It is really fun!!!



The background is a solid teal color with white, stylized cloud shapes in the top-left, top-right, and bottom-left corners.

Medicine at Camp

Welcome our Health
Office Heroes

Haley Elementary Science Camp Health Services

May 15-17, 2024

Luke LaConte, Health Assistant

Lisa Strazz, BSN, RN





Health Services Provides:

- Supplies-including school issued Epi-Pens and Stock Acetaminophen
- First Aid
- List of all student's medical conditions
- Medications already signed into the Health Office:
 - * EpiPens
 - * Inhalers
 - * Daily Medications
 - * Rescue Medications

Supply List:

Chandler Unified School District #80

Overnight and Extended Day Trips Supply List

- Anti-bacterial wipes
- Band-Aides (various sizes)
- CPR Micro Shield
- Crackers
- Cups
- Epi pens (1 Adult, 1 Junior)
- Feminine pads
- Gauze
- Gloves
- Ice packs (instant)
- Juice
- Oral Thermometer/Covers
- Pen Light
- Q-tips
- Safety Pins
- Salt
- Scissors
- Tape
- Tissues
- Tweezers
- Tylenol
- Water Bottles
- Copy of the First- Aid/ Communicable disease flip charts
- Copy of CUSD Doctor's orders
- Copy of 5th or 6th grade Conditions List (*depending on which grade is going at your school*)



CUSD HEALTH PROTOCOLS

Students with contagious illnesses or not feeling well should not attend Science Camp. The CUSD health protocol will be adhered to at camp. Students must be fever, vomit, and diarrhea free without the use of medications for 24 hours and feel well enough to attend without complaints. Parents will be called to pick up their child if they become ill or injured during the field trip.



Chandler Unified School District #80

Health Protocol School Year 23-24

Should it be determined that your child cannot be in school you will need to make arrangements to have your child picked up immediately to ensure the health and safety of students and staff.

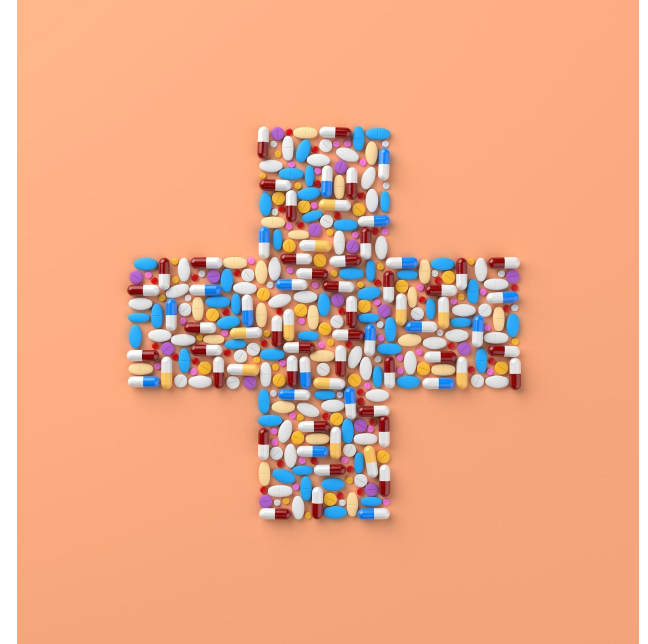
Your child will not be allowed at school and will be sent home if the following condition(s) are present:

1. Students and staff members who test positive for COVID-19 must remain at home until they are fever-free for 24 hours without the use of medication and their symptoms have improved. Upon return, we will ask that students and staff wear a mask (optional). Students and staff members who test positive for COVID-19 but have no symptoms will be asked to wear a mask (optional). Students may be sent home for multiple symptoms.
2. Fever of **100.4° or higher**. Students and Staff must be fever-free for 24 hours (without fever-reducing medication) before returning to school.
3. Persistent cough that interferes with learning for the student and class.
4. Sore throat with fever and/or white spots on the throat. **If strep throat is diagnosed (note required)**, the child must be on antibiotic medication and fever-free for 24 hours (without fever-reducing medication) before returning to school.
5. Rash with/without fever and/or signs of illness or behavioral changes. (i.e. chicken pox, measles, etc.) Even non-contagious rash conditions can be a symptom of a health condition...even if it is just unsightly, uncomfortable, or itchy. Medical attention may be needed to reduce symptoms or disease risks.
6. Vomited (not caused by motion sickness or a gag reflex unassociated with illness) A child must be free of symptoms for 24 hours before returning to school.
7. Diarrhea of two (2) or more loose/watery stools in a 24-hour period unless other signs of illness are present. A child must be free of symptoms for 24 hours before returning to school.
8. Skin sores on an exposed surface are weeping fluid and cannot be covered.
9. Red, itchy, and purulent draining eyes. If conjunctivitis or "pink eye" is diagnosed, the child must be on medication for 24 hours before returning to school. If not diagnosed by medical provider student must remain out until symptoms have cleared.
10. Prolonged and/or persistent headache or stomachache that does not resolve.
11. Swelling or pain at a level that may interfere with learning.
12. Earache with severe discomfort and/or fever.
13. Toothache with facial swelling and/or fever.
14. Active (live) Head Lice. A child must remain at home until treatment with pediculicide. A child may return to school if there are no live lice present. Please notify the Health Office as the student must be cleared to attend class.

Please feel free to contact the school health office with any questions. Thank you.

Medications at Science Camp

- Only medically necessary medications (for example, ADHD, asthma, seizure, diabetes, anaphylaxis) will be administered on the field trip by a designated district staff. Medications such as cold and flu will not be administered. Medications such as vitamins, herbal supplements, and sleep aids **may not** be necessary to send to Science Camp. Allergy medications can be given but WILL require the consent form to be filled out. Antibiotics will only be administered if the students have been on them for at least 24 hours and feel well enough to attend without complications.





Guidelines for Medication Administration School Year 23-24

All medication is to be brought to school by the parent/guardian in a properly labeled container from the pharmacy and/or the original unopened, over-the-counter packaging. Expired medications will NOT be accepted. You may ask the pharmacist to label two containers: one for school and one for home. Medications will not be sent home with students daily.

Medications will **NOT** be crushed without a licensed healthcare provider order. Parent/guardian is required to provide student specific pill crusher. If a medication needs to be cut in half, it will be done by the parent/guardian **NOT** the health assistant or nurse.

Any medications that the district/school nurse feels are unsafe will not be administered until licensed healthcare provider clarification is obtained. School nurses must follow all State Scope of Practice regulations.

Students will **NOT** be allowed to carry or administer their own medication except with special written permission from the parent/guardian, licensed healthcare provider, building administrator/principal, and school/district nurse. This includes prescriptions, over-the-counter medications, and natural/ herbal supplements. No controlled substances will be allowed for self-carry for the safety of all students.

The parent/guardian is responsible for picking up the child's medication at the end of the school year. Any medication left over will be discarded on the last day of class. No Exceptions.

Parent/guardian is responsible for providing medications for overnight and extended day field trips with all appropriate paperwork.

Medications may not be given at school that mask contagious illness symptoms.

Prescription Medication

- Prescription medication must be prescribed by your child's Arizona licensed healthcare provider and filled by a licensed pharmacy. Medication prescribed by out-of-state healthcare providers can be administered for up to 60 days. After 60 days, the prescription must be replaced by a provider licensed in the State of Arizona. No Prescriptions from outside of the United States will be accepted.
- Medications prescribed to be taken one (1) two (2) and three (3) times a day are not routinely given at school. Exceptions may be made if the nurse discusses the need with the licensed healthcare provider and they find this necessary.
- A Consent for Medication Administration form must be filled out and signed by the child's licensed healthcare provider, and the parent/guardian, for prescription medication to be given.
- A new Consent for Medication Administration form must be completed and signed by the child's licensed healthcare provider for any changes to prescription medication (dosage, timing, etc.), including each new school year.
- The student is responsible for coming to the health office or to the designated person to take the medication.
- Narcotic pain medication, CBD oil and medical marijuana will not be given in the general education setting at school for the safety of all students. (ARS§15-108)



Over-the-Counter Medication

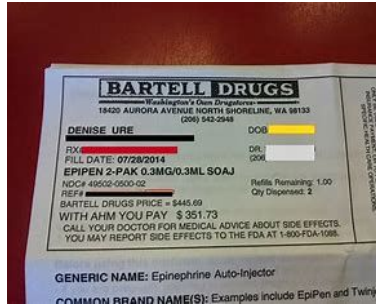
- All Non-prescription medications will be dispensed to students upon the completion of the Consent for Medication Administration form with parent/guardian signature. Medication will be given in accordance with package directions. Dosage must be weight and age appropriate per label (i.e. children specific formula).
- If medication is to be administered for three (3) consecutive days, a licensed healthcare provider order must be submitted to the school health office for continuing administration of the medication beyond the three (3) days to ensure that use of this medication is not masking symptoms of a serious condition in the student.
- In order to minimize the possibility of a drug overdose, non-prescribed medications will not be dispensed during the first and last hours of the school day.
- A new Consent for Medication Administration form is required for each school year.
- The health office does have a supply of Acetaminophen (Tylenol) in pill form that we can give to your student if they will benefit from it and help keep them in school. For us to administer, the parent/guardian must give permission during the online registration process each school year. The frequent use of Acetaminophen (Tylenol) has been shown to cause liver problems in both children and adults; therefore, we will use Acetaminophen (Tylenol) at our discretion. If we find we are administering Acetaminophen (Tylenol) on a recurrent basis, you may be contacted to provide a note from your doctor along with a supply of the medication for the health office.

Natural/Herbal Preparations and Dietary Supplements

Supplements are not regulated by the FDA. Under the Dietary Supplement Health and Education Act (DSHEA), the FDA treats supplements like food. Supplements can include minerals, vitamins or other natural biological substances and they are available in a variety of shapes and sizes, including concentrates, extracts, capsules, tablets, liquids and powders. Because these are not regulated by the FDA, we have guidelines in place to ensure the safety of all students.

- All Natural, Herbal and Dietary supplements will be dispensed to students upon the completion and signature of the Consent for Medication Administration form by the parent/guardian.
- A new Consent for Medication Administration form is required for each school year.
- Supplement must be in original unopened container with all instructions intact on that container.
- If supplement is to be administered for more than three (3) consecutive days, a licensed healthcare provider's order may be necessary.
- Supplements will not be given the first and last hour of the school day to avoid any possibility of overdose.
- Identification of the condition for which the product is being used is necessary. That includes all safety information, possible side effects, contraindications, and adverse reactions.

ACCEPTED MEDICATION FORMS



NOT ACCEPTED MEDICATION FORMS



dreamstime.



Directions

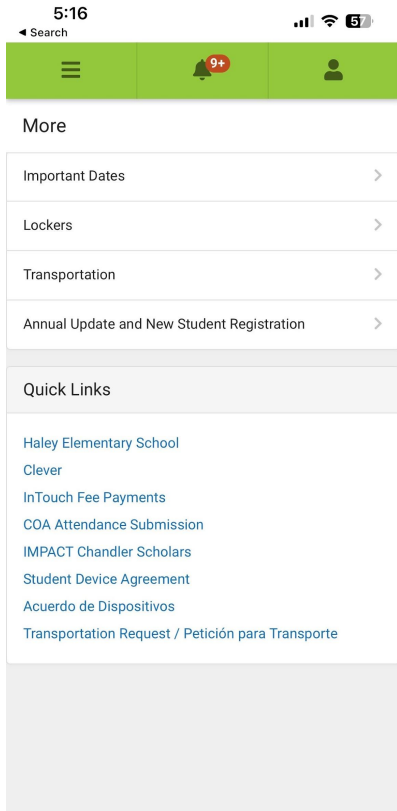
- do not take more than directed (see overdose warning)

adults and children
12 years and over

- take X caplets every X to X hours while symptoms last
- do not take more than X caplets in 24 hours, unless directed by a doctor
- do not use for more than 10 days unless directed by a doctor

children under
12 years

ask a doctor



OLR- Give permission for acetaminophen

- When you are in the Parent Portal, click on the more button on the left side of the screen, and click ORL-Emergency Updates.
- If you are having issues getting in, please contact Kathy Valenzuela in the front office and she will print a paper copy for you to complete.
- If you would like to check the status of the “permission for acetaminophen”, please contact Luke in the Health Office.

SCHOOL STOCK ACETAMINOPHEN

If you **can not** fill out OLR
from the previous slide,
fill this form out for stock
acetaminophen to be
administered at school:



Chandler Unified School District #80

Consent for Giving Prescription and Non-Prescription Medications at School Form

Please check here if NON-prescription

Student Name: Hailey Tiger DOB: 10/01/2012
School: Hailey Elementary Grade: 6th Date: 10/19/23

For prescription medication, the licensed healthcare provider must complete the information required below. Parent/Guardian may complete the information below for non-prescription medication. Medication must be delivered to school in the original container with the label intact. The medication is to be given in the following manner:
Name of Medication: Acetaminophen (School Stock)

Strength of Medication: 325 mg per tablet

Amount to be Given: (1) tablet for ages 6-11 or (2) tablets for age 12 and over (Only 1 dose per day)

Time of Administration at School: as needed

Route of Administration (by mouth, etc.): by mouth

Comments and/or Instructions: Medication can't be given more than 3 days consecutively without MD order

Reason for Medication: Pain or discomfort

Date Medication is to be discontinued: End of School Year 2023-2024

Any Known Allergies: _____

Licensed Healthcare Provider Name: _____ Phone No. _____
(print)

Licensed Healthcare Provider Signature Date 10/19/23

I authorize the School District and its employees and agents, on my behalf, to assist in the administration of the medication identified as ordered by my child's physician. I acknowledge that it may be necessary for the assistance in administration of medication to my child to be performed by an individual other than a nurse, and specifically consent to such practice.

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give permission for the exchange of information directly with the healthcare provider regarding my child's medication.

Parent/Guardian Signature Date 10/19/23

480-611-3573
Parent/Guardian Home Phone # 480-991-9383
Parent/Guardian Work Phone #

Over the Counter Medications

Prescription Medications (including Inhalers, Epipens)



Chandler Unified School District #80

Consent for Giving Prescription and Non-Prescription Medications for Extended Field Trips
Please check here if NON-prescription

Student Name: Haley Tiger DOB: 10/01/2012
School: Haley Elementary Grade: 6th Date: 10/19/23

For prescription medication, the licensed healthcare provider must complete the information required below. Parent/Guardian may complete the information below for non-prescription medication. Medication must be delivered to school in the original container with the label intact. The medication is to be given in the following manner:

Name of Medication: Acetaminophen (liquid)
Strength of Medication: 160 mg per 5ml
Amount to be Given: 15 ml
Time of Administration at School: PRN
Route of Administration (by mouth, etc.): Mouth
Comments and/or Instructions:
Reason for Medication: To be used as needed for headaches/pain
Date Medication is to be discontinued: 05/19/23
Any Known Allergies: NKA
Medication amount dropped off/Date: 05/10/23 Medication amount picked up/Date: 05/19/23

Licensed Healthcare Provider Name: _____ Phone No. _____
(print) _____
Licensed Healthcare Provider Signature _____ Date _____

I authorize the School District and its employees and agents, on my behalf, to assist in the administration of the medication identified as ordered by my child's physician. **I acknowledge that it may be necessary for the assistance in administration of medication to my child to be performed by an individual other than a nurse, and specifically consent to such practice.**

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give permission for the exchange of information directly with the healthcare provider regarding my child's medication.

Parent/Guardian Signature _____ Date 10/19/23
480-611-3573 480-991-5373
Parent/Guardian Home Phone # _____ Parent/Guardian Work Phone # _____
RN Signature _____ Date 10/19/23

Month	Tues	Wed	Thurs	Fri	Sat	Sun
Initials/Time						
Initials/Time						
Initials/Time						

Person Administering Medication/Treatment: Mike Tran, RN MT
Name Initials



Chandler Unified School District #80

Consent for Giving Prescription and Non-Prescription Medications for Extended Field Trips
Please check here if NON-prescription

Student Name: Haley Tiger DOB: 10/01/2012
School: Haley Elementary Grade: 6th Date: 10/19/23

For prescription medication, the licensed healthcare provider must complete the information required below. Parent/Guardian may complete the information below for non-prescription medication. Medication must be delivered to school in the original container with the label intact. The medication is to be given in the following manner:

Name of Medication: Adairall
Strength of Medication: 5 mg
Amount to be Given: 1 tablet
Time of Administration at School: 12:00PM
Route of Administration (by mouth, etc.): Mouth
Comments and/or Instructions:
Reason for Medication: ADHD
Date Medication is to be discontinued: 05/19/23
Any Known Allergies: NKA
Medication amount dropped off/Date: 05/10/23 Medication amount picked up/Date: 05/19/23

Licensed Healthcare Provider Name: Bob Smith Phone No. 480-552-5555
(print) _____
Licensed Healthcare Provider Signature _____ Date 10/19/23

I authorize the School District and its employees and agents, on my behalf, to assist in the administration of the medication identified as ordered by my child's physician. **I acknowledge that it may be necessary for the assistance in administration of medication to my child to be performed by an individual other than a nurse, and specifically consent to such practice.**

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give permission for the exchange of information directly with the healthcare provider regarding my child's medication.

Parent/Guardian Signature _____ Date 10/19/23
480-611-3573 480-991-5373
Parent/Guardian Home Phone # _____ Parent/Guardian Work Phone # _____
RN Signature _____ Date 10/19/23

Month	Tues	Wed	Thurs	Fri	Sat	Sun
Initials/Time						
Initials/Time						
Initials/Time						

Person Administering Medication/Treatment: Mike Tran, RN MT
Name Initials

Self Carry Inhaler/Epipens

*If not already on file



Chandler Unified School District #80

Consent and Release for Student to Carry Asthma Inhaler

Student Name: Haley Tiger DOB: 10/01/2012

School: Haley Elementary Grade: 6th Date: 10/19/23

The above-named student has been instructed in the proper purpose, appropriate method and frequency of use of the Albuterol inhaler.

The student will be permitted to carry the inhaler on his/her person. We, the undersigned absolve the School District of liability if the medication is lost, stolen or abused in any way by the student.

We further note that:

1. The above-named student understands his/her responsibilities for keeping the inhaler safely on his/her person. The above-named student understands the importance of preventing other students from using the inhaler, and that such use could seriously endanger other students. As a parent/guardian, I have discussed these issues with my child, and I believe he/she understands his/her responsibilities for safe inhaler use.
2. As a parent/guardian, I understand that as a result of losing his/her inhaler, my child is at risk for a more serious asthmatic crisis.
3. The student, parent/guardian and licensed healthcare provider understand that the usual policy of the Chandler School District is to keep all medications locked in the school health office, for the protection of all students.
4. I understand that the school is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Parent/Guardian Signature:  Date: 10/19/23

Student's Signature:  Date: 10/19/23



Chandler Unified School District #80

Consent and Release for Student to Carry Epipen/AUVI-Q Auto-Injector

Student Name: Haley Tiger DOB: 10/01/2012

School: Haley Elementary Grade: 6th Date: 10/19/23

The above-named student has been instructed in the proper purpose, appropriate method and frequency of use of the Epipen AUVI-Q Auto-Injector.

The student will be permitted to carry the Epipen AUVI-Q on his/her person. We, the undersigned absolve the School District of liability if the medication is lost, stolen or abused in any way by the student.

We further note that:

1. The above-named student understands his/her responsibilities for keeping the EpiPen/Auvi-Q safely on his/her person. The above-named student understands the importance of preventing other students from using the EpiPen/AUVI-Q, and that such use could seriously endanger other students. As a parent/guardian, I have discussed these issues with my child, and I believe he/she understands his/her responsibilities for safe EpiPen/AUVI-Q use.
2. As a parent/guardian, I understand that as a result of losing his/her EpiPen/AUVI-Q, my child is at risk for anaphylaxis.
3. The student, parent/guardian and licensed healthcare provider understand that the usual policy of the Chandler School District is to keep all medications locked in the school health office, for the protection of all students.
4. I understand that the school is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Parent/Guardian Signature:  Date: 10/19/23

Student's Signature:  Date: 10/19/23

Medications Continued:

- Each medication must have its own individual medication consent form.
- If you are a Parent Chaperone going on the field trip and you are administering your student's medication, **no forms need to be filled out.**
- Both the medication forms and medications need to be brought in **together** as one package from someone over 18 yrs. old. Anyone who is under 18, incomplete forms or meds not packaged correctly will **not be accepted**. Any remaining meds that were not taken after field trip need to be picked up by someone over 18. **If not picked up by the last day of school, they will be discarded.**
- Think about if your student **REALLY** needs the medication or if they can afford to skip it for a few days.
- Simple Saline/Chapstick/Non-medicated lotions/sunscreen may come on field trip without forms.





IMPORTANT DATES:

- ALL Medications and Health Forms need to be in by May 1st, 2024.
- ALL medications need to be picked up by May 24, 2024.

Questions??

Resources

For more information about Science Camp you may go online to view Chapel Rock's website: <https://chapelrock.net/science-camps>

The Volunteer form is also posted on the Haley website under 6th grade for you to print and complete <https://www.cusd80.com/Page/115907>

Tax Credit forms are also available online on the Haley Website on the Welcome page <https://www.cusd80.com/Page/115868>

Student Science Camp Fees. \$200, are payable through the Infinite Campus portal now. <https://chandleraz.infinitecampus.org/campus/portal/chandler.jsp>

Chaperone fees will not be payable until the background check has been completed and approved.

THANK YOU!

More information will come home as
science camp nears.

