



University of New Hampshire  
College of Engineering and Physical Sciences



# Join SMS/UNH for the Fourth Annual STEMfest Collaboration

**Contact: Anne O'Bryant at SMS 603-924-7105 for additional information**

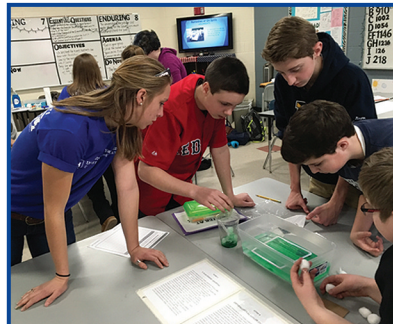
- **When: October 19, 2019 10:00 am - 2:00 pm**
- **Where: South Meadow School, Peterborough, NH**
- **Lunch included**
- **Cost: FREE for students who sign up in the school office**
- **Space is limited to the first 100 students that sign up**



**Students in grades 4 to 8 from Jaffrey Rindge Middle School, Great Brook Middle School and South Meadow School are invited to join us.**

## Schedule

- 9:30 am Buses Depart JR & GBS Schools
- 9:45 am SMS Students & Parents Arrive
- 10:00 am Welcome Pep Rally SMS Gym
- 10:15 am Activity 1 in Classrooms
- 11:15 am Activity 2 in Classrooms
- 12:15 am Lunch Pizza & Water
- 1:00 pm Activity 3 in Classrooms
- 2:00 pm SMS Student Pick Up from Gym
- 2:00 pm JR&GBS Students Bus Leaves SMS
- 2:15 pm JR&GBS Parents Pick Up from Buses



**Students MUST HAVE parent permission slip & medical form filled out the day of the event**

**Event  
Sponsors**



**ManufacturingStories.com**



## SMS / UNH STEMFest Permission Form

\_\_\_\_\_ (Student Name) has permission to attend the SMS / UNH STEMFest Event on Saturday, October 19<sup>th</sup> from 10:00am until 2:00pm at South Meadow School. I (Parent/guardian) will provide transportation for my student to and from this event.

Is there any health condition or problem that we should be aware of?

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Are there any food allergies we should be aware of?

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Photograph / Video Parental Release:

\_\_\_\_\_ I give permission.

\_\_\_\_\_ I do not give permission.

For photographs/videos of my children(s) to be taken while involved with STEMFest to be used on website / media.

Please also note we require the attached Health Information Form to be completed as well.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Contact Telephone

## Contoocook Valley School District Field Trip / Extracurricular Activity Medical Release Form

Field Trip Destination: \_\_\_\_\_ Date(s) \_\_\_\_\_  
Leave Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ Overnight Y \_\_\_\_\_ N \_\_\_\_\_  
Teacher/Team/Class \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of emergency, list two local people if parents cannot be reached:

1) Name/Relationship \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
2) Name/Relationship \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

My son/daughter has:

\_\_\_\_\_ No health concerns.

\_\_\_\_\_ The following health concerns/issues: \_\_\_\_\_

List any physical limitations or medical equipment required for physical activities:

Allergies: Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please list allergen and reaction:

Treatment:

**Consent:** *This health history is correct and complete. In the event of an emergency or serious illness, I request that you contact me. If I cannot be reached in an emergency, or if school personnel deem it necessary, I give my permission for first aid and/or emergency medical care, including activation of the emergency medical system. I recognize my responsibility, through appropriate insurance or otherwise to cover medical and transportation expenses resulting from illness or injury during this program.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**— IF YOUR CHILD WILL REQUIRE MEDICATION ON THIS TRIP,  
PLEASE COMPLETE REVERSE SIDE —**

**TO BE COMPLETED ONLY IF YOUR CHILD MAY NEED MEDICATION ON A FIELD TRIP:**

All prescription medication and some over the counter medication given in school requires licensed healthcare provider's written orders. Forms are available from your school nurse or online @ [www.convalsd.net](http://www.convalsd.net). Your son/daughter may carry and self-administer inhalers and Epi-pens with parental and physician authorization.

Please see the school nurse for more information, if necessary. My son/daughter will need medication while on this field trip.

\_\_\_\_\_ Parent will give the teacher appropriate doses of medication in the original prescription container **and provide a written medication order from licensed prescriber.**

\_\_\_\_\_ Teacher shall obtain the appropriate dose(s) of medication from the school nurse (**only if student already has medication and written medication order from licensed prescriber at the school**).

\_\_\_\_\_ Student's healthcare provider **and** parent have completed the necessary form(s) for student to carry and self-administer his/her own asthma inhaler and/or Epi-pen. Please see the school nurse with any questions.

Med \_\_\_\_\_ Dosage \_\_\_\_\_ Time of med \_\_\_\_\_

Med \_\_\_\_\_ Dosage \_\_\_\_\_ Time of med \_\_\_\_\_

Med \_\_\_\_\_ Dosage \_\_\_\_\_ Time of med \_\_\_\_\_

(Attach additional paper if needed)

I hereby authorize and have instructed the designated staff listed above to assist in administering the above noted medication to my son/daughter. In consideration for this service, I (we) further agree that I (we) will not hold liable, and will otherwise save harmless, the Contoocook Valley School District and/or any department or employee thereof for death or injury resulting from the administration or assistance in the administration of medication described above.

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

Date \_\_\_\_\_

**Please note:**

**If any of the above information  
changes before the field trip,  
it is the parent's/guardian's responsibility  
to notify the teacher/team of the changes.**