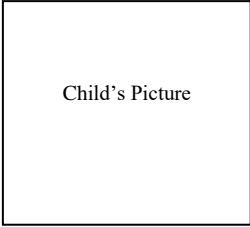


This page to be completed by Parent/Guardian

Student Name _____ **School Year** _____



Warren Woods Public Schools

Asthma School Health Plan

Student Name _____

Date of Birth _____ **Age** _____ **Grade** ____ **School** _____

Note: This school health plan must be signed by parent and physician/licensed prescriber. Without signatures this plan is not valid.

CONTACT INFORMATION

Call First

Try Second

Parent/
Guardian: Name: _____
Relationship: _____
Phone: Home: _____
Cell: _____
Work: _____

Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Third (If Parent/guardian cannot be reached)

Name: _____
Address: _____

Relationship: _____
Phone: _____

Asthma History

Asthma Triggers (exercise, cold, foods, etc.) _____

Equipment (check all that apply): Medication ___ Inhaler ___
Spacer ___ Nebulizer ___ Peak Flow Meter___

If my child is to carry an inhaler, I will also supply the school office with a back up inhaler
___ Yes ___ No

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having asthma to better identify needs in an emergency. I give permission to use my child's picture on this plan (if I did not supply a photo.) **I give permission for trained staff to help administer medication ordered for asthma and to contact the physician/licensed prescriber for clarification of orders & medical information if needed.**

Date: _____ Parent/Guardian Signature: _____

WWMS 8th Grade Washington DC/Gettysburg Trip Parent Meeting

Tuesday, September 10th at 6:00 PM – WWMS Cafeteria

May 15th – 18th 2025

Warren Woods MS - 8th Grade
Washington DC Trip
5/15/2025 - 5/18/2025



Trip Inclusions:

- Einstein Statue Photo Stop
- Explore Smithsonian Institutions
- Ford's Theatre
- Full Day Guided Tour
- Illuminated Memorial Tour
- Jefferson/FDR/MLK Jr. Memorials
- Spirit Cruise Dinner Cruise & DJ Dance
- Tomb of the Unknown Soldier
- U.S. Capitol Tour-Pend Availability
- U.S. Holocaust Memorial Museum
- Vietnam/Lincoln/Korean Memorials
- Visit Arlington Cemetery
- Visit National Zoo
- Visit Pentagon 9/11 Memorial
- White House Photo Stop

Tour activities are subject to change based on availability or vendor restrictions. If this occurs, Student Adventures will arrange similar activities.

Please note: There is limited space on the trip. Seats are filled on a first come, first serve basis. Your seat will not be secured until you make your deposit payment.

The deadline for registration is: Oct 4th, 2024

Registration Process:

- Visit www.studentadventures.org or download the Student Adventures TripApp
- Click the LOGIN button
- Sign up for EasyTrack
- Create your Account or login to an existing account
- If creating your account, you will receive an email to continue your registration
- Online Registration ID: **WW2535**
- Follow the online instructions and make a deposit payment to complete your registration
- Student Adventures cannot register participants over the phone

Trip Sponsor: Amber Everham

Email: aeverham@mywwps.org

Departing School May 15th, 2025 05:30 AM

Returning to School May 18th, 2025 07:00 AM

Traveling By:

- 56 Passenger ADA Compliant Motorcoaches

Accommodations:

- 2 Nights at a 3 diamond or better hotel.
- Quad Occupancy for Students (2 students per bed, 2 beds per room)
- Nighttime security guards each night

Meals Provided:

- 2 Breakfasts (1 on own)
- 3 Lunches
- 3 Dinners

Cost of your Trip:

- **\$980.00 Student** (Quad Rm) + \$99.00 CSP*
- **\$1096.00 Adult** (Double Rm) + \$99.00 CSP*

Payment Schedule:

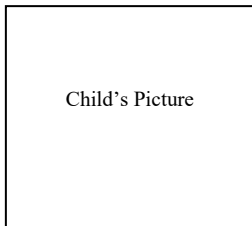
Date Due	Amount
Upon Registration	\$199.00
Fri Dec 6th, 2024	\$240.00
Fri Jan 10th, 2025	\$240.00
Fri Feb 14th, 2025	\$240.00
Fri Mar 14th, 2025	\$Balance

Please Note:

- * Cancellation Super Protector (CSP) is required for this trip. Full details available on our website: www.studentadventures.org or call 877-873-7550.
- Trip Cost Increases may be possible if fuel charges or price increases are assessed by our vendors.
- \$35 Late fee if balance is not paid in full by final payment due date.
- View all additional charges online under Terms and Conditions.

This page to be completed by Parent/Guardian

Student Name _____ School Year _____



Warren Woods Public Schools

Diabetes School Health Plan

Student Name _____

Date of Birth _____ Age _____ Grade _____ School _____

Note: This school health plan must be signed by parent and physician/licensed prescriber. Without signatures this plan is not valid.

CONTACT INFORMATION

Call First

Try Second

Parent/
Guardian: Name: _____
Relationship: _____
Phone: Home: _____
Cell: _____
Work: _____

Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Third (If Parent/guardian cannot be reached)

Name: _____
Address: _____

Relationship: _____
Phone: _____

Diabetes Management

Age when diabetes diagnosed _____ Type 1 _____ Type 2 _____

Can student perform own blood glucose testing Yes _____ No _____

Please monitor/assist Yes _____ No _____

Location of supplies Office _____ Backpack _____

Blood Glucose Testing

- Daily before lunch
- As needed for symptoms of hypo/hyperglycemia/illness
- Other (please indicate) _____

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having diabetes to better identify needs in an emergency. I give permission to use my child's picture on this plan (if I did not supply a photo.) **I give permission for trained staff to help administer medication ordered for diabetes and to contact the physician/licensed prescriber for clarification of orders & medical information if needed.**

Date: _____ Parent/Guardian Signature: _____

This page to be reviewed & signed by Physician/Prescriber

SIGNS OF HYPOGLYCEMIA OF LOW BLOOD SUGAR

- Hunger
- Dizziness
- Shakiness
- Sweating
- Lack of concentration
- Poor coordination
- Personality or behavior change
- Anxiety
- Crying
- Weakness
- Paleness
- Confusion
- Irritable

Common Causes (Symptoms may be sudden)

- Too much insulin
- Missed or delayed food
- Too much or too intensive exercise
- Unscheduled exercise

ACTION

- Check Blood Glucose
- If students has an insulin pump: check site, check tubing for disconnection, pump will alarm with malfunction
- Blood Glucose less than 65 or 65-80 with symptoms
- Provide 15 grams of carbohydrate (4oz of juice OR 3-4 glucose tablets)
- Wait 15 Minutes
- Recheck blood glucose
- Repeat treatment if blood glucose is less than 65
- If greater than 1 hour before a snack or meal, give a snack of carbohydrate and protein

SIGNS OF EMERGENCY

- Loss of consciousness
- Seizure
- Inability to swallow

ACTION

- Call 911
- Initiate Code Blue – Response Team
- DO NOT give anything by mouth
- Administer Glucagon as prescribed
- Position on side, if possible
- Stay with student
- Contact parents
- Monitor until EMS arrives
- Document on Incident/Accident report include time & dosage

Hyperglycemia (High Blood Sugar)

SIGNS OF HYPERGLYCEMIA- HIGH BLOOD SUGAR

Increased hunger/thirst
Frequent urination
Fatigue/sleepiness
Blurred vision
Stomach pains
Lack of concentration

Common Causes (happens slowly, hours to days)

Too little insulin
Too much food
Decreased activity
Illness/infection or stress
Insulin pump malfunction

ACTION

- Check Blood Glucose
If student has an insulin pump: check site, check tubing for disconnection, pump will alarm with malfunction
Check Urine Ketones if BS > 300 or symptoms of severe hyperglycemia
- Negative or trace ketones
 - Give extra water or sugar free drinks
 - Allow use of bathroom as needed
 - Inform parents of frequent high readings
 - Small Ketones
 - Give at least 8 oz. water every hour
 - Recheck ketones at next urination
 - Child cannot exercise if ketones present
 - Call parent
 - Moderate to Large Ketones
 - Call parent
 - Encourage water until parent is contacted
 - If parent can not be reached notify physician
 - Child cannot exercise if ketones present

SIGNS OF EMERGENCY

- Nausea/vomiting
- Moderate to large ketones
- Sweet, fruity breath
- Labored breathing
- Confused
- Unconscious

ACTION

- Call 911 if student is unresponsive
- Call 911 if student has labored breathing
- Call 911 if student has abdominal pain, nausea/vomiting AND unable to reach parent/guardian

Authorized Physician Order/Licensed Prescriber & Agreement with Protocol in this 2 page plan

Insulin _____ Carb Ratio _____ Correction Factor _____ Target BS _____

Continuous Glucose Monitor (CGM) Yes No

Changes in insulin calculation to be determined by parent/guardian Yes No

Glucagon Yes No (please circle correct dose) **Dose** 1 mg (entire vial) or **Dose** ½ mg (half of vial)

Give as an injection (mix first) into leg muscle for severe hypoglycemia with unconsciousness, seizures, or inability to swallow.

Other instructions/orders _____

Physician/Licensed Prescriber _____ Phone _____ Fax _____

Signature _____ Date _____

Warren Woods MS - 8th Grade

Washington DC, May 15th to May 18th, 2025



Thursday May 15th, 2025

5:00 AM Trip Check-In
5:30 AM Trip Departure

7:00 AM	Breakfast (Bring From Home)
---------	------------------------------------

8:30 AM **170 MM EB Towpath Service Plaza
20 Minute Restroom Only Stop**

12:45 PM	Pre-Ordered Lunch From Gateway (Included)
----------	--

4:30 PM **White House Photo Stop
On Own**

5:30 PM	Dinner at Ronald Reagan (\$15 Allowance Provided)
---------	--

6:30 PM **Illuminated Memorial Tour
Certified DC Guide-for each bus**

7:00 PM **Vietnam/Lincoln/Korean
WWII Memorials**

10:00 PM **Nighttime Security 10pm-5am**

Friday May 16th, 2025

7:00 AM	Breakfast at Hotel (Included)
---------	--------------------------------------

8:00 AM **Depart Hotel**

9:00 AM **Group Photo on Capitol Steps
(\$21 Add-On Charge) - Optional**

9:50 AM **U.S. Capitol Tour-Pend Availability**

11:30 AM	Lunch-L'Enfant Plaza (\$15 Allowance Provided)
----------	---

1:00 PM **Full Day Guided Tour
Certified DC Guide-for each bus**

1:00 PM **Visit Pentagon 9/11 Memorial
Marine Corps (Iwo Jima) Memorial**

2:30 PM **Visit Arlington Cemetery**

4:15 PM **Tomb of the Unknown Soldier
Wreath Laying Ceremony (Pending)**

5:30 PM	Dinner at Pentagon City Mall (\$15 Allowance Provided)
---------	---

9:00 PM **Depart for Hotel**

9:30 PM **Nighttime Security 9:30pm-4:30am**

Saturday May 17th, 2025

7:15 AM	Breakfast at Hotel (Included)
---------	--------------------------------------

8:15 AM **Depart Hotel**

9:00 AM **Visit National Zoo**

11:30 AM **Ford's Theatre
Museum w/ One Destiny Performance**

11:45 AM	Lunch at Ronald Reagan (\$15 Allowance Provided)
----------	---

2:45 PM **U.S. Holocaust Memorial Museum
(Pending Availability)**

4:00 PM **Explore Smithsonian Institutions**

6:00 PM **Einstein Statue Photo Stop**

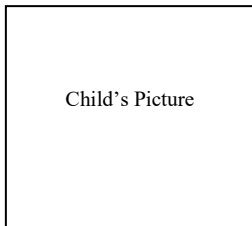
7:30 PM	Spirit Dinner Cruise & DJ Dance (Included) - Boarding @ 7pm
---------	--

10:00 PM **Depart DC for WWMS**

Trip Returns Sun May 18th 7:00 AM

This page to be completed by Parent/Guardian

Student Name _____ School Year _____



Warren Woods Public Schools

Seizure School Health Plan

Student Name _____

Date of Birth _____ Age _____ Grade _____ School _____

Note: This school health plan must be signed by parent and physician/licensed prescriber. Without signatures this plan is not valid.

CONTACT INFORMATION

Call First

Try Second

Parent/
Guardian: Name: _____
Relationship: _____
Phone: Home: _____
Cell: _____
Work: _____

Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Third (If Parent/guardian cannot be reached)

Name: _____ Relationship: _____
Address: _____ Phone: _____

SEIZURE HISTORY

Seizure Type
Description of seizure _____

How long does a typical seizure last _____ How often do seizures occur _____

Date of last seizure _____

Warning signs (aura) or triggers if any, please explain _____

Age when seizures were diagnosed _____ Date of last exam for this condition _____

Past history of surgery for seizures ___ Yes ___ No

Current Seizure Medications _____

Notify parent immediately for all seizure activity? ___ Yes ___ No

Other instructions _____

Any special considerations or safety precautions: _____

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having seizures to better identify needs in an emergency. I give permission to use my child's picture on this plan (if I did not supply a photo.) **I give permission for trained staff to help administer medication ordered for seizure activity and to contact the physician/licensed prescriber for clarification of orders & medical information if needed.**

Date: _____ Parent/Guardian Signature: _____

This page to be completed by Physician/Licensed Prescriber

Student Name _____ School Year _____

Action if student has a seizure:

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully awake
- Record seizure in a log

If tonic clonic (grand mal) seizure:

- Keep airway open/watch breathing
- Protect head
- Turn child on side, if able to safely
- Follow medical orders (last box below)

After Seizure:

- Permit student to rest
- Continue to document the episode
- Monitor for confusion or lack of consciousness
- Monitor breathing
- Do not give student anything to eat or drink until fully conscious and aware of surroundings

General Signs of a Seizure EMERGENCY

- Convulsion (tonic-clonic/grand mal) or per 911 instructions below in Order
- Student has repeated seizures without regaining consciousness
- Student is injured, has diabetes, or is pregnant
- Student has breathing difficulties, or normal breathing does not resume
- Student has a seizure in water
- Parents request an emergency evaluation



- ACTION: CALL 911**
- ✓ Stay with the student until help arrives
 - ✓ Call parent/guardian
 - ✓ CPR if needed

Physician/Licensed Prescriber Order & Agreement with Protocol (as outlined in this 2 page plan)

___ Administer Diastat rectal gel for seizure lasting longer than _____ minutes. Dose _____
Other instructions for Diastat _____

___ No Diastat ordered

Does student have a Vagal Nerve Stimulator ___ Yes ___ No (If YES, special instructions: _____)

Call 911 if: (please check and complete all that apply)

- Seizure does not stop by itself within _____ minutes
- Anytime Diastat is given
- Only if a seizure does not stop within _____ minutes after giving Diastat
- Other directions or medications:

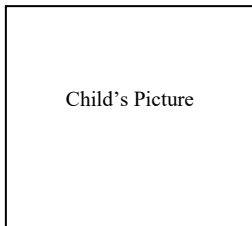
Physician/Licensed Prescriber's Name _____

Phone Number _____ Fax Number _____

Signature _____ Date _____

This page to be completed by Parent/Guardian

Student Name _____ School Year _____



Warren Woods Public Schools

Severe Allergy School Health Plan

Student Name _____

Date of Birth _____ Age _____ Grade _____ School _____

Note: This school health plan must be signed by parent and physician/licensed prescriber. Without signatures this plan is not valid.

CONTACT INFORMATION

Call First

Try Second

Parent/
Guardian:
Phone:
Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Name: _____
Relationship: _____
Home: _____
Cell: _____
Work: _____

Call Third (If Parent/guardian cannot be reached)

Name: _____ Relationship: _____
Address: _____ Phone: _____

ALLERGIC HISTORY

Has your child ever been given an epinephrine shot for an allergic reaction? ___ Yes ___ No

Does your child have Asthma? (If yes, at a higher risk for severe allergic reaction) ___ Yes ___ No

Note: if you child needs medication at school for asthma, please complete a separate ASTHMA Medical Action Plan

List all Allergic FOOD

If nuts, please specify by circling one or both: Peanut Tree Nut

Can student determine their own food choices at school? ___ Yes ___ No

List of Different SEVERE ALLERGIES (such as, Insect Sting or Latex)

If my child is to self-carry epinephrine, I will still supply the school office with a back up auto-injector. ___ Yes ___ No

Note: Meals from home provide the safest food option at school.

I agree to have the information in this two page plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having severe allergies to better identify needs in an emergency. I give permission to use my child's picture on this plan (if I did not supply a photo.) **I give permission for trained staff to help administer medication ordered on page 2 of this severe allergy health care plan for allergic reactions and to contact the physician/licensed prescriber for clarification of orders & medical information if needed.**

Date: _____ Parent/Guardian Signature: _____

This page to be completed by Physician/Licensed Provider

Student Name _____ School Year _____

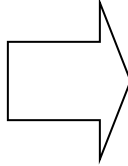
Mild Symptoms (local reaction)

Emergency Treatment

Mild Skin Reactions - Hives/Swelling only in the area of allergen contact

- ✓ **Students with Adrenalin (Epi-Pen) or history of Anaphylaxis must go home with parental supervision for the remainder of the school day**

SYMPTOMS CAN BECOME MOVE SERIOUS VERY QUICKLY OR OVER THE NEXT SEVERAL HOURS



If student has mild symptoms or ingestion is suspected:

- Remove object-causing reaction, as soon as any of the above reactions are noted.
- Rinse area with large amounts of water and escort student to front office if condition permits
- Contact school administrator
- Note time _____ (am/pm) and stay with student
- **Watch closely for any serious symptoms**
- Give antihistamine if ordered by doctor
- Call Parent or Emergency Contact (current Emergency Contact information is available from the school office)
- Stay with student until Parent or Emergency Medical services arrives
- If symptoms progress give Epinephrine (see serious symptoms below)

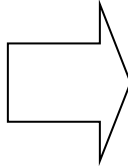
DO NOT HESITATE TO CALL 9-1-1 OR TO GIVE EMERGENCY MEDICATIONS

SERIOUS SYMPTOMS (Systematic Reaction)

Emergency Treatment

- Throat – itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- Lung – shortness of breath, repetitive coughing or wheezing
- Heart – “passing out”, blueness, pale, faint, weak pulse, dizzy, confused
- Mouth – itching & swelling of the lips, tongue, or mouth
- Skin – hives, itching rash, and/or swelling about the face or extremities
- Gut – nausea, abdominal cramps, vomiting and/or diarrhea

Or **combination** of symptoms from different body areas:
 Skin: Hives, itchy rashes, swelling (e.g. eyes, lips)
 Gut: Vomiting, crampy pain



IF STUDENT HAS ANY SERIOUS SYMPTOMS:

- Note time _____ am/pm and stay with student
- Give _____ as ordered by doctor
- **ADMINISTER EPI PEN** injection, if ordered
Follow direction on injection device as trained
Note time given: _____ am/pm
- **Call 9-1-1**
- Dispose of used Epi-pen in safe, needle proof container and give to Emergency responders
- Give copy of “Emergency Action Plan” to emergency responders
- Call Parent or Emergency Contacts (current emergency contact information is available from the school office)

Monitoring

Stay with student; call 911 and parent/guardian. Tell rescue squad epinephrine was given. Note time epinephrine was given. For severe reaction, consider keeping student lying on back with legs raised. Keep head to the side if vomiting. Treat student even if parents cannot be reached.

Authorized Physician/Licensed Prescriber Order & Agreement with Protocol in this 2 page plan

Epinephrine dose .15 mg (junior) .3 mg (adult) Auto injector brand name if known _____

Two doses are to be made available at school Yes No

If yes, second dose may be given 5 minutes or more after the first if symptoms persist or recur.

It is my professional opinion that student should self-carry epinephrine Yes No

NOTE: If a student is to self-carry their epinephrine, help may still be needed to give the medication.

Antihistamine name _____ Dosage (please do not give a range) _____

Other instructions or orders _____

Physician/licensed prescriber name _____

Phone number _____ Fax number _____

Signature _____ Date _____

The Till Card

Many vendors are becoming (or already are) cashless. This affects our cash allowance meals, as well as the ability to purchase souvenirs since cash is no longer accepted everywhere we travel. To help solve this problem, Student Adventures will be using Till Cards to issue funds for cash allowance meals, rather than physical bills.

We **STRONGLY** recommend signing up for the Till Card, this will ensure your child will have a payment method for dining!!

Students who Register for a Till Card

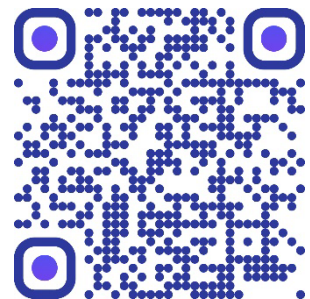
- Students should sign up well in advance to allow time for their Till Card to arrive in the mail.
- Parents can ADD money to the card at any time to be used for souvenirs and snacks.
- Student Adventures will link your student's card to the trip and will send your student's lunch or dinner allowance directly to the card prior to the meal.
 - If your student doesn't use the entire amount for their meal, the remaining balance is theirs to keep/spend on other purchases.
- The student keeps this card after the trip and students can continue to use it.

Students that DO NOT sign up for a Till Card

- Students that do not have a Till Card will receive a Loaner Card during the trip. Any parent on the trip will receive a Loaner Card because Till is only a product for minors.
- Student Adventures will send your student's lunch or dinner allowance directly to the Loaner Card prior to each meal.
 - If your student doesn't use the entire amount for their meal, the remaining balance is theirs to keep/spend on other purchases **while on the trip.**
- Loaner Cards must be returned to the bus leaders after the final meal. Any remaining balance is forfeited.

Scan the QR Code to sign up for the Till Debit Card!
You will need to download the Till App from your App Store and open an account. Any questions about signing up,

Call or text Till at (424) 377-8615
email studentadventures@tillfinancial.io



Frequently Asked Questions:

What is Till? Till is an app and debit card platform for kids that helps them become smarter spenders. It enables parents to easily send kids money and kids can spend everywhere a Visa card is accepted. Each transaction on Till builds confidence and skills for kids to navigate expenses once they leave home, without having to run back for help.

How will Till cards be used during the trip? Till improves how Tour Directors distribute money to students during tours. Instead of receiving cash, money will be sent directly to traveler's Till cards. When you sign up for Till, your student will be added to their trip group on Till, in addition to having access to other great Till features. With Till, you'll also have the ability, as a parent, to send funds to them while on-trip for extra expenses (like souvenirs!) right from the Till app! Till is an easy-to-use, safe, and secure way for students to manage on-trip spending while giving parents visibility and assurance of their student's financial status during their time away from home.

What if my student loses their card before or during the trip, or it gets stolen? It happens! First off, no worries -- students or parents can simply freeze the card and report it as lost or stolen in the app and a new card will be issued. As far as the trip goes, we've got your student covered. At any point during the trip, the Tour Director can assign your student a card for temporary use while on the trip.

Will parent chaperones also get Till cards? No, parent chaperones or Bus Leaders do not need to sign up for Till at any point. At the beginning of the tour, the Tour Director will assign them a Loaner Card for temporary use during the trip.

How much does Till cost? Till is fee-free.

My student already has a debit card. Can they use that? No, not for receiving trip cash allowances. Student Adventures can only send trip money to everyone in the group through this service using Till Cards

I still have questions about Till, how can I get some support? We get it! Feel free to reach out to Till : call or text (424) 377-8615 or email studentadventures@tillfinancial.io

What happens if I DO NOT sign my child up for a Till Card? Students who do not have a Till Card will receive a Loaner Card during the trip by the Bus Leader of the bus they are traveling on. These Loaner Cards must be returned to the Bus Leader after the final meal to prevent a \$15 replacement cost. Any leftover funds remaining on the Loaner Card are forfeited.