

January 23, 2012

Dear Parent/Guardian,

This packet includes important information regarding the TSA Regional Conference being held on Saturday, February 11th 2012.

Where: Strayer Middle School
1200 Ronald Reagan Drive
Quakertown, PA 18951

When: Bus leaves the faculty parking lot at 7:30 am, sharp.
We should be returning to Harriton around 4:30 pm
--Lunch will be provided.

Students must wear a minimum of Business Casual:

Category C – Business Casual TSA Attire is the minimum level of dress.

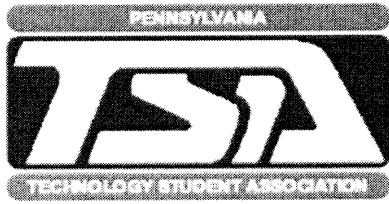
- *Shirt:* collared shirt
- *Pants:* dress slacks, skirt, or dress jeans (unacceptable: shorts)
- *Shoes:* best possible

Please review & complete the following pages and return by Monday, January 30th, 2012:

- Page 1- Review
- Page 2- Requires Parent/Guardian Signature & Student Signature
- Page 3- Requires Parent/Guardian Signature & Student Signature
- Page 4- Requires Parent/Guardian Signature & Student Signature. Keep the bottom section.
- Page 5- Requires Parent/Guardian Signature
- Page 6- Requires Student Signature
- Page 7&8- Optional-Contact the school nurse by January 30th to arrange for Mediations.
 - Robbi Moron, School Nurse, 610-658-3977, maronr@lmsd.org

Sincerely,


Travis D. Lehman
Technology & Engineering Teacher
TSA Advisor
Harriton High School
Lower Merion School District
lehmant@lmsd.org
610-658-3950 x2821



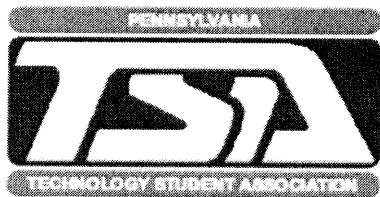
Region and State Conference Code of Behavior/Responsibility

All students must sign and obtain the signature of their parent/guardian on the PA-TSA Dress Code and Code of Behavior form. The completed form must be handed in to the chapter advisor prior to the conference, and the chapter advisor will maintain a copy of this form for the duration of the conference. This completed form must be available for the State Conference Director and/or the State Advisor upon request.

All members attending any TSA function are expected to comply with the regulations listed below:

1. All members attending any TSA activity must conduct themselves as ladies and gentlemen at all times.
2. Students must dress neatly and in good taste at all times, following the Dress Code throughout the duration of the conference.
3. Students must wear identification badges at all times.
4. Students must keep their advisor/chaperone informed of their activities and whereabouts at all times.
5. Students should be prompt and prepared for all activities.
6. The possession and/or use of any controlled substance (i.e. alcohol, drugs, tobacco, etc.) is prohibited.
7. Gambling, of any kind, is prohibited.
8. Students must not leave the conference site or lodging area without the permission and/or accompaniment of their advisor/chaperone.
9. Students must attend all general sessions and activities for which they are assigned/registered. This includes workshops, competitive events, committee meetings, etc.
10. Students attending overnight conferences must observe the established curfew for that conference.
11. Students not staying at the hotel must leave the hotel grounds by curfew or immediately following the last scheduled event. A surcharge is added for commuting to most overnight conferences.
12. All phone bills or room charges for hotel rooms will be shown on the individual room bills and must be paid by the student or chapter.
13. Male and female students are not permitted to visit in each other's room unless an advisor/chaperone is present.
14. Defacing of public property is prohibited. Any damages to property, furnishings of the hotel rooms, or conference complex must be paid by the student or chapter responsible. Damages to the hotel rooms will be the responsibility of the assigned student(s).
15. Students are reminded that the state and school weapon policies are in effect while attending the conference. Any student found in violation of these policies may face legal charges and/or expulsion upon return. (X-acto knives, utility knives, and other potentially dangerous tools should be kept by advisors and used only under adult supervision.)
16. Tobacco and tobacco-related paraphernalia are prohibited.
17. All students are required to follow the instructions of any properly identified advisor, teacher, chaperone, or conference staff member.
18. Guests are permitted in open/authorized activities and should obtain a guest identification badge upon arrival to the conference. Guests are not permitted in hotel rooms.
19. Accident insurance is the responsibility of the student (parent/guardian).
20. A TSA Conference is an extension of the school day, thus all school rules/policies are in effect and anyone found in violation of these rules/policies will be dealt with accordingly.

Failure to comply with these rules may result in the student and/or chapter being sent home at their own expense. Depending on the violation, further dealings with the advisor, principal, State Conference Planning Team and/or the PA-TSA Board of Directors may be necessary.



Region and State Conference Dress Code

Students shall adhere to the following dress code requirements throughout the entire conference, including their travel to and from the conference. It is the responsibility of the Chapter Advisor to see that his/her delegation complies with the rules established for proper dress code.

**The following guidelines are for ALL students and Advisors.
Required dress will be listed with each event in the conference program.
ID Tags must be worn at all times, regardless of dress code category.**

Category A – Official Dress	<ul style="list-style-type: none"> • <i>Blazer:</i> navy blue with official TSA patch • <i>Ties:</i> scarlet red imprinted with official TSA logo (for males and females) • <i>Shirt or blouse:</i> white, button-up with turn-down collar OR official blue TSA dress shirt/blouse • <i>Pants or skirt:</i> light gray • <i>Socks:</i> black or dark blue (males) • <i>Shoes:</i> black dress shoes (unacceptable: athletic shoes, army boots, combat boots, or work boots) • <i>Sandals:</i> females only may wear black open-toe shoes or sandals
Category B – Professional TSA Attire	<ul style="list-style-type: none"> • <i>Shirt:</i> button-up with turn-down collar (unacceptable: t-shirt, polo, or golf shirt) • <i>Ties:</i> required for males and optional for females • <i>Pants or skirt:</i> dress pants (unacceptable: jeans, baggy pants, exterior pockets pants); skirts must be even with or longer than the tips of one's fingers (females only) • <i>Socks:</i> black or dark blue • <i>Shoes:</i> dress shoes or dress boots (unacceptable: athletic shoes, combat, or work boots) • <i>Sandals:</i> females only may wear open-toe shoes or sandals
Category C – Business Casual TSA Attire	<ul style="list-style-type: none"> • <i>Shirt:</i> TSA t-shirt or collared shirt • <i>Pants:</i> dress slacks, skirt, or dress jeans (unacceptable: shorts) • <i>Shoes:</i> best possible
Category D – Casual Personal Time	<ul style="list-style-type: none"> • Casual dress permitted • Sneakers or some type of shoe • Unacceptable: tank tops, poor taste t-shirts
Items Never Permitted *this is an extension of the school day, school code in effect	<ul style="list-style-type: none"> • Hats (any type) • Weapons of any type (utility knives and x-acto knives must be used under adult supervision) • Any tobacco products, matches, lighters • Any controlled substances (alcohol or drugs)

"I HAVE READ AND FULLY UNDERSTAND THE REGION AND STATE CONFERENCE CODE OF BEHAVIOR/RESPONSIBILITY AND THE REGION AND STATE CONFERENCE DRESS CODE AND AGREE TO COMPLY WITH THESE GUIDELINES."

TSA Student Signature

Date

"I APPROVE OF THE STUDENT NAMED ABOVE ATTENDING THE REGION AND/OR STATE LEADERSHIP CONFERENCE OF THE TECHNOLOGY STUDENT ASSOCIATION."

Parent/Guardian Signature

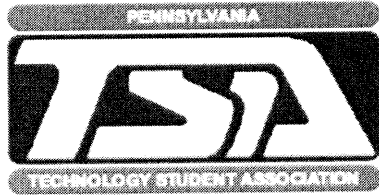
Date

Chapter Advisor Signature

1/23/2012
Date

School Principal Signature

Date



Personal Liability and Medical Release

This form is required of all children, students, and adults who attend a Pennsylvania TSA Conference. Chapter advisors: You must maintain two copies of this form for each of your students throughout the entire conference, as well as travel to and from conferences. In case of emergency, the Conference Director and/or Emergency Personnel may request a copy.

STUDENT INFORMATION

Name of Student		Home Telephone	
Home Street Address		City/State/Zip	
Date of Birth			
School		School Telephone	
School Street Address		City/State/Zip	
Advisor			

MEDICAL INFORMATION

Allergies (drug, food, otherwise)			
Current Medication			
Describe any history of any major medical concerns (heart condition, diabetes, epilepsy, rheumatice fever, etc)			
Physician's Name		Physician's Telephone	

PARENT/GUARDIAN CONTACTS

Parent #1 Name		Parent #2 Name	
Home Phone #		Home Phone #	
Work Phone #		Work Phone #	
Cell Phone #		Cell Phone #	

"I hereby agree to release the PA Technology Student Association, its' representatives, agents, servants, and employees from liability for any injury to above named person at any time while attending the PA Technology Student Association's conferences including travel to and from the conference, excepting only injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

I do voluntarily authorize the PA Technology Student Association's conference director, assistants, or designees to administer or obtain routine or emergency diagnostic procedures or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless the PA Technology Student Association, and said conference director, assistants, and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedure or treatment rendered in good faith and according to accepted medical standards.

I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person while attending Pennsylvania TSA Conferences, including time traveling to and from the conferences."

Parent/Guardian Signature

Date

Student Signature

Date

HARRITON HIGH SCHOOL – LOWER MERION SCHOOL DISTRICT

FIELD TRIP STUDENT PARTICIPATION FORM

Dear Parent/Guardian:

Please review the enclosed information with your son/daughter. It is necessary for you and your child to complete and sign the form below and return it to the person designated on the slip. Also, we ask that your child check in with his/her classroom teachers to notify them ahead of time about the class absence and make arrangements for any missed work.

I give my child, _____, permission to participate in the educationally planned excursion to Strayer Middle School, Quakertown, PA on 2/11/2012 from 7:30 a.m. to 5:00 p.m. under the supervision of Travis Lehman. I understand that transportation is by School Bus/Chartered Bus Company.

In case of emergency, I _____ (parent name), can be reached at

Home# _____ Work # _____ Cell# _____

ATTENTION:

Please review the following information and complete the attached form if your child will require any medication including prescription and/or over-the-counter medications while on the field trip.

Students are **NOT** permitted to carry any medications on overnight field trips. This includes prescription and over-the-counter medications with the exception of emergency medications (epi-pen, Benadryl, and rescue inhalers).

The attached form requires completion by the student's physician and the parent for all medications. Completed yellow or blue medication cards already in place in the nurse's office for medications given during the school day are acceptable if the medication given on the trip will be the same time and dosage as currently given. If there will be additional doses (for example, nighttime doses), both sides of the attached form must be completed for the trip.

1. **Completion of the Field Trip Medication Authorization Form**

This form must be completed in addition to the *Lower Merion School District Request From Parents/Physicians To Have Medication Administered In School* card (yellow or blue card). The Field Trip Medication Authorization Form gives permission for students to self-administer medications which will be in the teacher's possession until the time of administration.

2. **All forms must be returned to the teacher sponsoring the trip at least four days prior to the departure of the trip.** Forms that must be submitted:

- Field Trip Participation Form
- Field Trip Medication Authorization Form**

If your child does **NOT require medication you do **NOT** need to submit this forms. However, even if your child does not take prescription medication, but you want your child to be able to take Tylenol or Advil, for example, the Field Trip Medication Authorization Form must be submitted.

It is the parent's/guardian's responsibility to deliver all medications needed for your child on the trip to the teacher/sponsor sponsoring the trip no later than four days prior to the departure of the trip as overnight field trips do not generally leave or return during regular school hours, and therefore medications are not available from the School Health Office. For the safety and well being of your child, no medications and/or forms will be accepted the day of the trip. It is imperative that you contact the School Nurse well in advance of the trip if you have questions regarding medications to be given on the trip. If your child has a life-threatening allergy or condition it is extremely important that you discuss the management of your child's health needs with the teachers on the trip and the School Nurse well in advance of the trip.

Forms must be submitted to Mr. Lehman(teacher's name) by Monday, January 30, 2012(date).

Parent/Guardian signature: _____

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I am fully aware that I am responsible for all missed work while I am attending this field trip. I further understand that I am expected to dress and act appropriately as I am a representative of Harriton High School. I will be courteous and polite, and I know that I must follow all school rules even though I am not on school property.

Student signature: _____

HARRITON HIGH SCHOOL - LOWER MERION SCHOOL DISTRICT

FIELD TRIP MEDICATION AUTHORIZATION FORM

If your child does not require medication, you do NOT need to return this form.

STUDENT INFORMATION

Name _____ Grade _____

School _____

Field Trip to **Strayer Middle School, Quakertown, PA on 2/11/2012 from 7:30 a.m. to 5:00 p.m.**

Students are NOT permitted to carry any medications on field trips. This includes over-the-counter medications with the exception of emergency medications (epi-pen, Benadryl, and rescue inhalers.) All medications will be in the teacher's/sponsor's possession until the time of administration.

THIS SECTION MUST BE COMPLETED IF YOUR CHILD HAS MEDICATION ADMINISTERED IN SCHOOL ON A DAILY OR EMERGENCY BASIS THAT MAY BE NEEDED DURING THE FIELD TRIP

*****If there are additional doses needed on the trip outside of school hours, the form on the reverse side must be completed.*****

In order to facilitate any emergency medical treatment that may be needed, please list all medical conditions that the chaperones and doctors should be aware of in case of emergency. Attach an additional sheet of paper if necessary.

MEDICATION: _____ **DOSAGE:** _____

TIME(S) OF ADMINISTRATION: _____

My child (circle one) may may not self-administer medication.

I have read and agree to the conditions in the "Requirements Where Child May Self-administer Medication" as given on Page 2.

It is the parent's responsibility to make arrangements for their child to take his/her medication. The teacher can observe your child self-medicating at the indicated time. If your child is unable to self-administer medication as outlined below, please call your child's building principal to discuss other arrangements.

If your child has a disability, which you believe requires accommodation in order to enable your child to participate in this activity, please contact the Sponsor/Teacher who will inform the school nurse, case manager, and/or counselor.

Parent/Guardian Signature: _____

RELEASE

I agree to release the Lower Merion School District and its directors, administrators, and employees from any liability for personal injury to my child resulting from the administration of the above-described medication unless such is caused by intentional misconduct by the directors, administrators or employees of the Lower Merion School District and to **indemnify and hold harmless** the Lower Merion School District, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

Signature of Parent or Guardian _____

Home Address _____

Date _____ Home Telephone Number _____

THIS SECTION MUST BE COMPLETED ONLY IF YOUR CHILD DOES NOT TAKE MEDICATION IN SCHOOL BUT MAY NEED MEDICATION ADMINISTERED OUTSIDE OF SCHOOL HOURS DURING THE FIELD TRIP

THE FOLLOWING INFORMATION IS REQUIRED FROM THE PARENT(S) AND THE PHYSICIAN

DIAGNOSIS: _____

MEDICATION: _____ DATE PRESCRIBED: _____

DOSAGE: _____ TIME(S) OF ADMINISTRATION: _____

ROUTE OF ADMINISTRATION: _____

REASON FOR ADMINISTRATION: _____

SPECIFIC INSTRUCTIONS REGARDING ADMINISTRATION _____

POSSIBLE SIDE EFFECTS: _____

STUDENT (circle one) may may not self-administer medication according to the requirements listed below.

Signature of Parent/Guardian

Signature of Prescribing Physician

Parent's Telephone Number

Physician's Address

Physician's Telephone Number

REQUIREMENTS WHERE CHILD MAY SELF-ADMINISTER MEDICATION

The student may self-administer the above-described medication in the dosage and at the time(s) listed during the field trip subject to the following conditions:

1. The medication (including prescription and non-prescription medication) will be held by school staff for self-administration.
2. All medication (including prescription and non-prescription medication) will be kept in the original container with the original label affixed. Non-prescription medication will also be clearly labeled with the child's name.
3. School staff will observe the child's self-administration of medication.
4. To self-administer medication, the student must be able to:
 - Respond to and visually recognize his/her name.
 - Identify his/her medication.
 - Measure, pour and administer the prescribed dosage.
 - Sign his/her medication sheet to acknowledge having taken the medication
 - Demonstrate a cooperative attitude in all aspects of self-administration.

If the student is unable to meet these criteria, the school nurse will be contacted prior to permission being given for self-administration except in the event of a medical emergency.

5. The self-administration is otherwise in conformance with the District's medication policy.

RELEASE

I agree to release the Lower Merion School District and its directors, administrators, and employees from any liability for personal injury to my child resulting from the administration of the above-described medication unless such is caused by intentional misconduct by the directors, administrators or employees of the Lower Merion School District and to **indemnify and hold harmless** the Lower Merion School District, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.

Signature of Parent or Guardian _____

Home Address _____

Date _____ Home Telephone Number _____

OVER

(8)