

MATH LEAGUE TEAM COMPETITIONS

Permission Slip to Attend Practices and Meets

Dear Math League Parents and Guardians,

We are so excited to kick off the 2023–2024 Math League season! We hope that your child will develop rich problem-solving skills, a passion for mathematics, and fun and lasting friendships through participation in our league. This season, practices will be **Wednesdays after school from 3:45–5:00**, beginning on **October 18** in the **MNMS Cafeteria**. Please expect to attend each week unless you have cleared an absence with Coach Sjoberg.

Throughout this school year, the Mt. Nittany Middle School Math League Team will compete in five meets. Each competition is typically 2.5 hours long, and dinner is usually provided. (Dates and times are subject to change; check the Math League website calendar for updated information). If the meet is in State College, parents will be asked to drop off and pick their child up at the host school. For the Altoona meet, students will be transported to and from MNMS for pick-up. Following are the tentative meet dates and locations. Please mark these dates on your calendar at home!

Meet Date	Meet Location	Meet Times
Wednesday, November 8, 2023	Mt. Nittany Middle School	4:00 – 6:30 pm
Wednesday, December 13, 2023	Park Forest Middle School	4:00 – 6:30 pm
Saturday, January 27, 2024	Penn State Altoona	10:00 am – 12:30 pm
Wednesday, February 21, 2024	Mt. Nittany Middle School	4:00 – 6:30 pm
Wednesday, April 3, 2024	Young Scholars	4:30 – 7:00 pm

Want to get involved? There are several ways you can help make our program run smoothly this year. We like to have sweet and salty snacks at each after school practice. If each student can commit to bringing refreshments once throughout the school year, we set up a rotation and post the schedule on our website. We will be having team t-shirts this year and ask that you send in \$16 to cover this cost. Please let us know if this fee causes a financial hardship to your family. We will also be holding a math-a-thon fundraiser to help us fund transportation and meal costs! Lastly, we need parents to serve dinner and donate snacks and water for our home meets on November 8 and February 21.

Please read and keep the first page of this sheet, complete the permission slips on the next two pages, and have your child return the signed pages to Coach Sjoberg (in room 226 or in my mailbox) by **Wednesday, October 11. (One week before the first practice!)** If you have any questions regarding the competitions or the team in general, please contact Coach Sjoberg at ras16@scasd.org.

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Complete the following information for the MNMS Math League shirt this year.

_____ Enclosed is \$16 (Cash or check) for the Math League t-shirt. Checks should be made out payable to SCASD with "Math League" in the memo.

Circle your child's t-shirt size below

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

What name and number would your child like on the back of their Math League shirt?

Name for T-shirt (usually just first OR last name OR nickname): _____

Number for T-Shirt: _____ (must be either one or 2 digits: from 0 to 99)

_____ I would like to donate extra money to help cover additional Math League expenses. (if so, you may just add it into your t-shirt check! This will count towards your child's fundraising goal in the Math-A-Thon!) *Tip: this counts as a charitable donation if you make the check out to "SCASD Education Foundation".*

Parent/Guardian signature _____ Date: _____

Parent/Guardian e-mail address: _____

Parent Phone Number: _____

Student Name (printed) _____ Grade: _____

Student email address: _____

Student ID Number _____

Comments:



State College Area School District

240 Villa Crest Drive State College, PA 16801

Field Trip Permission Form

****By signing this form, I acknowledge that I am aware that field trips and overnight travel present an increased risk that my child may become exposed to and/or infected by COVID-19 or any of its variants and that this risk cannot be entirely eliminated even with adherence to all preventative measures including vaccination.**

Section 1 - Trip Information

TO BE COMPLETED BY FACULTY IN CHARGE OF TRIP

Name of activity: _____
Transportation: _____
Meals: _____
Spending Money: _____
Faculty In Charge: _____
Trip Details: _____

Departure Date	
Return Date	
Departure Time	
Return Time	

Section 2 - Parent Permission

TO BE COMPLETED BY PARENT / GUARDIAN

Student # _____ Student Name _____
My Child Has permission Does not have permission to participate in the following school sponsored activity.
My Child Does Need Does not need medication while on this trip.

Section 3 - Medical Information

TO BE COMPLETED BY PARENT / GUARDIAN

Please complete this medication section ONLY IF your student requires routine and/or emergency medication while on this trip.
PLEASE NOTE: According to PA Department of Education regulations, parents can designate adult family members or a non chaperone parent volunteer to administer medication. Epi-pen trained SCASD staff may accept emergency epinephrine responsibilities only. Any medications directed to be administered by a licensed nurse/trained staff and or emergency self administered medications (age appropriate) MUST have written orders by student's doctor (District HS-27 Med or self-admin form) on file with the school nurse prior to the field trip. Parent to non chaperone parent volunteer medication administration does not require physician orders to be on file.
*****PLEASE NOTE: Emergency self administered meds only include emergency Epinephrine, Insulin, Inhalers**

Medications:	<input type="checkbox"/>	EpiPen	<input type="checkbox"/>	EpiPen Jr.	<input type="checkbox"/>	These Medications will be:	
	<input type="checkbox"/>	Benadryl	<input type="checkbox"/>	Glucagon	<input type="checkbox"/>		Sent from Home
	<input type="checkbox"/>	Insulin	<input type="checkbox"/>	Glucose Tablets	<input type="checkbox"/>		Stored in Nurse's Office
	<input type="checkbox"/>	Rescue Inhaler	<input type="checkbox"/>	Other (Specify in Notes)	<input type="checkbox"/>		

Please provide any other medical information staff should be aware of while participating in this field trip and provide your school nurse with any medical updates:

Select Designee
District Epi-Pen Trained staff (Epinephrine will be used as first line of treatment for anapylaxis)
Parent/Guardian or Designee (**Medication sent from home**) _____
(Name of Parent or Designee)
Licensed Nurse (**Medication provided by the parents in pharmacy labeled bottle-dose appropriate for trip**)
Student Self-Administer (**only EMERGENCY MEDS Epinephrine, Insulin, Inhaler per HS-27 Self Admin**)

EMERGENCY RELEASE: I authorize my child or ward to be treated by a licensed physician, nurse or EMT if necessary while attending this field trip. As guardians of the child named above, I release the State College Area School District and its employees or agents from any and all liability for any injuries for my child may suffer as a result of this request.

Parent / Guardian Signature _____ Daytime Phone Number _____ I am available to chaperone this trip if necessary
(Day of trip)

Email: _____

Form ID 1500-FT
Rev 11/9/21

*Note - Field trips often require that a licensed medical professional attend. The school district does their best to manage the high demands but there may be situations that result in the cancellation of a field trip as a result of no licensed medical professional being available. Our school nurses' primary responsibility must be the health and safety of our school buildings, and therefore we are working with nursing agencies to help us fulfill our field trip demands. We will continue to negotiate all field trip requests and provide the necessary coverage, only canceling as a last resort. Please note: A parent, or parent designee, can attend a field trip to administer medication to their child only, but if they are not available to do so, only a medical professional can administer.