



Dear Incoming Senior High Delegate (and Family),

We hope that this letter finds you well and you are eager and excited for your onsite experience with Maryland Leadership Workshops (MLW). Our staff has participated in a variety of trainings and has spent a vast amount of time preparing, to ensure that you have the best experience possible. To make the most of your experience with MLW, we wanted to share a few important things with you:

- MLW is a place dedicated to helping young people grow their leadership skills. No matter what kind of leader you are, we'll help you challenge yourself and expose you to new skills and ways of thinking about leadership. Please **be ready to challenge yourself and take risks!**
- If you have a special talent or skill, we'd love if you shared it with us at SHW! We have a **Talent Show on Thursday night** and each year we see a wide variety of acts, from guitar to dance to stand-up comedy. Bring any materials you'll need to share your special talent with the entire program.
- We'll be using technology on-site for a variety of things. However, **we'll be providing all the technology you'll need**. If you're worried about losing your phone/iPad/tablet/etc., please leave it at home. You'll be so busy during the week that you won't have much time to use it - and **MLW is not responsible for lost/stolen items**.
- **Check-in is at 1:00 p.m. on Sunday, July 23**, in the lobby of Gibson Center for the Arts. Washington College will have signs posted for parking and registration. See enclosed map. Please leave your belongings in your car until you have checked in and received your room assignment.
- There will be a brief **parent meeting on Sunday at 2:00 in Decker Theater in the Gibson Center** for the Arts after registration to tell parents about the week ahead. Please stick around for that meeting if possible. There will also be a **closing ceremony at the end of the week on Saturday, July 29th at 10:45 a.m.** which we encourage you to attend. Delegates are dismissed after the Closing Ceremony (at 11:45 AM). Please leave travel time for beach traffic which can be heavy on the weekends (*There will be a late pickup fee for delegates remaining after 12:30*).
- Please log on to **complete the 2017 MLW SHW Pre-Site Leadership Inventory survey**. It helps our staff get to know you better and allows you to let us know how you want to be involved throughout the week. You are asked to complete the survey as soon as possible. The link is:  
<https://www.surveymonkey.com/r/2017SHWPre>

Thanks again for deciding to become a part of the MLW family. This will be a summer you won't be able to forget! Please be sure to read the remainder of this mailing, as it contains very important information. If you have any questions prior to your arrival please feel free to contact our Executive Director, Anita Anderson at [anita@leadershipmd.org](mailto:anita@leadershipmd.org) or (301) 444-8623.

Best Regards,  
Kori D. Jones  
SHW Program Director

Michael Burgan  
SHW Program Assistant Director

# **PRE-SITE, CHECK-IN, AND ON-SITE LOGISTICS**

Please review this packet completely and carefully with your child prior to arriving at Washington College.

MLW will have some merchandise for sale. Other than those optional items, students will not need any money while at MLW.

Mobile phones are allowed if a student wants to be able to call home during free time or before lights out; MLW is not responsible for loss or damage of phones. ***Mobile phones are not permitted in workshops or at any organized activities and will be confiscated by staff if used inappropriately or at inappropriate times during the day.*** If you prefer to leave your phone at home, you can always use the phone in the office to call home or bring some postcards or letter writing materials and send a letter instead!

## **Registration – Sunday, July 23**

The address is 300 Washington Avenue, Chestertown, Maryland, 21620, and check-in will take place at the Gibson Center for the Arts (see enclosed map). If heading North on Rt. 213, pass the main entrance to the college and turn left at Greenwood Ave. If heading South, turn right onto Greenwood. Follow to Gibson Center for the Arts and turn right into the parking lot. Enter Gibson using the door that faces the lot. Washington College will have signs posted for parking and registration. Please leave suitcases and sheets/towels/pillows in your car until you have checked in and received your room assignment.

Those with prescription and/or non-prescription medication (including vitamins/supplements) should have already completed the Medication Administration Authorization form, including doctor's signature. ***Without that form properly completed and submitted to us, your child cannot take medication on-site.***

At registration, all medication must be turned over to the nurse. ***See the “Important Medical Information” section of this packet for details.***

**Check out** is Saturday, July 29<sup>th</sup>. There will be a closing ceremony for family at 10:45, and dismissal will follow at 11:30. Those not picked up by noon will be assessed a late fee. Lunch will not be served that day.

## **Staying in Touch**

MLW will provide a nightly blog to update family and friends on each day's activities. To find this blog, visit [www.mlw.org](http://www.mlw.org) and select the **News** tab.

If you would like to contact the MLW office during the week, please email [anita@leadershipmd.org](mailto:anita@leadershipmd.org), call Washington College at 410-778-8881, or call our main number 301-444-8623, which will be forwarded to our college office.

To send a letter to your student, please use the following address and send everything before Wednesday of the week to ensure delivery.

CHILD NAME — SHW  
Maryland Leadership Workshops  
Washington College  
300 Washington Avenue  
Chestertown, MD 21620

# IMPORTANT MEDICAL INFORMATION

Any child expecting to take any prescription or non-prescription medicine (INCLUDING VITAMINS/SUPPLEMENTS) while at MLW should have already submitted a physician- and parent/guardian-approved **Medical Administration Authorization form** (a blank one is at the end of this packet if you need it and have not already submitted.) By law, we must have this properly completed form in our files in order for your child to take medication while at MLW. Please contact the office if you are having difficulty with the form or have any other questions.

## **MEDICATION**

Delegates must turn in ALL medication (prescription AND over the counter) to the Health Consultant at registration. Per the State of Maryland Department of Health and Mental Hygiene Youth Camp regulations, MLW staff keeps medication in the office. The exceptions to this are epi-pens and inhalers which have been pre-approved by parent/guardian and doctor as emergency self-carry. All medications must arrive in their **original containers, including boxes (if any)**. For prescriptions, this means as prepared by pharmacy complete with **pharmacy prepared labels that are consistent with the prescriber's order** (i.e., the medication must match the prescription order attached). Over the counter medicine should be in its original container.

### **If you take medicine on a regular basis:**

Delegates come to the office at designated times to **self-administer** medication under the supervision of MLW staff. Delegates are only permitted to take medication (prescription or over the counter) for which there is health care provider and parent approval on the Medication Administration Authorization form.

MLW STAFF IS NOT ALLOWED TO PROVIDE OVER-THE-COUNTER MEDICATION. The only medication delegates will be allowed to take is what you send with him/her, and only if the Medication Administration Authorization form is properly completed as stated above.

### **Using Prescription and Non-Prescription Medications On Site:**

Only delegates who have obtained the necessary health care provider signatures on the MLW forms will be allowed to take medicine while at MLW.

While at MLW, a delegate who is taking any medication on a regular basis will come to the MLW office each day at the designated time (breakfast, lunch, dinner, bedtime) to take pre-approved medications. Delegates will be supervised during their medication intake, but the **MLW staff expects that all delegates are capable of self-administering medication**. If this is not the case, call the MLW office at (301)-444-8623 immediately.

If a delegate is feeling ill, they will come to the office and parents will be contacted. ***No medicine will be administered unless the delegate brought it him/herself along with the Medical Administration Authorization form signed by a health care provider.***

**Medical Emergencies:**

If any delegate experiences any significant health difficulties during the program his or her parent/guardian will be notified immediately, and the delegate may be taken to the Kent & Queen Anne's Hospital which is located directly behind the campus. 911 may also be called. The delegate's file, including medical emergency contact information, health history and insurance information will be taken with them.

**Emergency Personnel:**

As part of its Maryland Youth Camp certification, Maryland Leadership Workshops is required to employ at least two full-time, residential staff members who are certified in CPR and First Aid. Certifications for these staff members are kept on file in the MLW office and are available upon request. Additionally, Washington College Campus Security is trained in CPR, First Aid, and AED use.

# MLW PACKING LIST

- Enough comfortable, weather appropriate clothing for the week. Your clothes should be school-appropriate; if you wouldn't be allowed to wear it at school, please do not bring it to MLW. Staff and delegates wear casual, comfortable clothing, so bring shorts, t-shirts, jeans, sneakers, and a sweatshirt, as we'll be both inside the air conditioning and outside in the summer heat.
- One business casual set of clothing to be worn at the closing ceremony (*Optional*)
- **TALENT SHOW**—There will be a variety show/showcase that delegates will have the opportunity to be a part of. **Please bring any instruments, equipment, or anything else that will help you share your talent with the rest of the MLW community.** If you have any questions about what to bring/what to expect, please contact MLW's Executive Director Anita Anderson at [anita@leadershipmd.org](mailto:anita@leadershipmd.org) or (301) 444-8623.
- **TEACHING SPECIAL INTERESTS**—**There will also be an opportunity to teach a class on a topic of special interest to you.** Special interests that students have shared have ranged from origami and drawing to free style rap and hip-hop. Most students end up facilitating a session. **Just like the talent show, please bring any materials (like origami paper or hip-hop music) that will help you!**
- Flashlight
- Sheets for a twin bed (and/or a sleeping bag) and a blanket (the dorms are air conditioned so it can get cold)
- Pillow
- Bath towel and hand towel
- Toiletries (don't forget a toothbrush, toothpaste, hand soap, shower soap, and deodorant)
- Shower Shoes
- A rain jacket/umbrella
- Alarm Clock
- Pens or pencils
- A reusable water bottle
- A small bag or backpack to carry guidebook, pen, water bottle, etc.
- Athletic equipment: tennis shoes, Frisbee, Football, etc.
- Light snacks and drinks for evenings (optional)
- Sunscreen and Bug Spray, as we do activities outdoors day and evening



# **Policies and Procedures**

**Reminder:** You signed this as a part of your application.

Please review with your child again prior to coming on-site.

## **Attendance and Refund Policies**

The following refund schedule applies for delegates who cancel their registration.

- Cancellations before May 1st will receive a \$500 refund.
- Cancellations between May 1st and June 1st, will receive a \$300 refund.
- Cancellations after June 1<sup>st</sup> cannot be refunded.
- Refunds will be issued by September 30th.

All necessary items for a complete application, including signed medical forms, must be received prior to May 15th. A reserved space in the program may be forfeited in order to make room for the delegates who are on the waiting list if material is not received by the deadline.

Students participating in MLW's summer programs must participate in the entire week-long residential experience. Students will not be permitted to arrive at the program late or depart early. Unfortunately, refunds cannot be made to students who, for unexpected health or other reasons, must leave the program early. MLW reserves the right to expel without refund any student who violates MLW's Rules and Expectations, violates Maryland State law, or for other cause.

## **Permission to Apply and Attend**

I hereby grant permission for my child to apply to and participate in this program. I accept and assume any and all risks associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by program policies and the instructions of program staff. I permit my child and his/her image to be involved in activities and media events that are designed to promote the benefits of Maryland Leadership Workshops, Inc., including but not limited to photographs, videotapes, posting images on the MLW website, Facebook page, Twitter, Instagram and other social media, newsletters and press releases. Additionally, I hereby grant permission for MLW to share the school name and email address of my child with other participants in MLW programs, local school system personnel, Leadership Maryland, and local community leadership associations. Knowing these facts, I, for myself, my child attending the program, and anyone else who might claim on my or my child's behalf, hereby agree that MLW is not responsible for lost or stolen items, accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge MLW and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the program. I have carefully read all of the information in this application form and agree to all conditions.

# Expectations of Delegate

## RESPECT

MLW fosters an environment of diversity and inclusion. Respect for one another is of primary importance in order for all delegates and staff members to learn and grow throughout the week. Treat others with respectful behavior so that you may expect the same in return. This includes:

- Respect requests made by MLW staff members and campus employees.
- Avoid the use of profanity/obscene language.
- Respect the privacy of MLW participants and other groups who may be using the campus.
- Avoid touching of other people and their belongings (this includes fights and theft).
- Respect all ideas and beliefs and avoid the use of derogatory comments towards others.

## ATTENDANCE

It is expected that you will attend all scheduled activities. We have many fun and challenging activities for you and expect that you will be a part of each one.

Eating three balanced meals a day, drinking plenty of liquids, and getting enough sleep will ensure that attending all activities will be no problem.

In case of an emergency or any circumstance preventing participation in activities, notify a staff member immediately!

## Rules and Procedures to Follow for a SAFE and FUN week

### IN AND AROUND DORMITORIES

There will be no guys on girls' halls and no girls on guys' halls unless approved in advance for an official activity. This includes stairwells that lead from such halls, which are labeled "off limits." Common areas are open to all delegates.

No outside visitors are permitted at anytime during the week without prior permission from the program director.

In the event of a fire, pull the fire alarm and exit the building quickly, knocking on the doors that you pass. Check in with your assigned staff member at the designated meeting location.

In the event of another type of emergency, contact the staff member who is on Dorm Duty. His/her name will be posted on your hall each day.

Do not prop open outside doors at anytime.

### CHECK-IN AND LIGHTS OUT

Check-in will occur every night at the time indicated in the guidebook you receive at registration. You must check in with a staff member from your hall by the stated time. We will give you time to get ready for bed, and we will usually schedule a hall meeting after check-in.

Lights must be TURNED OFF at the time designated in your guidebook. Although you may be accustomed to staying up a bit later, remember that this week is very active and demands your full energy every day. You will need your sleep to fully participate in all activities.

## **AROUND THE CAMPUS**

At registration, you will receive an MLW button with your name on it. This button must be worn at all times unless, of course, you are in the shower or sleeping. You must also wear shoes at all times except when showering and sleeping (although you may want to wear shower shoes).

You may NOT leave campus at any time or for any reason. If you are uncertain of campus boundaries, ask a staff member. Commercial properties located near the campus are not part of the campus. If you have forgotten a necessity item, give the office staff money and a written description of the item, and they will secure it for you.

If you are driving yourself to the program, please inform the MLW Executive Director Anita Anderson at [anita@leadershipmd](mailto:anita@leadershipmd) so that parking and other arrangements can be made for you.

Do NOT walk alone anywhere — always take a buddy with you.

## **TOBACCO, ALCOHOL, AND OTHER DRUGS**

The possession and/or use of drugs, alcohol, and tobacco is absolutely forbidden at all times during the week. No over the counter or prescription medication is allowed in dorm rooms. All medication is to be turned in to the health consultant at registration and will be available by coming to the MLW onsite office. Only delegates with forms signed by a health practitioner will be allowed to take over the counter or prescription medication.

### **INAPPROPRIATE BEHAVIOR AND CONSEQUENCES**

These expectations are intended to allow all delegates and staff members to have a safe and successful week. Any behavior described in this document or at the discretion of a staff member that threatens or jeopardizes the safety of other persons or their enjoyment of the program will not be tolerated. The MLW directors and staff may take any of the following actions as a consequence for delegates who do not meet the expectations outlined above:

- A conference with the delegate and a staff member.
- A conference with the delegate and a program director.
- A phone call home informing a parent/guardian of the incident.
- A delegate-written letter of apology to the offended party.
- The withholding of participation in social activities.
- Removal from the program (a parent/guardian will be requested to pick up the student).

## MLW MEDICAL FORM – Medication Administration Authorization

You must complete one form for EACH medication – prescription or over the counter. Please make copies as needed.

This form must be completed fully in order for youth camp operators and staff members to oversee the administration of camper medicine. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to MLW's contracted nurse/adult staff member.

### I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH _____/_____/_____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:			
5. MEDICATION NAME	6. DOSE		
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is <b>NOT TO EXCEED 1 YEAR</b> .		12a. FROM _____/_____/_____ Month Day Year	12b. TO _____/_____/_____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. <b>PREScriber's SIGNATURE (Parent/guardian cannot sign here)</b> (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)			14b. <b>DATE</b>

### II. AUTHORIZATION FOR SELF-ADMINISTRATION (REQUIRED) / SELF-CARRY (OPTIONAL)

*This section must be completed for approval of supervised self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. The child named above may self-carry emergency medication ONLY if indicated below. Otherwise MLW staff will keep medication under lock and key.*

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator or a designated staff member. **ONLY If indicated below, the child named above may self-carry emergency medication.**

15a. <b>PREScriber's SIGNATURE</b> authorizing self-administration	15b. SELF-CARRY EMERGENCY MEDICATION (Check One) [ ] YES    [ ] NO    [ ] N/A - Not emergency medication	15c. <b>DATE</b>
16a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) [ ] YES    [ ] NO    [ ] N/A - Not emergency medication	16c. DATE

### III. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 17c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

17a. PARENT/GUARDIAN SIGNATURE	17b. DATE	17c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
17d. HOME PHONE #	17e. CELL PHONE #	17f. WORK PHONE #

