



OPERATION SNOWFLURRY
District 153 - District 161
April 7, 2018
7:15 a.m. – 1:00 p.m.
Parent Presentation 12:35 p.m.
H-F High School South Building Student Cafe

Dear Participants, Parents/Guardian:

We are so pleased that you will be attending **OPERATION SNOWFLURRY** on April 7, 2018. We have much to share with you and hope to help make it one of the best “experiences” of your life.

On behalf of the SNOWFLURRY staff, we would like to thank the parents/guardians for the concern you have shown for your young person’s welfare by allowing him/her to participate in one of the best prevention programs in the state of Illinois. This highly informative program teaches young people how to make choices that will help them throughout their lives.

Please note that no one will be able to participate without completing and returning the enclosed Parent Approval and Health Statement. All prescription and non-prescription medications will be collected and dispensed by a nurse, who will be available throughout the whole event.

There is information that you need to know before arriving, so please read the enclosed material very carefully. ***The Application Form, Parent Approval and Health Statement, and Media Authorization (see pages 4 and 5) must be returned with the \$20 fee by the Wednesday, March 14th deadline.***

We will provide lunch but **not breakfast** for the participants. Please make sure your son/daughter has a good breakfast before arriving at Homewood-Flossmoor South Building Student Cafeteria the day of **SNOWFLURRY**.

In an attempt to help you understand what your son/daughter has encountered and to share the **SNOWFLURRY** experience, there is a special parent information session for you and other family members scheduled for Saturday, April 7th from 12:35 to 12:50 p.m. Please be on time, the closing will make more sense to you if you are present for its entirety. If you cannot attend, please let us know as soon as possible. **If you do not plan to attend the parent meeting, you must pick up your son or daughter by 1 p.m.**

Any questions please contact Melissa Sauder, Guidance Counselor at HFHS 708-335-5606, or msauder@hf233.org OR Lorrie Maul, Guidance Counselor at HFHS 708-335-5618, or lmaul@hf233.org.

Thank you,

The OPERATION SNOWFLURRY Directors

SNOWFLURRY PROGRAM OVERVIEW

April 7, 2018

Operation Snowflurry is open to young people who share a common purpose and commitment to improving the quality of life through:

- Self-understanding
- Prevention through education and emotional growth
- Students helping students
- Sharing feelings and thoughts

Operation Snowflurry participants:

- Learn to make responsible decisions
- Discover the effects of alcohol and drug abuse
- Increase self-esteem

Program Content

Large Group Sessions:

- Teen Pressures
- Alcohol and Drug Information
- Motivation Speaker
- Communication

Small Group Sessions:

- A chance to share and have fun

Any questions contact:

Melissa Sauder at msauder@hf233.org

Lorrie Maul at lmaul@hf233.org

**OPERATION SNOWFLURRY
HOMEWOOD-FLOSSMOOR STUDENT CAFETERIA – SOUTH BUILDING
April 7, 2018**

INFORMATION

1. No refunds after Wednesday, March 21st, 2018.
2. Parents are responsible for participant's transportation. (It is not appropriate to utilize Uber or other similar companies to transport your child.)
3. The Parent meeting will be conducted at 12:35 p.m. in the South Building Student Cafeteria.
Please attend if possible.
4. Students will be staying at Homewood-Flossmoor H.S. South Building for the entire day.
No student is permitted to leave before the program concludes at 1 p.m.
5. You should report for registration in the South Building Cafeteria no earlier than 7:15 a.m. and no later than 8:00 a.m. on Saturday, April 7, 2018.
6. Portable radios, cameras, ipods, cell phones and money are neither necessary nor allowed.
7. If relatives need to contact participants by phone, the number to call is 708/335-5606.
These are to be emergency calls only!
Participants will not be allowed to use the phones to call home unless permission is granted by one of the Directors.

RULES AND REGULATIONS

1. All participants must register Saturday, April 7th, between 7:15 – 8:00 a.m.
2. Participants will not be permitted to leave Homewood Flossmoor H.S. South Building unless the director of Operation Snowflurry grants special permission.
3. Participants are not permitted to possess non-prescription drugs, alcohol and cigarettes. All prescription and over-the-counter medications must be turned over to the Staff nurse at the time of registration and must be in their original containers.
4. Snowflurry participants have no need for electronic devices; I-pods, cell phones, of any kind. PLEASE LEAVE CELL PHONES AT HOME.
5. Snowflurry or Homewood-Flossmoor High School will not be responsible for personal items lost or stolen.
6. Participants will be expected to participate in all scheduled activities. All exceptions to this must be authorized by each student's respective small group leader or by a director.
7. Participants should notify their group leaders immediately in the event of serious illness or injury. The Snowflurry nurse will notify the student's parents immediately.
8. Participants will be expected to follow all safety regulations.
9. Confidentiality should be kept.
10. Gang signs or gang activity, knives, or weapons will not be permitted.

****Any infraction could result in a participant being sent home****

MEDIA AUTHORIZATION

Photographs will be taken during the Snowflurry event. These photos will only be used for a slide show presentation and for school purposes; i.e. yearbook. If you have concerns or questions, please contact Melissa Sauder at msauder@hf233.org

Operation Snowflurry Application Form

School Districts 153 & 161

Admission Requirements

- Participants must follow all Operation Snowflurry rules and attend all scheduled activities from 7:15 a.m. to 1 p.m. on Saturday, April 7, 2018. Anyone who asks to leave early on the day of Snowflurry will be asked to leave at that point. IT IS A ½ DAY EVENT AND YOU MUST BE PRESENT FOR THE ENTIRE EVENT!
- Only 120 participants (60 from each school district) will be accepted.

Fees

- A \$20.00 participant fee covers: food, a T-Shirt, and small group activities. **(Check or money order made out to HFHS Snowflake/Snowflurry Activities Account. PLEASE NOTE: All returned checks will result in your child being unable to attend the program.)**
- Scholarships are available on a limited basis.
- Participants must supply their own transportation to and from the event.
- **Completed applications should be submitted by Wednesday, March 14, 2018.** There are NO REFUNDS after Wednesday, March 21, 2018.

Please fill out this Form CLEARLY AND COMPLETELY!!

Participant's Name: _____

Address: _____ Home Phone: _____

Participant's Signature: _____

Current School of Attendance: _____

Parent/Guardian Signature: _____

Parent Cell Phone: _____

Gender: M or F (circle one) Ethnic Background _____

T-Shirt Size (ALL ADULT SIZES) S M L XL (circle one)

Do you require a vegetarian meal? yes or no (circle one)

All completed applications must be submitted by:

Wednesday, March 14, 2018 in the main office

Attach a check or money order payable to H/F Snowflake/Snowflurry Activities Account.

NO REFUNDS AFTER WEDNESDAY, MARCH 21st!!

HEALTH FORM

Please fill out this form CLERARLY & COMPLETELY!!!

Participant's Name: _____

Home Telephone # _____ Cell Phone # _____ Pager # _____

Emergency Contact: Name _____ Phone # _____

As parent/guardian of the above Snowflurry participant, I designate matters of discipline and emergency decisions to the OPERATION SNOWFLURRY staff. I hereby release Districts 153, 161, 233 & OPERATION SNOWFLURRY from any liability for accidents.

I understand that first aid will be available at OPERATION SNOWFLURRY; that participants are closely supervised and that if a serious injury or illness develops, medical and/or hospital care will be given; however, the staff is not responsible in case of accidental injury or illness. I understand that in case of serious injury we will be notified, but if it is impossible to contact us, we give permission for emergency treatment as recommended by attending physicians.

PARENT NAME: _____ DATE _____

THIS INFORMATION IS KEPT CONFIDENTIAL - FOR THE SOLE PURPOSE OF HEALTH CARE PROFESSIONALS.

PARTICIPANT INFORMATION

Height _____ Weight _____

Health Insurance Co. (We need this to process application) _____
Policy # _____ (we need this to process application)

Medication and indication (reason for):

Allergies: _____

Physical Limitations (contacts, hearing aids) _____
(Any Medication for school purposes should be taken during Snowflurry).

Diet Restriction: _____

Preferred Hospital: _____

Physician's Name: _____ Phone # _____

1. If any medication needs to be administered, prior arrangements must be made.
(ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS)

2. Please bring and plan to keep inhalers with you.

Is there any medical or other information that we should know about the participant? (If the student is receiving any psychological services, please contact Melissa Sauder at msauder@hf233.org.)

PARENT SIGNATURE: _____