

# OUTDOOR SCHOOL PERMISSION SLIP

I give my permission for \_\_\_\_\_ to attend Outdoor School with \_\_\_\_\_ school. It is understood that I will not hold the local school or the personnel of Outdoor School responsible in case of accident or injury beyond that coverage provided by the Student Accident Insurance.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Contact Information:

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact(s):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Medical Permission:

**History:** Please circle: Frequent Sore Throats Sinusitis Upset Stomach Abscessed ears  
Asthma Bronchitis Fainting

Other: \_\_\_\_\_

**Allergic to:** \_\_\_ Bee/Insect Stings \_\_\_ Drugs \_\_\_ Plants \_\_\_ Other: \_\_\_\_\_

Please Explain: \_\_\_\_\_

- Be sure your child has been inspected for head lice prior to coming to Outdoor School.
- If your child is sick or running a fever, please keep your child home.
- Special Dietary needs cannot be accommodated at the new camp.

In case of medical emergency, I hereby give permission to the physician selected by the Outdoor School Director to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will your child bring prescribed or Over-the-Counter medication/supplements: \_\_\_ YES \_\_\_ NO

Names of Medication: \_\_\_\_\_

Instructions for camp nurse to dispense medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nebulizer? \_\_\_\_\_

Other: \_\_\_\_\_

Health Insurance Coverage? ( ) Yes ( ) No

Name of Insurance Company: \_\_\_\_\_