

2017 Outdoor Education Trip

RED House- Tues/Wed April 25-26 GREEN House- Thurs/Fri April 27-28

Return to your 10th hour Teacher _____ House: Red Green (circle which one)

OUTDOOR EDUCATION HEALTH/PERMISSION FORM

Name _____ Age _____

Address _____ Date of birth _____

Home telephone _____ Cell Phone _____

Parent's Name _____

Work Address _____ Telephone _____

Doctor Name _____ Telephone _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY,
PLEASE NOTIFY: _____ PHONE # _____

Health Information:

1. Any recent sickness that needs special attention? _____ If yes, please explain _____
2. Any food allergies? _____ If yes, please explain _____
3. Any physical limitations that we should be aware of? _____
4. If yes, please explain _____

If your child will be taking medication while at camp, please fill out PINK form.

I hereby authorize the school nurse or designated personnel to call the physician or dentist named above if an emergency exists or to use their judgement in calling another doctor if the family cannot be reached and the family doctor is not available. I further authorize the school nurse or designated personnel to transport my child to a medical facility if an emergency exists and I cannot be reached. I authorize the school system to share the above information with appropriate school personnel.

Signature of Parent or Guardian _____