

OUTDOOR SCHOOL PERMISSION SLIP

Hoblitzelle Camp & Conference Center

I give my permission for _____ to attend the Outdoor School
(Please Print Child's Name)
at Hoblitzelle Camp and Conference Center. 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.
Date _____ Parent or guardian _____

Medical Permission

History – Please circle: Frequent sore throats Sinusitis Stomach Upsets
 Asthma Abscessed ears Bronchitis Fainting

Allergic to: () Bee 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 as it makes them contagious and difficult to participate in classes. ◇Special Dietary needs can not 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.

Date: _____ Parent or guardian: _____

Will your child be bringing any type of medicine: () YES () NO

If yes, what type of medicine? _____

Are there any special instructions for the camp nurse in dispensing the medication? _____

Emergency numbers where you can be reached during the day: _____

Telephone numbers where you can be reached during the evening: _____

Name and number to contact in case parent cannot be reached at either of the above numbers: _____

Accident Insurance Coverage? () Yes () No

Other Insurance: _____
(Name of Insurance Company)

School Name: _____