



CAMP TYLER OUTDOOR SCHOOL

PARENT'S PERMISSION FOR STUDENT TO ATTEND

I hereby grant my permission for the student named below to attend the _____ School session at Camp Tyler from _____ to _____ with his/her teacher: _____ as a:
[] student in residence /or/ [] day student.

Student's Name: _____ Male _____ Female _____

Date of Birth: _____ Weight: _____ Height: _____ Adult T-shirt size: S M L XL

Parent's Name: _____ Home Phone: (_____) _____

Home Address: _____

Student's Doctor: _____ Phone: (_____) _____

Hospital of Choice: _____

Insurance Carrier: _____ Group #: _____

Mother's name: _____ Mother's employer: _____

Mother's working hours: _____ Work phone: (_____) _____

Father's name: _____ Father's employer: _____

Father's working hours: _____ Work phone: (_____) _____

If, for some reason, I am not available at the above numbers, please contact (friend, relative, neighbor)

Name: _____ Relation: _____ Phone: (_____) _____

Name: _____ Relation: _____ Phone: (_____) _____

Please initial and sign the appropriate blanks:

Emergency:

In case of accident, sudden illness, or in the event that I cannot be reached immediately by telephone, I hereby authorize the director and/or Camp Tyler staff to refer this child to the doctor and/or an emergency facility listed above. I further instruct the above named health care providers to grant my designees the power to act in loco parentis until such time as I can assume my responsibility. I further understand that just as at my child's school, medical care is my financial responsibility.

_____ Must be initialed.

Publicity:

I hereby grant my permission to Camp Tyler for my child's picture to be used by newspapers, television stations and/or Camp Tyler publications & Web Pages. I understand that no information other than his/her picture, name, school and teacher will be released to any other source without my further written permission. I understand most pictures are taken by the children for use in their classroom. Each class receives a CD of pictures which are valuable in creative writing and teaching of concepts reinforced by learning at Camp Tyler.

_____ I grant permission.

_____ Do not allow my child to be photographed.

*** Parent's Signature:** _____ **Date:** _____

Please complete the reverse side of this form

Special information about your child (ex: minor allergies, diet, bedwetting & minor physical limitations):

Please read and sign one of the boxes below

My child does not have any medical or physical limitations which might effect his/her participation in the outdoor education program at Camp Tyler.

*** Parent's Signature:** _____ **Date:** _____

or

I have listed my child's medical and/or physical limitations below and I hereby give permission to the Outdoor School Staff to administer all medication in the dosages my child's doctor has specified on this form, original pharmacy container or attached to this form. I give my permission for the school nurse to contact the named physician to discuss the medication/procedure prescribed. I also give my permission for information regarding this medication/treatment to be shared by the school nurse with school personnel on a need-to-know basis.

*** Parent's Signature:** _____ **Date:** _____

ALL medications must be in the original bottle from the pharmacy. Any non-prescription item (over the counter) must have written doctor's approval.

Directions for Administering Medications:

Medicine & Dose	Morning & Time	Mid Day & Time	Afternoon & Time	Night & Time

Medical and/or physical limitations:
