

**Wilde Lake Middle School
10481 Cross Fox Lane
Columbia, MD 21044
410-313-6957**

Mr. Christopher Rattay
Principal

Mrs. Denise Young
Assistant Principal

Mr. James McVey
Assistant Principal

September 11, 2019

Dear Parents and Guardians of Sixth Grade Students:

The Outdoor Education Program for our sixth graders is planned for Mon., November 4th – Wed., November 6th at NorthBay Camp in Northeast, Maryland. NorthBay is an environmental center located one hour north of Baltimore on the Chesapeake Bay. Students study science in an exciting and hands-on outdoor setting with a focus on adventure, life skills, and character development. Since lessons take place away from school for an extended period of time and are primarily taught outdoors, we are making special plans to prepare everyone.

1. Parent Letter **(keep)**
2. Save the Dates **(keep)**
3. Student T-shirt Form **(return completed by 9/27)**
4. Chaperone Interest Form **(return bottom portion completed IF interested - ASAP)**
5. Payment Preference Form **(return bottom portion by 9/27)**
6. "What Parents Need to Know" detailing this 3 day/2 night experience **(keep)**
7. Howard County Permission Form **(return completed by 9/27)**
8. NorthBay Health Information Form Part 1 AND Part 2 **(return completed by 9/27)**
9. Medication Guidelines **(keep)**
10. NorthBay medication form/physician's order **(return completed IF needed Friday, Oct. 25th)** If your child needs prescription medication while on the trip, this form **MUST** be completed. A maximum of four medications may be listed on one form. Please contact WLMS if additional forms are needed.

Other Important Information:

- Students will be spending the majority of their time outside. It is imperative that your child has proper clothing and footwear and any precautions for allergies be taken.
- Some activities will be physically strenuous, but alternate activities are available.
- Adults will closely supervise all activities. Students should not leave their group for any reason unless accompanied by an adult.
- Activities on or near the water will be monitored closely and strict water safety rules will be enforced.
- Parents/guardians will be asked to pick up their child if the behavior of the child jeopardizes their own or the group's safety, or if your child becomes ill or injured.

Please discuss all items with your child, as the safety and enjoyment of all is of the utmost importance. We are counting on the cooperation of the students and the support of the parents/guardians to make this trip a success. Please contact Mrs. Gagern (Karen_gagern@hcpss.org or 410-313-6957) if you have any questions regarding this trip. We thank you in advance for your support.

Sincerely,

The Sixth Grade Team

SAVE THE DATES!!!

We will be having a Parent/Guardian Information Night before Back To School Night activities on
Thursday, September 12th from 6:00 – 6:30 PM
in the Media Center at WLMS.

Payment preference form, Student t-shirt form, Chaperone interest form (if applicable), HCPSS permission slip,
NorthBay health forms Part 1 & 2, and deposit of \$20 are due by
Friday, September 27th
and should be turned in to the Front Office of WLMS.

All money is due by
Friday, October 11th
and should be turned in to the Front Office of WLMS.

Chaperones will be notified by Mrs. Gagern, 6th grade team leader, some time between
Wednesday, October 16th - Friday, October 18th.
PLEASE only volunteer if you are positive that you can attend this trip.

All medications, medication forms and physician's orders are due to the health room by
Friday, October 25th.

Outdoor Education will be taking place from
Monday, November 4th – Wednesday, November 6th
at NorthBay in Northeast, Maryland.

STUDENT T-SHIRT

Student's name: _____

Homeroom teacher: _____

T-shirt size: (adult sizes)

Circle one

S

M

L

XL

XXL

CHAPERONE INTEREST

(Limited spaces available)

As each student's paperwork (including the chaperone interest form) is received in the Front Office, it is numbered by our Teachers' Secretary.

Priority is given to the following:

- Number on paperwork for date/time turned in
- Parent/guardian of 6th grade student
- Whether chaperone is male or female (needs-based for cabin groupings)
- Ability to stay for entire trip (November 4th-6th)
- Ability to ride on bus to and from NorthBay Camp

If you are interested in being considered as a chaperone for this trip, please fill out and return this form ASAP.

PLEASE only fill out this form if you are positive that you are available. Cabin groupings are made based on chaperone volunteers PRIOR to informing the chaperones that they were chosen. Parents/guardians who volunteer will be contacted by Mrs. Gagern between **October 16th and 18th** and informed about whether or not they were chosen to attend.

(DETACH AND RETURN THE PORTION BELOW)

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OUTDOOR EDUCATION CHAPERONE INTEREST FORM

Student's name: _____

Your name: _____

Is potential chaperone a male or female? _____

Relationship to student: _____

Phone number: _____

Email address: _____

Chaperone t-shirt size:

S M L XL XXL

***THERE IS NO CHARGE FOR THE TRIP FOR CHAPERONES, HOWEVER THERE IS A \$10 CHARGE FOR A T-SHIRT**

What to Bring to NorthBay...

Students and adults are responsible for bringing personal items and clothing appropriate for the season and the setting. We want your stay at NorthBay to be as pleasant and trouble free as possible. A suggested list follows...

Clothing

2 pairs of tennis or hiking shoes (one old)
Shoes to wear in the water

Sweaters/Sweatshirt

Several changes of outer clothing

Changes of inner clothing

5-6 pairs of socks

Swimsuit (seasonal)

Pajamas

Personal Gear

Towel(s) & Washcloth

Soap and Shampoo

Toothbrush & Toothpaste

Medications

Writing materials

Sunscreen

Insect Repellent

Optional Personal Gear

Flashlight

Camera & film

Store/ money

Water bottle

Sunglasses

Backpack

Rain Gear and boots

Add for Winter Season:

Winter Hat (ear muffs are not enough)

2 pr. mittens or gloves

Long underwear

Warm jacket

What NOT to Bring...

Cell Phones **highly discouraged**

Ipod/MP3/CD Players

PSP/Gameboys

Drugs, alcohol, cigarettes or weapons

Skateboards

- All individual medications must be in their original containers, labeled for the student by the pharmacy.
- Medications and the appropriate forms are to be delivered to NorthBay by a school representative not the camper.

PARENT NOTE: SAFETY & STAFF

At NorthBay safety is paramount. All of our class locations, adventure courses, and safety equipment are regularly certified and inspected. Our instructors are also qualified in their field, federally background checked & drug tested. We make the safety of your child our highest priority.

Parents are discouraged from visiting their children at camp for security reasons and because it can cause disruption and homesickness for students. All visitors must announce themselves at the front gate, sign in/out at the office, show appropriate ID, and wear a NorthBay wristband while on the premises. We ask that if you need to pick up/drop off your child for an extenuating circumstance, it is between the hours of 8:30 am and 6:00 pm.

PHONE CALLS

A NorthBay phone is available at certain times throughout the day for students. Parents can leave a message with administration to request that their child call home. Those messages will be delivered during meal times. Please understand that NorthBay can house up to 350 students per week and therefore students will not be able to call home everyday of their stay.

NorthBay has a policy of zero tolerance for the use/possession of drugs, alcohol, cigarettes, or weapons. Parents will be notified and children will be sent home, along with appropriate measures.

NorthBay's snack bar will be open during activity time for student and adult use and serve foods such as ice cream, granola bars, sport drinks, soda, juice, pretzels, etc. "The NorthBay Trading Company" is open during students' activity time in the afternoon and evening. Items for sale include film, toiletries, various educational books and materials, along with t-shirts, sweatshirts, and other NorthBay items.

THOUGHTS ON POCKET MONEY...

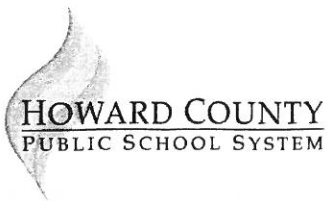
\$15 for snacks should be plenty for any student during the week. The NB Trading Company carries items which range in price from \$1.00-\$50. NorthBay recommends students bring no more than \$50 to camp, \$30 is average, and small bills are always helpful. For your convenience and security, non-refundable gift cards are available for campers to use at the snack bar and store. To utilize this option, please call our main office with a credit card number and the amount you wish to put on the card.

MEDICAL SERVICES

NorthBay's Wellness Center contains a treatment area, isolation rooms, medication storage, and appropriate bathrooms. NorthBay's staff includes two RN's as well as several EMT's trained in CPR, first aid and medication administration. Twenty-four hour emergency medical care is also available at Union Hospital in Elkton, MD.

MEDICATION REQUIREMENTS FOR SCHOOLS AND PARENTS

- The Health Information form is required for every child attending NorthBay. If your child requires prescription medication during their stay, then the additional Medication form is required.
- Medications must be coordinated and approved by your school representative.



PERMISSION FORM FOR STUDENT FIELD TRIP

Dear Parents:

The following trip has been arranged to complement the instructional program of your student. This trip has been approved according to the Board of Education Policy and guidelines established by the Superintendent of Schools. All school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the Teacher-In-Charge.

Please complete the bottom portion of this form, **detach** and return with cash or check to the Teacher-In-Charge. If you can chaperone, please check the box at the bottom and provide your contact information.

School:	Wilde Lake Middle School		
Destination:	NorthBay Adventure Camp		
Objective of the trip:	Outdoor and Environmental Education		
Class/Group:	Wilde Lake Middle School – all 6 th grade students		
Departure date:	Monday, Nov. 4 th	Time:	9:30 AM
Return Date:	Wednesday, Nov. 6 th	Time:	1:00 PM
Bus Company:	Eyre Bus Service, Inc.		
Public Transport:			
Cost per student:	\$185.00		
Checks payable to:	Wilde Lake Middle School		
Due Date:	Forms due by 9/27 and Money due by 10/11		
Meal Arrangements:	Provided by NorthBay		
Appropriate Attire:	School appropriate for weather & outdoor activities		
Total # of Students:			
Anticipated Ratio of Chaperones to Students:	1:6		

This trip will be:	
Student Day <input type="checkbox"/>	Extended Day
Overnight x	Non School Day <input type="checkbox"/>

If the trip returns after the regular student day, the parent will pick up the student at the school within 15 minutes of return.

Alternate plans in case of postponement or cancellation: Attend school as usual.

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, as well as any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Teacher-In-Charge: Mrs. Karen Gagern

Contact number: 410-313-6957

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT. THE SCHOOL SYSTEM IS ALSO NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

I GRANT PERMISSION FOR _____ TO GO TO _____
(PRINT Student Name) (Destination)
 ON _____ I RECOGNIZE THAT HOWARD COUNTY PUBLIC SCHOOL SYSTEM CANNOT BE HELD
(Date)

RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION.

CHAPERONE NAME _____ SIGNATURE _____

CHAPERONE PHONE NUMBER _____ CHAPERONE EMAIL: _____

IFAS #39502293 Packet Please detach and return this bottom portion with your payment to the Teacher-In-Charge

Revised 7/2014



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: _____ **DATES AT CAMP:** _____

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address: City, State, Zip:		Home Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted) Relationship to Camper:			Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				

HEALTH HISTORY	
Camper's Primary Care Physician:	Office Telephone Number:
	Office Fax Number:
Health History (check if applicable & explain)	Allergies (check if applicable & explain)
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)	<input type="checkbox"/> <u>Allergy</u> to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ _____ <div style="text-align: center; background-color: #e0e0e0; padding: 2px;">Diet / Nutrition</div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____

Does the camper need his/her physical activity restricted No Yes – explain _____

Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:



PARENT/GUARDIAN CONSENT/LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Health Information Form be signed as a requirement to attend camp.

I represent that I am the parent or legal guardian of _____ (the "Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Information Form. I assert the information given on this Health Information Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.

In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.

I understand that my child will participate in outdoor and environmental education activities including but not limited to: ropes course, zip line, climbing wall, kayaking, canoeing, wading, fishing, and hiking.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts During camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- Acetaminophen (generic for Tylenol)
- Ibuprofen (generic for Advil and Motrin)
- Calamine Lotion (for itching)
- Hydrocortisone Cream (for itching)
- Antibiotic Cream (for minor cuts/scrapes)
- Loratadine (generic for Claritin)
- Diphenhydramine (generic for Benadryl)
- I do not want over-the-counter medications given to my child

PARENT SIGNATURE REQUIRED HERE

Signature of parent/guardian:	Date:
Persons authorized to pick up child other than parent or guardian:	
I also understand and agree to abide with the restrictions placed on my camp activities as listed above.	
Signature of minor/adult camper/staffer:	Date:
<i>(If camper is emancipated, proof must be provided prior to camp)</i>	

**PARENT SIGNATURE HERE
VIDEO/PHOTO CONSENT**

I represent that I am the parent or legal guardian of _____ ("Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.

Signature of parent/guardian:	Date:
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Medication Guidelines

MEDICATIONS ARE NOT ALLOWED TO BE KEPT IN THE CABINS; THEY MUST BE SECURED IN THE WELLNESS CENTER AT ALL TIMES WHILE AT CAMP

In order for NorthBay medical staff to administer medications you must provide ALL of the items below:

1. Medication Authorization Form listing all of the medications brought to camp
 2. Parent/guardian signature at the bottom of the Medication Authorization Form
 3. Physician signature at the bottom of the Medication Authorization Form
 4. A pharmacy label showing the name of the student, medication, strength and dosage instructions on EVERY prescription medication including inhalers, nasal sprays, cream, disc's, etc.
 5. Over the counter medications must be in their original containers – medication in baggies or pill-a-day containers will not be accepted.
- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
 - All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
 - In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
 - **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
 - **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
 - **Please call the staff at the Wellness Center if you have any questions – (443) 674-9035**

NORTHBAY ADVENTURE CAMP MEDICATION AUTHORIZATION FORM

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
 - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, all non-prescription medications that are not listed on the NorthBay Consent/Liability Release Form must be listed below followed by a physician's signature. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: _____ Dates at camp: _____

Student Name: _____ Date of Birth: _____

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

PRESCRIBER AUTHORIZATION



PRESCRIBER SIGNATURE: _____ Date: _____

Prescribers Printed Name/Title: _____ Telephone: _____ Fax: _____

PARENT/GUARDIAN AUTHORIZATION

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.



PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature of Camp RN: _____ Date: _____