

Please return this form promptly.

CAMP AUBURN PERMISSION FORM

Auburn School District No. 408

NURSE USE ONLY

This form serves as a multi-purpose permission form for Camp Auburn. The form covers the general field trip and transportation to Camp Auburn, medical information, emergency medical treatment and transportation, and behavioral expectations and consequences. Please read all the materials in the attached packet and complete the entire form. It is very important that you supply all the information accurately and completely. Please provide *all* requested information. ***Do not leave any spaces blank.***

STUDENT'S FULL NAME:	BIRTHDATE:
HOME ADDRESS:	CITY/STATE/ZIP:
PARENT/GUARDIAN NAME(S):	WORK PHONE (Father):
HOME PHONE:	WORK PHONE (Mother):
EMERGENCY CONTACT #1:	PHONE:
EMERGENCY CONTACT #2:	PHONE:
MEDICAL DOCTOR: PHONE:	DENTIST: PHONE:

Please circle **YES** or **NO** on each of the following questions. **(Confidential Information)**

- | | | |
|--|-----|----|
| 1. I have read and discussed the discipline intervention plan with my child. | YES | NO |
| 2. Will your child be taking specific medications prescribed for them at camp (this includes over-the-counter medication)? <i>If yes, please list all medicines here.</i> (District medication policies still apply. An Authorization for medications form must be completed by your doctor/dentist and signed by parent/guardian.) | YES | NO |

(More space available on back of page or add separate sheet)

- | | | |
|---|-----|----|
| 3. Does your child have a medical problem (such as asthma, heart condition, seizures, diabetes, orthopedic, etc.)?
Please list here: | YES | NO |
| 4. Does your child have any allergies (including insect, food, medication, and/or airborne)? <u>Please be specific</u>
Please list here: | YES | NO |
| 5. Does your child have any physical limitation which would require accommodations in the camp environment?
Please explain: | YES | NO |
| 6. Does your child need to be awakened during the night (to use the bathroom or for any other reason)? | YES | NO |

NO PRESCRIPTION OR OVER-THE-COUNTER MEDICATION ALLOWED IN LUGGAGE

PARENT/GUARDIAN CONSENT

I request that the above named child be included in the Auburn School District Outdoor Program (camp). I understand that inclusion means compliance with all the policies and procedures of camp. I understand that my child will travel by district bus to camp. I understand that in case of serious illness/injury, school district personnel may call the above named physician. If he/she is not available, school personnel may transport my child to the nearest medical facility for emergency treatment. I understand that every attempt to contact me will be made. It is also my understanding that the camp will apply the discipline behavior intervention plan if necessary for my child. Certain behaviors may result in automatic suspension from camp.

Signature of Parent/Guardian

Date

ADDITIONAL SPACE FOR:

- **MEDICATIONS:**

- **MEDICAL CONCERNS/FOOD ALLERGIES:**

- **PHYSICAL LIMITATIONS/NEEDS:**

CAMP AUBURN HEALTH INFORMATION

Auburn School District No. 408
Auburn, Washington

CAMP NURSE: There will be a nurse at camp 24-hours a day in order to provide for the health care needs of students.

MEDICATION: The same state laws and district policies apply to the administration of medication at camp as those that apply to the administration of medication at school. A physician must write an order for each medication. The order must include the student's legal name, name of the medication, dose, time to be administered, and the route of administration.

ALL MEDICATIONS (PRESCRIPTION & OVER THE COUNTER) WILL BE CONTROLLED AND ADMINISTERED BY THE CAMP NURSE

Any medication, including over-the-counter (i.e., topical lotions or creams, allergy medications, cold medications, throat lozenges, pain relievers, antibiotic ointments, upset stomach medications, vitamins, etc.), that your child may bring to camp will require a **written physician's order and parent/guardian's signature.**

All medications must be in their original container, and the container must be clearly labeled with the child's first and last name. Please send only the amount of medication your student will need for the week.

Individual medications with physician authorization should be delivered to the school one week prior to camp. On the last day of camp, medications will be returned to your child's teacher. Medications need to be picked up at the end of the day on the last day of camp at your school. Unclaimed medications will be kept for 14 days and then disposed of thereafter.

*******Medications already at school that are current (unexpired) and have a current doctor/provider order will be sent to camp from school. There is no need to provide new medication/provider orders. For example, this would include such things as rescue inhalers and EpiPens. Please check with your school's nurse or health tech if you are unsure.***