

Please return this form promptly

Date Due:

Date Received:

### Camp Auburn Permission Form

Auburn School District #408

Cabin #

School

*Leave this space blank for nurse*

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 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 of 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):	Primary/Evening Phone:
Parent/Guardian Name:	Cell/Work phone:
Parent/Guardian Name:	Cell/Work phone:
Emergency Contact & Phone:	Emergency Contact & 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

***Below are medical and health history questions. Please provide specific information if you reply "Yes."***

***Use the back of this page if necessary. ALL MEDICATIONS AND MEDICATION FORMS NEED TO BE TURNED IN AT LEAST ONE WEEK PRIOR TO CAMP!***

1. Will your child be taking specific medications prescribed for them at camp? YES NO

(This includes over-the-counter medications. **Do Not** send large sized containers)

If YES, please indicate below and have the doctor/dentist complete and sign the enclosed

**Authorization for Administration of Medication** and return it along with the medication **one week** prior to camp.

Medication \_\_\_\_\_

- Does your child have a medical problem: \_\_\_\_\_ YES NO

(such as asthma, heart condition, seizures, diabetes, orthopedic, etc.)? **Please list above.**

2. Does your child have any allergies (including insect, food, medication, and/or seasonal)? YES NO  
(Please be specific): \_\_\_\_\_

3. Does your child have any physical limitation which would require accommodations in the camp environment? YES NO  
\_\_\_\_\_

4. 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 IS 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 the 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

***PLEASE SEE THE BACK OF THIS PAGE FOR MORE IMPORTANT INFORMATION!***

