Please return this	form	promptly	1
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)*****

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 CAM

Jse	e 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? (This includes over-the-counter medications. <u>Do Not</u> 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 pri Medication	YES or to camp.	NO	
	Does your child have a medical problem: (such as asthma, heart condition, seizures, diabetes, orthopedic, etc.)? Please list above.	YES	NO	
2.	Does your child have any allergies (including insect, food, medication, and/or seasonal)? (Please be specific):	YES	NO	
3.	Does your child have any physical limitation which would require accommodations in the camp environment?	YES	NO	
1.	Does your child need to be awakened during the night (to use the hathroom or for any other reason)?	YES	NO	

NO PRESRIPTION 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!

All Auburn School District policies and Washington State Laws for Medications and Life-Threatening conditions apply at camp!

Medications at school: (RCW 28A.201.260 and 270)) Life-Threatening Conditions Law: (RCW 28A.210.320)

- If your child has an unexpired inhaler and/or auto-injector Epinephrine at school with complete medical provider orders and parental consent, in most cases you will not need to obtain new orders or medications. Your child's medication and paperwork will go from school to camp with your child's teacher.
- Please contact the school nurse or health tech if you are unsure about the need to obtain provider orders and medications for camp or have additional questions.
- We kindly ask that Vitamins and large containers (Costco sized bottles) of medications not be sent unless absolutely necessary. Storage space at the camp site is limited. Please send only a 3-day supply of medications.

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DDIT	IONAL SPACE FOR:
•	MEDICATIONS LIST
•	MEDICAL CONCERNS/FOOD ALLERGIES:
•	PHYSICAL LIMITATIONS OR NEEDS:

The nurses and health techs would like to express our gratitude to you for providing complete and detailed information regarding your student's health and medical needs during camp. It is our goal to provide a safe and healthy experience for all Auburn School District campers!

Thank you!

Please contact the health room staff at your school or go to www.auburn.wednet.edu under "Families" and "Camp Auburn" for more information and forms.