

# HSE Parental Permission for Camp Tecumseh

Name of Student \_\_\_\_\_

Team: All Heroes Stars – Split Team All Globetrotters  
April 18-20 Last name A-L April 18-20 April 20-22  
Last name M-Z April 20-22

Field Trip Destination: Camp Tecumseh

Cost: \$ 135.00 Time leaving school: 9:30 Time returning to school: 2:15

Meals: Bring a sack lunch for the FIRST DAY ONLY – all other meals will be provided

## Emergency Information and Parent/Guardian Permission

In March, a specific form for medication will be sent home with each student. If you have any questions about medications prior to that, please contact our nurse, Lisa Keefe, at [lkeefe@hse.k12.in.us](mailto:lkeefe@hse.k12.in.us)

In case of an emergency I can be reached at the following telephone numbers:

Parent/Guardian Name \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

***If unable to reach Mr./Mrs. \_\_\_\_\_, parent/guardian, at the emergency numbers listed, I/we hereby grant permission for a licensed health care professional and or treatment center to administer to my child, appropriate medical care in the event of an accident, illness, or emergency.***

The nurse has permission to administer the following over-the-counter medications to my student. Please mark all that apply:

\_\_\_\_ Tylenol \_\_\_\_ Ibuprofen \_\_\_\_ Sudafed \_\_\_\_ cough drops \_\_\_\_ Benadryl

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The payment amount of \$135 is due by Thursday, March 31.  
You may pay the entire amount at any time or send in partial payments.  
Cash, checks, and online payments are accepted.  
All checks are payable to Fishers Junior High.**