

FJH Student Permission for Camp Tecumseh

Name of Student _____

| | | |
|------------------|---------------------------|-------------------|
| Team: All Heroes | Stars – Split Team | All Globetrotters |
| April 17-19 | Last name A-K April 17-19 | April 19-21 |
| | Last name L-Z April 19-21 | |

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 the FJH nurse, Carley Touhey, at ctouhey@hse.k12.in.us

If the nurse or directors need to contact a parent (medical or behavioral issues), please provide the following to ensure we have the most current contact information:

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 \$150 is due by Thursday, March 30.
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.**