Student Permission for Camp Tecumseh

Name of Stude	ent				
Team(circle): All Heroes April 21-23		Last name	Split Team A-J April 21-23 K-Z April 23-25	All Globetrotters April 23-25	
		chool: 9:45 Time FIRST DAY ONLY -			
 Please ch the health If you chil without pa Please re medication In March, a specimedications prior 	p Nurse will be presence that you have on card when caring fold does not have a harent consent. If the "Nurses Nons, and any medicate to that, please consent.	for your student. nealth card on file, your lotes" document for furt al needs your student m tion will be sent home w tact Deb Kletch- dkletcl	s health card on Skywastudent may not receive ner information regarding have. ith each student. If youngeless, it was the student of the stud	ard. The nurse will refer to	
		to contact a parent (me o ensure we have the m		ues), we rely on the ormation, please provide the	
Parent/Guardian	Name:				
Home:		Work:	Cell:		
Parent/Guardian	Name:			·	
Home:		Work:	Cell:		
Student's Doctor	:	Doctor's Phone:			
permission for a	a licensed health d		or treatment center to	ers listed, I/we hereby grant o administer to my child,	
Parent/Guardian	Signature:		Date:		

The permission slip and an initial payment of \$80 is due by Friday, November 22
The final payment of \$80 is due by Tuesday, March 25.
You may pay the entire amount at any time.
Cash, checks, and online payments are accepted.
All checks are payable to Fishers Junior High.