

Student Permission for Camp Tecumseh

Name of Student _____

Team(circle): All Heroes Stars – Split Team All Globetrotters
April 15-17 Last name A-H April 15-17 April 17-19
Last name I-Z April 17-19

Cost: \$ 150.00 Time leaving school: 9:45 Time returning to school: 2:15
Meals: Bring a sack lunch for the FIRST DAY ONLY – all other meals will be provided

Medical Information

- An FJH staff member will attend Camp T in a dedicated role of “nurse” to distribute medicine, attend to any illnesses, and ensure the health and safety of all campers. **The school nurse will not attend.**
- Please check that you have completed your student’s health card on Skyward. The staff will refer to the health card when caring for your student.
- Please refer to the “Health Notes” document for further information regarding health concerns, medications, and any medical needs your student may have. (Sent home in late February)

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, Carley Touhey, at ctouhey@hse.k12.in.us

The school has permission to administer the following over-the-counter medications to my student. **Please check all that apply:**

____ Tylenol ____ Ibuprofen ____ Tums ____ Benadryl ____ Neosporin ____ Eye Drops

List and explain any non-food allergies your child may have (bees, grass, etc.): _____

If the teachers 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 the above listed 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.

Parent/Guardian Signature: _____ Date: _____

**The permission slip and an initial payment of \$75 is due by Friday, November 17
The final payment of \$75 is due by Tuesday, March 26.
You may pay the entire amount at any time.
Cash, checks, and online payments are accepted.
All checks are payable to Fishers Junior High.**