

HSE Parental Permission for Camp Tecumseh

Name of Student _____

Team: All Heroes Stars – Split Team All Globetrotters
April 20-22 Last name A-K April 20-22 April 22-24
Last name L-Z April 22-24

Field Trip Destination: Camp Tecumseh

Cost: \$ 135.00 Time leaving school: 9:15 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

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: _____

Please return this form with your first payment of \$70 by Thursday, October 24. The second payment of \$65.00 will be due on Thursday, March 26.

**You may pay the entire amount at any time.
All checks are payable to Fishers Junior High.**