

# Student Permission Slip

OUTDOOR EDUCATION 2020



Student \_\_\_\_\_  
First Name(s) Last Name(s)

Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_ School / Group \_\_\_\_\_  
MM DD YYYY

**Pertinent Information:** *information provided below will be kept confidential and will not negate your student's enrollment in any of our programs; it will simply allow us to differentiate and modify content & methods to best support and engage your student in our activities & programming.*

**Asthma:** \_\_\_\_\_  
Inhaler used regularly? Yes / No Inhaler carried? Yes / No

**Allergies:** \_\_\_\_\_  
Epipen needed? Yes / No Epipen carried? Yes / No

**Physical Impairment / Mobility Support:** \_\_\_\_\_  
Wheelchair / Walker accommodations? Yes / No Cart needed for long walks / hikes? Yes / No

**Dietary Restrictions:** \_\_\_\_\_  
 Dairy Free  Gluten Free  Vegetarian Preferences  Other: \_\_\_\_\_

**Other Health Restrictions:** \_\_\_\_\_

**ESL Support:** \_\_\_\_\_

**Cognitive Support:** \_\_\_\_\_

**Emotional / Behavioral Support:** \_\_\_\_\_

**Photo Release:** Photo/video material taken from the event can be used for promotional purposes on Camp of the Hill's newsletters, social media, and website.  Yes  No

**Acknowledgement of Assumption of Risk and Liability Waiver:** I acknowledge and accept the risks inherently present in outdoor activities and agree to the terms and conditions listed in my group's Assumption of Risk and Waiver of Liability contract (document provided by COTH to your school's trip coordinator).

**Participation Permission:** I give my child permission to participate in all of the events and activities of this trip unless otherwise noted here: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
First Name(s) Last Name(s)

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