

Student Permission Slip

OUTDOOR EDUCATION 2020

CAMP OF THE
HILLS

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 _____