Student Permission for Camp Tecumseh

Name o	of Student		
Team:	All Heroes April 17-19	Stars – Split Team Last name A-K April 17-1 Last name L-Z April 19-21	•
Cost <u>: \$</u>	150.00 Time leav	ring school: 9:30 Time return	ning to school: 2:15
Meals <u>:</u>	Bring a sack lunch f	or the FIRST DAY ONLY – all oth	ner meals will be provided
<u>Emer</u>	gency Informa	ation and Parent/Guardi	an Permission
• A • F ti • If • If	Please check that you he health card when of you child does not Please refer to the "Nu nedications, and any rook, a specific form for medications."	caring for your student. have a health card on file, they wing inses Notes document for further informedical needs your student may have	th card on Skyward. The nurse will refer to Ill not attend ormation regarding health concerns, ve. (Sent home in February) ch student. If you have any questions about
		to contact a parent (medical or behavent contact information:	vioral issues), please provide the following to
Parent/G	Guardian Name		
H	lome:	Work:	Cell:
Parent/G	Guardian Name		
H	lome:	Work:	Cell:
Student'	s Doctor:		Ooctor's Phone:
number	s listed, I/we hereby o administer to my o	grant permission for a licensed h	, parent/guardian, at the emergency lealth care professional and or treatment the event of an accident, illness, or
Parent/G	Guardian Signature:		Date:

The payment amount of \$150 is due by Thursday, March 30.
You may pay the entire amount at any time or send in partial payments.
Cash, checks, and online payments are accepted.
All checks are payable to Fishers Junior High.