

Office of Curriculum and Instructional Programming
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

OUTDOOR EDUCATION PROGRAM
PARENT PERMISSION

INSTRUCTIONS TO THE PARENT: Please complete this form and return it to the teacher. The teacher will deliver the completed form to the health assistant or nurse upon arrival at the outdoor education center.

Student's Name _____ ☐ Male ☐ Female

Address _____ Birth Date ____/____/____

School Name _____

Please check all that apply:

☐ My child needs medication. (Parent is required to furnish medication in the original properly labeled container, correctly authorized on MCPS Form 525-13: *Authorization to Administer Prescribed Medication*. No medicine will be given that is not in compliance with MCPS Policy JPC: *Administration of Medication to Pupils*.)

☐ My child should take the following over-the-counter medications _____. I have submitted MCPS Form 525-13. (a doctor's signature is **not** required for over-the-counter medications at the outdoor education program **only**.)

☐ My child is allergic to insect bites to the extent that he/she needs medical treatment. (If adrenalin is required, attach MCPS Form 525-14: *Emergency Care for Management of Anaphalaxis*.)

☐ My child has an anaphalactic reaction to _____ food(s). Attach MCPS Form 525-14 if adrenalin is required.

☐ My child is allergic to _____.

☐ My child has special dietary requirements _____. (Some special diets will require that parents supply some food.)

☐ My child has other special conditions of which you should be aware. They are: _____

Date of student's last Tetanus shot ____/____/____

OTHER INFORMATION

Name of Family Doctor _____

Doctor's Telephone # _____ - _____ - _____

Parent's Home Telephone # _____ - _____ - _____

Mother's Work Telephone # _____ - _____ - _____

Father's Work Telephone # _____ - _____ - _____

Emergency Contact Name _____

Emergency Contact Telephone # _____ - _____ - _____

INSURANCE INFORMATION

Medical Insurance Carrier's Name _____

Group/Organization _____

Policy Number _____

If Family is member of HMO/PPA:

Name of Group _____

Office Used _____ I.D. # _____

Telephone # _____ - _____ - _____

☐ Check if your child is serving as a high school student assistant and list his/her school _____

I give permission for my child to participate in the outdoor education program described in the accompanying letter which I have read. In the event I cannot be reached in an emergency, I hereby give permission to the staff of the outdoor education center to secure proper treatment for my child.

Signature, Parent/Guardian

Date