



Outdoor Environmental Education Program Parent/Guardian Permission

Outdoor Environmental Education Programs
Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 345-7
January 2018**

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

Student's First Name _____ Student's Last Name _____ MCPS ID# _____

Student's Preferred/Chosen Name _____ Birth Date ____/____/____

Address _____

School Name _____

Please check all that apply:

- My child needs medication. (Parent/Guardian 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 Regulation JPC-RA, Administration of Medication to Students](#).)
- My child should take the following over-the-counter medications _____
I have submitted [MCPS Form 525-13, Authorization to Administer Prescribed Medication](#). (A doctor's signature is **not** required for over-the-counter medications at the outdoor environmental education program **only**.)
- My child is allergic to insect bites and could potentially need medical treatment. (If epinephrine is required, attach [MCPS Form 525-14, Emergency Care for Management of Anaphylaxis](#).)
- My child has an anaphylactic reaction to _____ food(s).
Attach [MCPS Form 525-14, Emergency Care for Management of Anaphylaxis](#) if epinephrine is required.
- My child is allergic to _____.
- My child has special dietary requirements _____. (Some special diets will require that parents/guardians supply some food.)
- My child has other special conditions of which you should be aware. They are: _____

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

REQUIRED INFORMATION*

Parent's/Guardian's Home Telephone ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

*This required emergency contact information is ONLY for this Outdoor Education Program activity. If you need to update your child's emergency contact information, please contact your child's school.

INSURANCE INFORMATION

Medical Insurance Carrier's Name _____

Group/Organization _____

Policy Number _____

If Family is member of HMO/PPO:

Name of Group _____

Office Used _____ I.D. # _____

Telephone ____ - ____ - ____

Name of Family Doctor _____

Doctor Telephone ____ - ____ - ____

Check if your child is serving as a high school student assistant and list school your child attends: _____

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 medical treatment for my child.

Parent/Guardian Name (please print) _____

Signature, Parent/Guardian _____ Date ____/____/____