



# Outdoor Environmental Education Program Parent/Guardian Permission

**MCPS Form 345-7  
January 2018**

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

**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 -- Choose One -- \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>REQUIRED INFORMATION*</b></p> <p>Parent's/Guardian's Home Telephone ____ - ____ - ____</p> <p>Parent/Guardian Name _____</p> <p>Work ____ - ____ - ____ Cell ____ - ____ - ____</p> <p>Parent/Guardian Name _____</p> <p>Work ____ - ____ - ____ Cell ____ - ____ - ____</p> <p>Emergency Contact Name _____</p> <p>Emergency Contact Telephone ____ - ____ - ____</p> <p>Emergency Contact Name _____</p> <p>Emergency Contact Telephone ____ - ____ - ____</p> <p><small>*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.</small></p>	<p><b>INSURANCE INFORMATION</b></p> <p>Medical Insurance Carrier's Name _____</p> <p>Group/Organization _____</p> <p>Policy Number _____</p> <p><b>If Family is member of HMO/PPO:</b></p> <p>Name of Group _____</p> <p>Office Used _____ I.D. # _____</p> <p>Telephone ____ - ____ - ____</p> <p>Name of Family Doctor _____</p> <p>Doctor Telephone ____ - ____ - ____</p>
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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 \_\_\_\_/\_\_\_\_/\_\_\_\_