

Plano Independent School District Outdoor School Program

I give my permission for:

Last Name	First Name	MI
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to attend the Outdoor School Program at the Collin County Adventure Camp near Westminister, Texas on the following dates:

I understand the students will be in the forest for nature study a part of each day, and as in any outdoor setting, there is an element of risk. Although the staff representing Plano ISD will provide constant supervision to insure my child's safety, the environment of the area presents potential hazards such as snakes, insects, ticks, and rough terrain, as well as other natural features which are to be respected for proper safety.

Although the camp has an infirmary and is staffed by a registered nurse or first responder 24 hours a day, if more extensive medical care is required, there is a fully staffed hospital in McKinney, TX approximately 20 minutes from camp. In the event of a medical emergency, I understand that my child will be transported to Care Now or Medical Center of McKinney Hospital for immediate treatment.

In case of emergency, I may be reached at the following telephone numbers:

Primary telephone number: _____

Secondary number: _____

Additional number: _____

If I cannot be reached, or the emergency does not permit time to contact me, I give permission to transport my child for immediate medical attention. I also authorize the Plano ISD staff to request assistance of 911, if in the staff's opinion, such assistance is necessary.

PARENT'S NAME and MAILING ADDRESS

Parent's Name: _____

Street Address: _____

City: _____ Zip Code: _____

INSURANCE INFORMATION

Insured's Employer (company name and mailing address)

Please attach a copy of the student emergency card if there is no insurance.

Insurance Carrier or Company Name: _____

Address: _____

Policy Number: _____ Group Number: _____

1. LIST ALL ALLERGIES or medical problems that we should know about your child if taken to the emergency room. _____

2. List any medications your child will be taking during the week. **All medications must be in their original container with *pharmacy label or doctor's prescription*** and placed in a gallon Ziploc bag for use at camp. Turn this in to the school nurse the previous Monday before a Monday departure or the previous Wednesday before a Wednesday departure prior to his/her camp session.

No medication will be given to your child unless an **Orange Medication Request Form** has been completed prior to camp. If more than three medications are to be given, complete a second request form.

3. Date of last DPT shot/booster: (including this date keeps your child from having to receive an unnecessary shot if we had to go to the emergency room.)

4. Occasionally, it is necessary to provide students with non-prescription medications when they are at the site. The medications listed are kept in stock at the site for this purpose. These medications are distributed according to the manufactures recommendations based on age and weight. Please check to indicate whether you give permission for the listed medication to be administered by the Camp Nurse or an authorized responsible staff member. We will not administer any medication without authorization. * Generic medications will be used when possible.

Yes	No		Yes	No	
_____	_____	Ibuprofen (fever or pain)	_____	_____	Calamine Lotion (poison ivy)
_____	_____	Acetaminophen (fever or pain)	_____	_____	Cortaid (itch/rash)
_____	_____	Benadryl (localized itch/insect bite)	_____	_____	Neosporin Ointment (antibiotic)
_____	_____	Zyrtec (allergy symptoms)	_____	_____	Chlorespetic Lozenges
_____	_____	Mylanta (upset stomach)	_____	_____	Cough Drops (cough)
_____	_____	Children's Robitussin (cough)	_____	_____	Insect repellent

PARENTAL PERMISSION EMERGENCY MEDICAL TREATMENT

THE STATE OF TEXAS COUNTY OF _____

I, _____, the undersigned have agreed and so authorize the following Plano ISD Staff members:

PISD Outdoor School Coordinator
Elementary School Principal or his /her agent

the legal right to sign for Medical or Surgical Care of my child,

_____, age (____) born

Month ____ Day ____ Year _____. This authorization is while my child is attending Collin County Adventure Camp in Westminster, Texas.

Executed on this the ____ day of _____ 2016.

Signature of Parent or Legal Guardian

Given under my hand and seal of office, this the ____ day of _____, 2016.

_____ in and for _____ County, TX
Notary Public