

RIVER TRAILS SCHOOL DISTRICT #26
PERMISSION SLIP/SPECIAL ACTIVITY/OTHER

Dear Parent(s)/Guardian,

Your child would like to sign up for the River Trails Middle School Summer Camp – “*Train Like A Chief*” (2018). The ‘movement-based’ camp will provide students with an opportunity to start their summer with two weeks of physical activity and fun with fellow RTMS students. Campers should come to camp ready to move and cooperate in team-based, as well as fitness based activities. Activities will be held outdoors and indoors depending on weather conditions. Campers are encouraged to bring a water bottle and snack. Gym shoes are a requirement. In order for a child to enroll and participate in summer camp, the following must be completed prior to the last day of school (June 4th):

- Child must have a current doctor’s physical examination on file with RTSD 26.
- This permission slip must be completed and turned in prior to the last day of school (June 4th)
 - *The first 50 students to enroll (per session) will be accepted.*
- Cash, check, or money order made payable to “River Trails Middle School”

THE EMERGENCY FORM AT THE BOTTOM OF THIS SHEET MUST BE COMPLETED AND RETURNED TO THE RIVER TRAILS MIDDLE SCHOOL OFFICE TO THE ATTENTION OF MR. KUPERMAN OR MR. FARLEY BY: Monday, June 4th, 2018.

PARENT/GUARDIAN _____
ADDRESS _____ PHONE _____

WORK PHONE _____ (Mother) _____ (Father)

FAMILY DOCTOR _____ PHONE _____

PLEASE CHECK ONE OF THE OPTIONS BELOW:

_____ My child will walk to and from camp _____ I will be responsible for transporting my child

PLEASE CHECK WHICH SESSION(S) YOU WILL BE ATTENDING:

_____ SESSION 1 (6/18-6/28) _____ SESSION 2 (7/2-7/12) _____ SESSION 3 (7/16-7/26) _____ SESSION 4 (7/30-8/9)

I as parent/guardian of _____ do herewith give my permission for **School District #26 Personnel** to act in my behalf if an emergency arises and arrange transportation and accompany my child to the nearest emergency room.

As a parent/guardian I do herewith authorize the treatment by a qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence

SIGNATURE: _____ DATE _____
(Mother/Father/Guardian)

MEDICAL NOTES: (Allergies - Medication - Other)
