

Permission Slip Fall Overnight 2011

_____ Name

_____ Basecamp

Amount: _____

Check # _____ Date _____

_____ has my permission to attend **Vista's White Mountain Overnight - Camping at Barnes Field on September 23-23, 2011** to Pinkham Notch in the White Mountains. I will ensure that my son/daughter has the gear listed for a safe and rewarding trip. Included is a check for \$60. **Please make checks payable to KRMS.**

Please circle the medications that Vista teachers and chaperones may administer if needed:

Tylenol

Ibuprofen

Sudafed

Benadryl

My child has the following health concerns and will be taking the following medications, that should be considered when hiking or participating in other outdoor activities. Please list and explain dosages.

_____ I am requesting a partial scholarship. This is what I can afford to pay:

\$ _____

_____ In case of an emergency, I can be reached at home at: _____

or _____

Parent/Guardian's Signature

← PLEASE SIGN AND RETURN WITH PAYMENT TO YOUR BASECAMP TEACHER. →