

**STUDENT PERMISSION SLIP**

Check one:

Camp Casey Session Assignments 2024	
<input type="checkbox"/> <b>Session One</b> April 1-3 Monday- Wednesday	<input type="checkbox"/> <b>Session Two</b> April 3-5 Wednesday- Friday
<p style="text-align: center;"><u><b>Rock Creek</b></u>                      Clement, Johns, Cameron, Planellas</p> <p style="text-align: center;"><u><b>Cedar River</b></u>                      Cassady, Rodriguez, Niksich, Kalb</p> <p style="text-align: center;"><u><b>Tahoma</b></u>                      Cairns, Lapp, Heil, Rude</p>	<p style="text-align: center;"><u><b>Lake Wilderness</b></u>                      Newbrey, Ferguson, Long, Cuddie, Weiner</p> <p style="text-align: center;"><u><b>Glacier Park</b></u>                      Anderson, Wilson, Behrens, Gordon</p> <p style="text-align: center;"><u><b>Shadow Lake</b></u>                      Lish, Heater, Kostohris</p>

**Student Name:** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **School** \_\_\_\_\_

\_\_\_\_\_ has my permission to attend Camp Casey on Whidbey Island with their class and to participate in all activities to be held on said outing.

I acknowledge this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity. I understand the district will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

→ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CAMP CASEY CONTRACT**

**Attendance to Camp Casey will depend on my ability to:**

- Show Respect
- Make Good Decisions
- Solve Problems
- Follow School Expectations in the Camp Setting

**If I am not cooperative up at Camp Casey, the following may be put into place:**

- Problem-Solving with the Assistant Director
- Squad change
- Loss of activities
- Additional supervision
- Request that my parents pick me up from Camp Casey

\_\_\_ I have read the Rights and Rules for 5<sup>th</sup> graders on the back of this form.

Please sign (acknowledging your agreement to the plan) and date

→ **Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Behavior:** If there is a problem with my child's behavior, which the teachers judge to be serious enough to send them home, I will pick them up at Camp Casey.

→ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## EMERGENCY/HEALTH INFORMATION

This information will be shared with the District staff who administers care to your child.

Emergency Contact	Primary Phone	Secondary/ Work Phone
Parent/Guardian #1:		
Parent/Guardian #2:		
Alternate Contact		
Student Address	City	Zip

Insurance Company	Policy/Group #
Policyholder's ID #:	Date of last TD shot:
Physician Name	Phone Number

Check those that apply to your child's *medical history*:

Asthma:	Diabetes:	Seizure Disorder:
Bleeding Disorder:	Heart Condition:	Vision Problems:

Physical Activity Limitations	Explain:
Allergies (medications, food, insect, other)	Explain:
Other	Specify:

*If medication(s) is/are to be taken at Camp Casey, please complete the section on the other side of this form and have doctor sign.*

### **MEDICAL CARE AUTHORIZATION**

The following agreement is needed if you wish any medical problems treated while your child is at Camp Casey. Minor injuries will be treated by school staff on the same basis as injuries occurring at school. However, should a serious situation arise, your child will be taken to Whidbey General Hospital and/or the doctor most easily accessible.

Therefore, I \_\_\_\_\_

as the legal parent/guardian of \_\_\_\_\_  
 authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand that every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

If your child becomes ill and is no longer able to participate in the activities, my signature below indicates that I will arrange for him/her to be picked up at Camp Casey.

→ **Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

**Medication at Camp Request Form on back**

Please complete the following **only** if needed. Students are not allowed to keep any medication (prescription or over-the-counter) or supplements/vitamins with them. As per district policy all of these items must be turned into the nurse. **Supplements and vitamins, will not be administered during camp without a healthcare providers order. Please note the nurse is caring for 300+ students.**

If your student has a medication administration form with a doctor's signature on file at school and there are no additional medications for camp, you are not required to get an additional signature.

## PRESCRIBED & OVER THE COUNTER MEDICATION AT CAMP REQUEST

Student Name: \_\_\_\_\_

Medicine Name	Time of Day	Dosage & Route

**REMEMBER:**

- 1. Prescription medications should be in their original containers with the prescription label printed on the container.**
- 2. Over the counter medications should remain in their original containers and labeled with the student's full name in permanent marker on the container.**
- 3. A prescription or HCP's order is required for all medications or supplements at camp.**
- 4. Please place medication in a gallon bag labeled on the exterior with the student's name, the guardian's name and emergency number and school the student attends.**

I certify that I am the parent, legal guardian, or other person in legal control of the above named student, and request and authorize the school to administer, while at camp, the above medication(s) to the above named student in accordance with the prescription or doctor's instructions.

**It is understood that state law requires any PRESCRIPTION and/or OVER THE COUNTER MEDICATION (nonprescription) required by the student, be supplied in its original container with accompanying medical authorization form with the health care provider's signature, directions specifying dosage, and reason it is to be administered.**

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATION MUST BE IN ORIGINAL CONTAINER AND DELIVERED TO YOUR CHILD'S SCHOOL NO LATER THAN FRIDAY, MARCH 15th. Failure to comply with the necessary deadlines, may impact your student's ability to attend camp.**

**FOOD ALLERGIES REQUIRING AN ALTERNATIVE DIET**

If your student has food allergies that require alternative meals, please indicate below. A doctor's signature is required. The school nurse and the camp director will work with food services to ensure acceptable replacement items are in place.

A copy of the camp menu is available upon request from the director. (email:daaby@tahomasd.us)

\_\_\_\_\_  
 \_\_\_\_\_

Health Care Provider's Name & Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Video Information Exclusion:**

Images (video and still) may be taken of your child at camp. Please check the box below and sign if you wish to have your child excluded from the video.

- I would like my child EXCLUDED from the memory video of the Camp Casey experience.

→ Parent/Guardian Signature \_\_\_\_\_

**Rights and Rules for 5<sup>th</sup> Graders**

***Rights:***

- Students have the right to be treated with and spoken with dignity and respect by the counselors. If there is a problem, students should feel free to talk to the teacher.
- In general, students will not have access to a phone (the pay phone was removed from the camp facility). However, if a student has a need to call home, the staff at camp will make it happen. Students should let their teachers know if they think this will be a possibility.

***Rules:***

- Students are expected to show respect, make good decisions and solve problems.
- Students are not permitted to leave the campgrounds or have visitors without permission from the camp director.
- Students will be expected to follow their assigned schedule at camp.
- Cell phones, I-pod (or similar equipment), video games, radios, technical/computerized equipment or baseball (or other trading type) cards are not allowed.
- The same behavior that is expected at school will be expected at camp.
- Students must stay with their squads *AT ALL TIMES*.
- Pranks are not allowed.
- After lights out, students must settle down quietly in their bunks for the night. Flashlights must be turned out after lights out or they will be confiscated.
- Students will show respect for peers, counselors and adults at camp.
- Students must stay inside the designated camp boundaries.
- The same school rules apply at Camp Casey. (With the exception of the following rule: It's okay to chew gum at camp! 😊)