

May 27, 28, 29, 2026

STUDENT _____ DOB _____ PHONE _____

TEACHER _____

ADDRESS _____

PARENT/GUARDIAN _____

PHONE(Home) _____ PHONE(Cell) _____

OTHER CONTACT _____ PHONE(Home/cell) _____

DOCTOR _____ PHONE _____

INSURANCE COMPANY _____ POLICY NUMBER _____

MEDICAL INFORMATION:(Chronic Health Issues, etc.)

IN CASE OF EMERGENCY PARENT/GUARDIAN WILL BE CONTACTED

ALLERGIES:(Food and/or Medications Insect Bites)LIST:

SPECIAL HEALTH CONCERNS: _____

EMOTIONAL CONCERNS: _____

IS YOUR CHILD CURRENTLY ON MEDICATION: YES NO

IF SO, PLEASE SPECIFY: _____

WILL YOUR CHILD NEED THIS MEDICATION AT CAMP? YES NO

IF YES, SEE ATTACHED MEDICATION AUTHORIZATION FORM. PLEASE NOTE: NO MEDICATION, OVER THE COUNTER OR PRESCRIPTION WILL BE ADMINISTERED WITHOUT A COMPLETED MEDICATION AUTHORIZATION FORM.

ALSO NOTE: NO CHILD IS PERMITTED TO CARRY OR KEEP MEDICATION IN THEIR BACKPACK OR LUGGAGE FOR SELF ADMINISTRATION WITHOUT A MEDICATION AUTHORIZATION. ANY MEDICATION BEING CARRIED BY A STUDENT WITHOUT THE MEDICATION AUTHORIZATION WILL BE REMOVED FROM THE STUDENT AND HELD BY THE NURSE UNTIL THE END OF THE FIELD TRIP.

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Has your child received any immunizations in the past 12 months? Yes No

If yes, submit documentation from your physician/health care provider.

If there is any other information the staff should have concerning your child, please comment here: _____

I consent to my child participating in the Environmental Outdoor Education Project at Camp Mason Environmental Education Center in Blirstown, New Jersey on May 27-29, 2026. I understand all due vigilance will be exercised on behalf of the safety of all the children and release the school from responsibility beyond the exercise of just and prudent practice. I also acknowledge that I have read and signed the YMCA Camp Ralph Mason Program Waiver. I recognize that while on this field trip , medical treatment on an emergency basis may be necessary. In case of an emergency the parent/guardian will be contacted. In the event school personnel are unable to contact me for my consent for emergency care , I do hereby consent in advance to emergency care including hospital care as deemed necessary under urgent circumstances. This permission will be used only after efforts to reach a parent/guardian have been made.

Parent/Guardian Signature _____

Date _____