

FIFTH GRADE CAMP ENROLLMENT FORM

Participant's Name _____

Address _____

Phone Number _____ Emergency Number _____

Parent/Guardian's Name _____

Student's Homeroom Teacher _____

.....

I have reviewed the trip information and agree to pay the \$70.00 for my child to attend fifth grade camp at Covenant Hills on May 28th & May 29th, 2015. I understand that suitcases, duffel bags, and sleeping bags are too bulky for the bus, so I will arrange delivery of these items to school. I will also arrange a ride home from the elementary school for my child at 2:15 on May 29th.

Parent/Guardian's Signature _____

.....

Chaperones:

I would like to be a chaperone for the fifth grade camping trip. I understand it will cost me \$40.00.

I understand I will have to give permission to the Marlette Schools to do a Criminal History Screening.

Chaperone's Signature _____

Please Print Name & Relation to Student: _____

.....

_____ My child will NOT be participating in this trip.

Child's Name: _____

Parent/Guardian's Signature _____

FIFTH GRADE CAMPING TRIP

Information and Enrollment Form

Marlette Fifth Grade students and parents are invited to attend an overnight camping trip to Covenant Hills Campground in Otisville, MI. The dates for this trip are Thursday, May 28th through Friday, May 29th. The two days will include character building, leadership development, team building activities, the ropes course, climbing walls, lake activities (canoeing, kayaking & fishing) and archery.

The cost for this trip is \$70.00 per student and \$40 per adult. This fee includes one night's lodging and all meals. Students and chaperones will board school buses at 9:00 am on Thursday and return by 2:15 pm on Friday.

Parents/Guardians who attend this trip will travel throughout the day with their child/children. At least two parents will be assigned to each cabin. Any mother who would like to chaperone their son on this trip will be assigned to a girl's cabin for the night....and fathers who accompany their daughters will be placed in a boy's cabin or male chaperone's cabin for the night. No parent will be turned away if they would like to attend camp and complete the necessary paper work.

All interested chaperones will be required to give permission for a Criminal History Screening. A form will be sent to those adults at a later date.

Your fifth grade student will need to arrange for a ride to school on Thursday morning. Bulky camping gear and duffel bags could cause an inconvenience to bus riders and drivers. ALL students need to be picked up by 2:15 pm on Friday afternoon.

Camping fees can be paid in full or payments can be made in installments.

For Students: \$25.00 on or before March 13th

\$25.00 on or before April 17th

\$20.00 on or before May 8th

For Adults: \$20.00 on or before April 17th

\$20.00 on or before May 8th

Checks should be made out to Marlette Community Schools.

(Keep this copy for your records and payment plan)

HEALTH HISTORY

Fill out and return to your teacher.

Student's Name _____ Birthdate _____ Age _____

Parent or Guardian _____ Home Phone _____

Home Address _____ Business Phone _____

Family Doctor _____ Doctor's Phone _____

In an emergency, if unable to contact parent, contact: *(It is important that we are able to reach someone in case of an emergency).*

Name _____ Phone _____

Name _____ Phone _____

1. Please list any allergies (grass, bees, foods, medicines, etc.) _____

2. Please list any medications your child takes. If your child brings medication to camp, it must be in a prescription labeled container with your child's name on it. Medication will be dispensed by your child's teacher. _____

3. Please list any medical problems that we should be aware of (diabetes, seizures, bedwetting, sleepwalking, etc.) _____

4. Please list any special equipment your child uses and detail its care. (Hearing aids, braces, etc.) _____

5. Please list any activity restrictions. _____

Health History (pg. 2)

6. Please give date of last tetanus shot. _____

7. Please give names of Hospital Insurance Co. and policy number _____

8. Other health related information we should be aware of _____

I hereby give my permission for non-prescription medication and/or prescription medication (if listed on question #2) to my child, _____, if deemed advisable by camp's nurse or designated personnel.

In case of an emergency, and only if unable to reach parent or guardian, I hereby give my permission to the licensed physician selected by Covenant Hills Camp to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child named above. Any directions to the contrary should be specified on this form and signed.

Before any child is treated by medical personnel in a non-emergency situation, every effort will be made to contact you. If you have concerns or situation you feel should be discussed before leaving for camp, please contact your child's teacher.

Parent's signature _____ Date _____

One Health Card Per Participant Must Be Filled Out

PLEASE PRINT OR TYPE

HEALTH CARD

Name _____

Address _____

Apt. # _____ City/State/Zip _____

Home Phone(_____) _____

Work (Father)(_____) (Mother) (_____) _____

Other Emergency Contact Name _____

Phone Number (_____) _____

Health Insurance Company _____
(Please attach a copy of health insurance card)

Policy Number _____

Employer Providing _____

Family Doctor _____ Phone (_____) _____

Health Authorizations

I agree that my son/daughter can receive non-prescription medicine on the trip
(Tylenol, cough syrup, etc.) if the need arises. Yes ___ No ___

I agree that trip leaders may authorize emergency medical treatment of the
above named youth. (To be signed and dated by both parents if appropriate.)

Date _____

Date _____

Please note any health-related information of which we should be aware
(allergic reactions, current medications, illness, etc.)

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PLEASE PRINT OR TYPE

HEALTH CARD

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Address _____

Apt. # _____ City/State/Zip _____

Home Phone(_____) _____

Work (Father)(_____) (Mother) (_____) _____

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