

CONFIDENCE COURSE PERMISSION FORM

Dear Parent/Guardian:

Your child's class is going to participate in a unique learning experience using the **Confidence Course** at the Lathrop E. Smith Environmental Education Center. Instructors for this experience have been specially trained in the proper use of the course. The activities that make up the **Confidence Course** are designed to challenge both mental and physical abilities. They provide opportunities for each student to grow in creative thinking, self-esteem, confidence, teamwork, and cooperation. This is done by presenting a set of problems, which stimulate original thinking and/or physical activity to arrive at a solution.

Students should be in reasonably good health and physical condition. They should wear clothing suitable for outdoor activities and tennis shoes or hiking boots. **Each student pays \$2.00 for insurance.**

Complete, detach, and return this form to your child's teacher. It will be delivered to and kept on file at the Smith Center.

I give permission for my child to participate in the Confidence Course activities.

Student's Name: _____

Address: _____
(No.) (Street) (City) (Zip)

Does your child have a medical condition that staff should be aware of? YES_____ NO_____
If YES, please explain.

Is regular medication needed? YES_____ NO_____

Is emergency medication/care needed? YES_____ NO_____

Does student have the medication with him/her? YES_____ NO_____

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I GIVE PERMISSION FOR THE STAFF OF THE OUTDOOR EDUCATION CENTER TO SECURE PROMPT AND PROPER TREATMENT FOR MY CHILD NAMED ABOVE.

Mother's Phone Nos.

Father's Phone Nos.

Family Dr. Information

Home: _____

Home: _____

Name: _____

Work: _____

Work: _____

Phone: _____

Signature of Parent/Guardian: _____

Date: _____