



Outdoor Environmental Education Program Parent/Guardian Permission

Outdoor Environmental Education Programs
Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS TO THE PARENT/GUARDIAN: Please complete this form and return it to your child's teacher. The teacher will deliver the completed form to the health assistant or nurse upon arrival at the outdoor education center.

Student's First Name _____ Student's Last Name _____ MCPS ID# _____

Student's Preferred/Chosen Name _____ Birth Date ____/____/____

Address _____

School Name Gaithersburg Middle School

Date of Outdoor Education Program: 11-29, 11-30 or 12-1 (see schedule) 11-29: Gravatt P. 2, 3, 5

11-30: Gravatt P. 6, Carraway P. 2, 5, 6

Please check all that apply:

12-1: Gravatt P. 7, Fuller P. 1, 5, 7, Cabrera P 5

My child has special dietary requirements. Please list: _____

Prescribed Medication:

My child takes medication on a daily basis during the regular school day and all required paperwork and information is on file in the school Health Room.

My child will need medication administered **beyond regular school hours** while participating in this field trip. [MCPS Form 525-13](#), and/or [MCPS Form 525-14](#), has been completed (at least one week in advance of the field trip) and is on file in the Health Room at my child's school. Note: Prescription medication must be properly labeled by a pharmacist, medication label and authorized prescriber order must be consistent, and over-the-counter medication must be in an original container with the manufacturer's dosage label and safety seal intact. See [Forms 525-13](#) and/or [525-14](#) for more details

REQUIRED INFORMATION*

Parent's/Guardian's Home Telephone ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

Parent/Guardian Name _____

Work ____ - ____ - ____ Cell ____ - ____ - ____

Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

Emergency Contact Name _____

Emergency Contact Telephone ____ - ____ - ____

*This required emergency contact information is **ONLY** for this Outdoor Education Program activity. If you need to update your child's emergency contact information, please contact your child's school.

Make sure to sign
below!

I give permission for my child to participate in the outdoor education program described in the accompanying letter which I have read. In the event I cannot be reached in an emergency, I hereby give permission to the staff of the outdoor education center to secure proper medical treatment for my child.

Parent/Guardian Name (please print) _____

Signature, Parent/Guardian _____ Date ____/____/____