

TEACHER _____
TEAM _____
Date of Camp _____

**VOORHEES MIDDLE SCHOOL
PERMISSION AND EMERGENCY FORM FOR ESP**

_____ I grant permission for my child to attend this year's environmental studies program at Camp Ockanickon.

_____ I do not grant permission for my child to attend this year's environmental studies program at Camp Ockanickon.

The policy of the school is to contact the parent or guardian before taking a student to the doctor or a hospital. However, in the case of an emergency, or when the parent or guardian cannot be reached, the following permission form will allow treatment to be secured. In case of an emergency, your child will be transported to the nearest hospital.

Child's Name _____ Date of Birth _____
School _____

Address _____

Primary Contact Phone Number _____

Emergency Contact Name and Phone Number _____

Signature Date

Please circle the Team and Date that your Child will be attending Camp:

Red
9/25/2024

White
9/23/2024

Blue
9/24/2024

☐ My child has medical needs or medications that need to be discussed with the school nurse. Please contact the Voorhees Middle School Nurse's Office at 856-795-2025 ext. 5161 or 5186.

ALL MEDICATIONS NORMALLY GIVEN DURING SCHOOL HOURS WILL BE ADMINISTERED UNLESS THE SCHOOL NURSE HAS BEEN NOTIFIED IN WRITING NOT TO DISPENSE.

ALL MEDICATIONS ARE DUE TO THE NURSE NO LATER THAN SEPTEMBER 13th

If your child is on a special diet - he/she may bring their own lunch.

RETURN TO YOUR HOMEROOM TEACHER BY September 13th.