

**Parent Permission/Information Form
Challenge Education Program**

Student's Name: _____ Date of trip: _____

Muncie Community Schools and Delaware Blackford Special Education Cooperative offer the opportunity for students to participate in a full day challenge education experience. Instruction is designed to teach cooperation, decision-making, teamwork, and group participation to students. Instructors are staff trained in Challenge Education at Camp Adventure. We are confident that your child will benefit tremendously from this experience. The Challenge Education program is a non-competitive outdoor education experience for elementary, middle, and high school students. There is no cost for this trip. Please complete the VERY IMPORTANT required information below and return to your child's teacher.

1. Does your child have your permission to be sprayed with insect repellent? Y/N

2. List any allergies your child has including bee stings. *If he/she is allergic to bee stings you must send bee sting medication (kit) with your child. _____

3. If you child is currently taking medication, please list the medication, dosage, and time to administer the medication. _____

4. Dress your child for the forecasted outdoor weather conditions on the day of the trip. Be sure he/she wears sturdy closed shoes and socks (no sandals). Dress your child in old clothes, layers, and gloves and hat if it is cold. Children not appropriately dressed for the weather will not be allowed to participate. Please no jewelry, hair spray, makeup, or perfume for this activity. The final decision regarding participation lies with course leader.

5. Each child must bring a nutritious lunch. We recommend a sandwich, fruit, vegetables, drink, and a snack. Students participate in lots of physical activities and will need good nutrition for energy.

Assumption of Risks: Participation in the activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another.

I give my permission for _____ to participate in the challenge education program. I have read the information about risks involved in this event and I know, understand, and appreciate the risks inherent in these activities. I will send my child prepared to participate and knowingly assume such risks.

(Parent/Guardian Signature) _____ (Date) _____
(Emergency Contact (name) _____ (Number) _____