

*For the safety and well being of all students, all forms must be in by
Wednesday, October 7th.*

Registration and Permission Form The Lane School

Name _____

How is his/her general health? Good ____ Fair ____ Poor ____

Does he/she have allergies or any special dietary or physical restrictions? Yes ____ No ____

If Yes, please explain:

Does he/she need any necessary treatments? Yes ____ No ____

If Yes, please explain:

Does he/she walk in his/her sleep? Yes ____ No ____

Does he/she wet the bed at night? Yes ____ No ____

Date of most recent Tetanus Booster _____

Is your child asthmatic? Yes ____ No ____

Is your child allergic? Yes ____ No ____ If Yes, to what?

In case of emergency, notify: _____
Phone: _____ Family Doctor: _____ Phone: _____

**I hereby grant my permission for the student named above to participate in the
Outdoor Education experience at Camp Edwards.**

Signature: _____ Date: _____

Upon his/her return to The Lane School on Wednesday, children will only be released to an adult.
My child will go home with: _____

I can be reached at this number in case of any "mix-up." _____