



Serving people with disabilities since 1953

Outdoor Activities Consent

Student Name: _____

D.O.B: _____

Please read carefully and complete this form.

I give permission for my child to participate in school sponsored "Outdoor Activities" as part of an educational or therapeutic activity.

_____ YES, My child may participate in Outdoor Activities.

_____ NO, My child may NOT participate in Outdoor Activities.

Signature of parent or guardian

Date