

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 spoeducational or therapeutic activity.	onsored "Outdoor Activities" as part of an
YES, My child may participate in Outdoor Activitie	PS.
NO, My child may NOT participate in Outdoor Act	ivities
NO, My office may NOT participate in Odiacon Not	
Signature of parent or guardian	Date