

Near North Montessori
1434 West Division
Chicago IL 60642
773.384.1434

INFORMATION SHEET AND PERMISSION FORM 2014

I give my child _____ permission to stay at Camp Edwards the days of June 2 through June 6. I understand that transportation to and from the camp will be provided by bus. I also understand that emergency first aid will be administered if the need arises.

Date Parent's Signature

Mother's Name: _____ Work Phone: _____
Home Phone: _____
Cell Phone: _____

Father's Name: _____ Work Phone: _____
Home Phone: _____
Cell Phone: _____

Physician's Name: _____ Phone No.: _____
Dentist's Name: _____ Phone No.: _____

Allergies - describe: _____

Special diet - describe: _____

Medication (**must be handed personally to the teacher by the parent**)

Use the Permission to Administer Medications at Camp form and return it to the school nurse.