

L’Anse Creuse High School – North

Camp Cavell Student Information Sheet

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Method of Payment (Please check one) Cash \_\_\_\_\_ Payschools \_\_\_\_\_

Check \_\_\_\_\_ Money Order \_\_\_\_\_

My son/daughter has allergies? Yes No

My son/daughter has medication? Yes No ***Please personally inform Mrs. McDonald of any medication schedule that must be followed!***

If yes, please list allergies and any medication that is required. Typically, it is the students’ responsibility to come to Mrs. McDonald to get their meds. Please discuss the medication procedure with your son/daughter to make sure they receive their medication in a timely manner. Comments -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please keep in mind that if your child uses an inhaler or epi pen they will need to keep it on their person at all times during this adventure.

Does your son/daughter require a special diet? \_\_\_\_\_ If yes, please explain. **I must have this information no later than October 10th to make adequate arrangements for your student.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hoodie/Sweatshirt Size: Please circle

S – M – L – XL – 2XL – 3XL

Please answer the following question:

My son/daughter participates in a fall sport that will require them to come to camp later in the evening on Friday October 20th or before 8:30 Saturday October 21st? Yes / No

We will make every effort to try to have a staff member attending camp later in the evening car pool and bring students that need to attend late. However, if we don’t having staff attending camp late to drive students or you will be coming up early Saturday morning we will need parent/parents to drive students to camp. We will do what we can to arrange a car pool group. **Please let us know ASAP if you will need to come late.**