



## Outdoor Education Permission Slip

<b>Trip/Activity</b>	Grade 10 Winter Outdoor Education Trip – Snowshoeing and Winter Camping
<b>Destination</b>	Idaho City Snowshoe Trails and Yurt System
<b>Departure</b>	8:30 AM, Wednesday, March 7
<b>Return</b>	3:30 PM, Friday, March 9
<b>Special Instructions</b>	No cotton, view equipment list

*Please Complete the Following:*

Student Name	
Health Information Please include any current ailments, allergies, or health concerns	
Medications Please list all current medications being taken, dosage, and administration schedule	
Dietary Restrictions Please include any food ailments and resulting reaction	

I have had the opportunity to contact Riverstone International School with questions and/or concerns related to this activity and hereby give consent for my son/daughter to participate in the Grade 10 Winter Outdoor Education trip. I confirm, understand, and agree, participation in the activity listed above, including the transportation of my son/daughter thereto are each subject to the release of liability executed in connection with his/her enrollment at Riverstone International School the terms of which are incorporated by reference.

Parent or Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_