



Friess Lake Elementary School
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Hubertus, WI 53033
Phone: 262.628.2380
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Richfield Middle School
3117 Hwy 167 P.O. Box 127
Richfield, WI 53076
Phone: 262.628.1032 x1400
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Outdoor Classroom Permission Slip

Friess Lake Elementary is fortunate to have a School Forest and Outdoor Classroom. The outdoor classroom experience is part of the elementary curriculum. However, participation could occasionally expose your child to certain outdoor hazards such as: mosquitos, poison ivy, ticks, bees, etc. We do what we can to keep every student as safe as possible. Since things beyond our control can happen from time to time, we are asking for your permission to allow your child to participate.

- ☐ My student is allowed to participate in the outdoor classroom.
- ☐ My student is NOT allowed to participate in the outdoor classroom.

Student Name: _____ Parent Signature: _____

Date: _____

Permission To Apply Bug Spray To Child

Name of child: _____

I, _____, give permission for my child, _____
(Parent/Guardian-print) (Child's Name-print)

to wear bug spray at school for Outdoor Education. I will provide bug spray with my child's name clearly printed on the bottle in a clear sealable bag. I understand that the bug spray shall be applied as directed below. My child does not have any known allergies to the bug spray that I have provided.

Please check the appropriate boxes:

- ☐ Staff should apply as needed for Outdoor Education
- ☐ Staff should apply to exposed skin on my child's body excluding face.
- ☐ My child may apply the bug spray themselves. (Allowable for children in grades 3 - 8 only.)

Permission To Apply Sunscreen To Child

I, _____, give permission for my child, _____
(Parent/Guardian-print) (Child's Name-print)

to wear sunscreen at school for Outdoor Education. I will provide sunscreen with my child's name clearly printed on the bottle in a clear sealable bag. A sunscreen spray or stick is recommended. I understand that the sunscreen shall be applied as directed below. My child does not have any known allergies to the sunscreen that I have provided.

Please check the appropriate boxes:

- ☐ Staff should apply as needed for Outdoor Education.
- ☐ Staff should apply to exposed skin on my child's body excluding face.
- ☐ Staff should apply to my child's face/ears.
- ☐ My child may apply the sunscreen themselves. (Allowable for children in grades 3 - 8 only.)

Parent Signature: _____ Date: _____

Directions for application of bug spray/sunscreen:
