

Permission Slip for Natural Helpers Training
Camp Alvernia
105 Prospect St. Centerport, NY

Please return this signed permission slip and \$75 fee to Guidance in an envelope with cash or check made payable to JGHS Natural Helpers Program.

1. I give permission for my child, _____ to participate in the Natural Helpers Program overnight retreat which takes place at Camp Alvernia in Centerport on Sunday, November 3rd to Monday, November 4th, 2024. Buses will depart JGHS on November 3rd at 8:30 am and will return to JGHS on Monday, November 4th by 1:30 pm. Students can be picked up by a parent/ guardian at that time, or can take their regular bus home that day at 2:36 pm.
2. I have read through the parent introduction letter familiarizing myself with the program.
3. I understand that my child will not be permitted to leave the camp for any reason except for a medical or family emergency.
4. My child has the following medical conditions that you should be aware of :

5. My child has the following allergies :

6. My child will be bringing (please circle) : an inhaler an Epi Pen neither

7. My child has the following dietary restrictions :

Student Name : _____

Parent/ Guardian Name : _____

Parent/ Guardian Signature : _____

Cell Phone # 1: _____

Parent Guardian Name 2: _____

Parent/ Guardian Cell #2: _____

