

Name: \_\_\_\_\_

Parent Check List

- \_\_\_\_\_ Payment for the trip \$150 (Due October 1)
- \_\_\_\_\_ Check for Accident Insurance if needed (Due October 1)
- \_\_\_\_\_ Health Information sheet completed with physician's signatures for **all** medications (Due October 1)
- \_\_\_\_\_ Medication in original container with necessary information (Turned into Mr. Silverwood morning of November 8)
- \_\_\_\_\_ Chaperone Schedule and Information Sheet
- \_\_\_\_\_ Dismissal Form (November 7)
- \_\_\_\_\_ Nightly Light Snacks (By Morning of November 8)