

**HIGHLANDS ELEMENTARY OUTDOOR EDUCATION  
Counselor Permission Form**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

Did you serve as a Camp Counselor last year? Yes \_\_\_ No \_\_\_

If yes, with which school and where? \_\_\_\_\_

Have you had any other group camping experiences? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

Have you participated in any counselor training program?

Yes \_\_\_ No \_\_\_

If yes, where and when? \_\_\_\_\_

List any types of camp counseling experiences you have had:

1. \_\_\_\_\_

2. \_\_\_\_\_

To the best of your knowledge, are you in good health? Yes \_\_\_ No \_\_\_

Do you have any health needs that require medication? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

I recognize that accepting an assignment as a camp counselor is making a commitment to a program for children, and I agree that once I accept such an assignment that I will not withdraw my participation **except for reasons of a serious nature.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature**

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I, \_\_\_\_\_, have applied for the position of cabin counselor for Highlands Elementary Outdoor Education at Alliance Redwoods Camp, on March 9-12, 2010. In order to be accepted as a counselor, I must have the approval of all my teachers. Teachers, please sign your name indicating your permission for me to serve as a counselor for fifth grade camp. I understand that you may withdraw your permission at any time should my grades (minimum 2.0 GPA), or citizenship drop to an unsatisfactory level.

"I am granting my permission for the above named student to serve as a camp counselor. I understand that if this student is chosen to be a counselor, he/she will be absent for four school days (Tuesday-Friday, March 9-12), and will have to make up all missed work."

**STUDENTS:** Please print the room number, teacher's name, and class.

**TEACHERS:** Please add signature.

<b>**Room #</b>	<b>TEACHER</b>	<b>CLASS</b>	<b>TEACHER'S SIGNATURE</b>
1.			
2.			
3.			
4.			
5.			
6.			

**Principal Signature**

**Date**

\* The students who are selected will also be required to attend a mandatory training workshop after school, at Highlands.

Thank you for your support of the Outdoor Education Program.