**STUDENT HEALTH INFORMATION and AUTHORIZATION FOR TREATMENT**

Check **ALL** applicable conditions of child and **explain below**

**A. Allergies***
- Bee stings/insect bites (circle)
- Food**
- Hay fever/sinus
- Poison oak

**B. Asthma**  □ Sending Rx

**C. Back or neck problems**

**D. Bedwetting (currently)**

**E. Bowel problems**

**F. Epilepsy or seizure disorder**

**G. Fainting**

**H. Headache**

**I. Heart condition**

**J. Nose bleeds**

**K. Recent broken bone(s) or other injuries**
- Body part injured________________________ Date of injury ________
- Activity restrictions

**L. Recent surgery: Body part___________________________________________
- Date of injury_________________
- Date of surgery_____________
- Activity restrictions

**M. Vegetarian**

**N. Sleepingwalking (history of)**
- Date of last episode_____________

**O. ADD or ADHD (circle)**  □ Sending Rx

**P. Diabetes**  Type___________ Date of diagnosis __________

**Q. Special Ed ______ IEP ______ Psychiatric/emotional illness __________
**

**R. Child requires teacher aide in classroom ________, or with ADLs ________
**

Below, briefly explain **ALL** items checked above (refer to each item by letter) and explain any other medical issues not listed above (use additional sheets if necessary).

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### Allergies*

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<th>Specify type(s)</th>
<th>Child's reaction</th>
<th>Authorized treatment(s)</th>
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**ALL medications** (both prescription and non-prescription) **must be sent in their original container and be accompanied by a Medical Authorization Form signed by the parent and prescribing physician.**

This does not include non-prescription medication provided by site and authorized by parent/guardian (on side 2 of this form).

**Please also disclose any medically necessary dietary requirements, which require a Special Meal Accommodation Form signed by a physician.**
Non-Prescription Medication Available at the Site

Occasionally, it is necessary to provide students with non-prescription medications when they are at the site. The medications listed below are kept in stock at the site for this purpose. Do not send any of these items to the site. Please check each box below to indicate your permission for the listed medication to be administered by the Outdoor School Nurse or an authorized, responsible staff member. We will not administer any medication without authorization.

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Authorization for Medical Treatment - SIGNATURE REQUIRED OR STUDENT CANNOT BE TREATED

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available. I further authorize site personnel to assist my child in the use of the medications indicated above, and those listed on the attached Medical Authorization Form.

Authorization for Student Transport

I hereby authorize employees of San Diego County Office of Education and/or my child’s school or district to transport my child in buses, SDCOE-owned vehicles, or personal vehicles for field trips between home, school, and Outdoor School, and for emergency purposes.

Outdoor School promotional videos or photos may be taken and used for promotional and/or news purposes.

If you do not wish to have your child included in such videos or photos, it is your responsibility to contact the Outdoor School Program Assistant no later than two weeks prior to the encampment. Camp Cuyamaca: 760-765-3000.

I have read, understand, and agree to the above statements unless individually crossed out and initialed by me.

Parent / Guardian Signature: __________________________ Date: ________________

IMPORTANT: Are you sending prescription or non-prescription medication to the site? Yes _____ No _____

If “Yes,” then you must complete and send the Medical Authorization Form(s) to your home school’s nurse three weeks prior to your student’s encampment. Please also send a copy of the Medical Authorization Form with the medicine(s).

Has your child been exposed to any communicable disease within the past month? If yes, please specify the disease: __________________________ Date of last known Tetanus shot: ________________

Medical Insurance Information

Medi-Cal Coverage Policy # __________________________

Private Insurance Insurer Name __________________________ Policy # ________________

Discipline Policy Statement

Please review the following outdoor school rules, and consequences for breaking the rules, with your child. These simple rules will help ensure that every child has a safe and successful learning experience.

1. Respect the rights of all people.
2. Be respectful toward, and follow directions of, all adults.
3. Keep hands, arms, and legs to yourself. No fighting, play fighting, or roughhousing.

If I don’t follow these rules, I realize that I am choosing to accept the consequences for my behavior. Possible consequences:

1. Be “timed out” from fun activities.
2. Call to parents and/or home school principal.
3. Have parents pick up student and take them home.
4. Be suspended from home school.

The following behaviors are examples of what your child could be sent home for:

1. Hitting, fighting with, bullying, or threatening another student.
2. Repeated violation of any of the above rules.
3. Being in the opposite gender’s cabin.
4. Vandalism or theft.
5. Racial slurs or sexually explicit words or behaviors.

I have read and agree to follow the rules listed above.

Student Signature __________________________________________

I have reviewed the above rules with my child and agree to pick him/her up from outdoor school if called upon to do so.

I further understand that there will be no refund of Outdoor School fees for students sent home for disciplinary reasons.

Parent/Guardian Signature __________________________________________

Reviewed by School Health Technician or RN / Please Initial: __________________________