



**Outdoor Education Program
Student Registration and Health Form**

To be Completed by Parent or Guardian
- Please Print Double-sided on Pink Paper -

Attendance Dates:
From: _____
To: _____
Teacher: _____

Student's Name: _____ Date of Birth: _____ Gender: *M / F*
Last First

School: _____ School Phone: _____

Parent Guardian:

1. _____ / _____ / _____ / _____
Name Cell # Home # Work #

2. _____ / _____ / _____ / _____
Name Cell # Home # Work #

Home Address: _____ Email: _____

If you cannot be reached in an emergency, who should be called?

3. _____ / _____ / _____ / _____
Name Cell # Home # Work #

Physician: _____ Phone #: _____

Student Health Information and Authorization for Treatment

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

- | | |
|---|---|
| <p>A. Allergies (specify below)</p> <p><input type="checkbox"/> Bee Stings/Insect Bites (circle)</p> <p><input type="checkbox"/> Food *</p> <p><input type="checkbox"/> Hay Fever/Sinus</p> <p><input type="checkbox"/> Poison Oak</p> <p>B. <input type="checkbox"/> Asthma <input type="checkbox"/> Sending RX</p> <p>C. <input type="checkbox"/> Back or Neck Problems</p> <p>D. <input type="checkbox"/> Bedwetting (currently)</p> <p>E. <input type="checkbox"/> Bowel Problems</p> <p>F. <input type="checkbox"/> Epilepsy or Seizure Disorder</p> <p>G. <input type="checkbox"/> Fainting</p> <p>H. <input type="checkbox"/> Headache</p> <p>I. <input type="checkbox"/> Heart Condition</p> <p>J. <input type="checkbox"/> Nose Bleeds</p> | <p>K. <input type="checkbox"/> Recent broken bone or other injuries</p> <p>Body part injured: _____ Date of injury: _____</p> <p>Activity Restrictions: _____</p> <p>_____</p> <p>L. <input type="checkbox"/> Recent Surgery - body part: _____ Date of injury: _____</p> <p>Date of surgery: _____ Activity restrictions: _____</p> <p>_____</p> <p>M. <input type="checkbox"/> Vegetarian</p> <p>N. <input type="checkbox"/> Sleep walking (history of) - Date of last episode: _____</p> <p>O. <input type="checkbox"/> ADD or ADHD (circle) <input type="checkbox"/> Sending RX</p> <p>P. <input type="checkbox"/> Diabetes - Type: _____ Date of diagnosis _____</p> <p>Q. <input type="checkbox"/> Special Ed? Y/N IEP? Y/N for _____</p> <p>R. <input type="checkbox"/> Psychiatric/Emotional Illness: _____</p> <p>S. <input type="checkbox"/> Does child require teacher aid in classroom? Y/N with ADLs? Y/N</p> |
|---|---|

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)

Letter	And explain any other medical issues not listed above (use additional sheets if necessary)

Allergies

(*Also disclose all medically-necessary dietary requirements on a Special Meal Accommodation Form signed by a physician.)

Specify type(s)	Child's reaction	Authorized treatment(s)

ALL medications (prescription and non-prescription) must be in the original container and accompanied by a Medication Authorization Form signed by a prescribing physician and guardian. This does not include non-prescription medication provided by site and authorized by parent/guardian (on side 2 of this form).

Non-Prescription Medication Available at the Sites

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.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches/cramps fever/pain)	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl oral/ topical (allergies, itch/bite)
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (head/muscle aches/cramps fever/pain)	<input type="checkbox"/>	<input type="checkbox"/>	Claritin / Zyrtec (allergies / hay fever)
<input type="checkbox"/>	<input type="checkbox"/>	Throat lozenges (sore throat)	<input type="checkbox"/>	<input type="checkbox"/>	Sudafed PE (congestion)
<input type="checkbox"/>	<input type="checkbox"/>	Tums/ Pepto-Bismol (stomach ache / diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	Robitussin (cough)
<input type="checkbox"/>	<input type="checkbox"/>	Fiber Choice (constipation)	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (itch / rash)
<input type="checkbox"/>	<input type="checkbox"/>	Dramamine (motion sickness)	<input type="checkbox"/>	<input type="checkbox"/>	Neosporin antibiotic ointment (cuts/ burns)

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 Medication Authorization Form.

Authorization for Student Transportation

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 camp secretary no later than 2 weeks prior to the encampment at 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 complete the **Medication Authorization Form** and send with the medication. Send a copy of the Medication Authorization Form to your home school’s nurse at least 3 weeks prior to your student’s encampment.

Has your child been exposed to any communicable disease within the past month? If yes, please specify the disease: _____

Date of last tetanus vaccine: _____

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 towards and follow directions of all adults.
3. Keep hands, arms, and legs to yourself. No fighting, play fighting, or rough-housing.

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 home school principal and/or parents.
3. Be suspended from home school.
4. Have parents pick student up and take home.

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

1. Hitting, fighting with, 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 at 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 _____