

San Diego County Office of Education
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: _____

Name of Parent or Guardian: _____

Home Address: _____ City/Zip _____ Phone Numbers: _____

Bus. Address: _____ City/Zip _____ Phone Numbers: _____

Parents Other Emergency Phone Numbers: Cell(s): _____ / _____ Work: _____ / _____

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

Name: _____ Address: _____ Phone Number: _____

Physician: _____ Address: _____ Phone Number: _____

STUDENT HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT

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

A. <input type="checkbox"/> Allergies	K. <input type="checkbox"/> Recent Broken Bone or other injuries
<input type="checkbox"/> Bee stings/insect bites (circle)	Body Part Injured: _____ Date of Injury: _____
<input type="checkbox"/> Food	Activity Restrictions: _____
<input type="checkbox"/> Hay Fever/Sinus	
<input type="checkbox"/> Poison Oak	L. <input type="checkbox"/> Recent Surgery: Body Part: _____ Date of Injury: _____
B. <input type="checkbox"/> Asthma <input type="checkbox"/> Sending RX	Date of surgery: _____ Activity Restrictions: _____
C. <input type="checkbox"/> Back or Neck Problems	
D. <input type="checkbox"/> Bedwetting (currently)	M. <input type="checkbox"/> Vegetarian
E. <input type="checkbox"/> Bowel Problems	N. <input type="checkbox"/> Sleep Walking (history of)
F. <input type="checkbox"/> Epilepsy or seizure disorder	O. <input type="checkbox"/> ADD or ADHD (circle) <input type="checkbox"/> Sending RX
G. <input type="checkbox"/> Fainting	P. <input type="checkbox"/> Diabetes
H. <input type="checkbox"/> Headache	Q. <input type="checkbox"/> Special Ed _____ IEP _____ Psychiatric/Emotional Illness _____
I. <input type="checkbox"/> Heart Condition	R. <input type="checkbox"/> Does child require teacher aid in classroom _____ or with ADLs _____
J. <input type="checkbox"/> Nose Bleeds	

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). **Please also disclose any medically necessary dietary requirements.**

Allergies: Specify type(s), child's reaction, and authorized treatment(s):

Asthma/ADD/Insulin/Epi-kits: Any prescribed medicine or inhaler must be sent to the site nurse for student's use under supervision. All medications must be sent in their original prescription container and be accompanied by an authorization form signed by the parent and prescribing physician.

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"/>	Benadryl (itch, insect bite, sinus)	<input type="checkbox"/>	<input type="checkbox"/>	Peptobismol/Kaopectate (diarrhea)
<input type="checkbox"/>	<input type="checkbox"/>	Caladryl Lotion (poison oak)	<input type="checkbox"/>	<input type="checkbox"/>	Sudafed (sinus)
<input type="checkbox"/>	<input type="checkbox"/>	Mylanta/Tums (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	Polysporin Topical (minor cuts/burns)
<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops (cough)	<input type="checkbox"/>	<input type="checkbox"/>	Robitussin (cough)
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocortisone Cream (itch/rash)	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches/cramps)
<input type="checkbox"/>	<input type="checkbox"/>	Claritin	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen

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 purposes or put on our web site. 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. 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: _____

SIGN HERE

**** IMPORTANT: Are you sending prescription or non-prescription medication to the site?** Yes ____ No ____
If "Yes", then you must complete the **Medication Authorization Form** to send with the medication. Send a copy of the Medication Authorization Form to your home school's nurse 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 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 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.

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 _____

PARENT SIGN STUDENT SIGN