

**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)

Does student participate in the Free and Reduced Lunch Program? Yes No If so please Indicate: ___ Free or ___ Reduced

Ethnicity: ___ Native Amer. ___ Alaskan Native ___ Asian, Filipino, Pac. Islander ___ Black (not of Hispanic origin) ___ Hispanic, Latino ___ Caucasian ___ Other

School: _____ School Phone: _____ Group: _____ 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: _____

**

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 _____

PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (the "minor") to participate in the **San Diego County Office of Education/San Diego County Superintendent of Schools Outdoor Education Program** and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity; and agree that prior to the minor's participation in the event or activity the minor and I may inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, in-actions, or negligence, but also from the actions, in-actions, or negligence of others, the condition of the facilities equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Release, waive, discharge and relinquish the San Diego County Superintendent of Schools, and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
4. Assume any and all risks of personal injuries to the minor and authorize the San Diego County Superintendent of Schools, and/or the _____ to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
5. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the San Diego County Superintendent of Schools, and/or their officers, employees, and agents attributable to the minor's participation in the event or activity;
6. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the San Diego County Superintendent of Schools and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
8. Acknowledge that the San Diego County Superintendent of Schools and the Roosevelt IB Middle School PTSA are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above named event or activity.

IMPORTANT:
THIS DOCUMENT RELIEVES Roosevelt IB Middle School PTSA, the San Diego County Superintendent of Schools AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

| PRINTED NAMES (Parent/Guardian) | SIGNATURES | DATE |
|------------------------------------|------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EVENT OR ACTIVITY.

| PRINTED NAME | SIGNATURE | DATE |
|--------------|-----------|-------|
| _____ | _____ | _____ |

**PARENT'S APPROVAL, STUDENT, FAMILY,
AND PARTICIPANT WAIVER**

Name all Family Members: _____

will participate in all **Roosevelt PTSA** sponsored events for the school year 2016 to 2017, which will include, but is not limited to the following (Please list the events):

1) Camp Cuyamaca Outdoor School 6th Grade Camp 2) _____

3) _____ 4) _____

(Please cross out any of the events listed above for which you do not want your child to participate)

The undersigned parent or guardian assumes all risks in connection with the family's participation in any and all of the Roosevelt PTSA sponsored activities.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the California State PTA, all PTA/PTSA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in these activities, unless caused by the negligence of the PTSA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health and of sound mind. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none please write none.

Parent/Guardian/Participant Signature

Date

Print Name

(_____)_____
Telephone

Address

City

State

Zip code