

# Student Registration Form



School Name \_\_\_\_\_ Teacher Name \_\_\_\_\_

Student Name \_\_\_\_\_ Male Female Date of Birth \_\_\_\_\_

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

Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than guardians listed above) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Student Health & Diet Information** (Please complete all sections, include additional page if needed, as we desire to best care for your student.)

Can adult chaperone, teacher, or Mission Springs staff give your student Tylenol, Cough Drops, Benadryl, Tums, or their generic equivalents? (These are the only medications we stock)    Yes    No

Any **Medications** (over-the-counter or prescription) being brought to camp:    No    Yes If yes, then by law you must complete the 'Outdoor Education Medication Form', including a physician's signature (available from your teacher or [www.missionspringsoe.com](http://www.missionspringsoe.com))

**Tetanus** Booster Date: \_\_\_\_\_    **Polio** series completed:    Yes    No

Details of any **Health Concerns** that may arise at camp (ex. anxiety, sleep walking, autism, ADHD...): \_\_\_\_\_

\_\_\_\_\_

Any **Allergies** (ex. food, drug, insects...): \_\_\_\_\_

**Dietary Needs:**    Vegetarian    Vegan    Gluten-Free    other For any other dietary needs, you must complete & submit two weeks prior to camp date, the Special Diet Info Form (available from your teacher or at [www.missionspringsoe.com](http://www.missionspringsoe.com))

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Mission Springs Camps and Conference Center, Inc. (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENT ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Only complete this form if your student is bringing medication (prescription or over-the-counter) to Mission Springs Outdoor Education**

## Medication Form



Student Name \_\_\_\_\_

School Name \_\_\_\_\_

**Why?** Education code **49423** requires:

1. Signed order from your physician (this form)
2. Signed consent by parent/guardian (this form) for a designated school personnel to carry out the physician's instructions
3. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug

Education code **49480** gives the designated school personnel permission to communicate with the physician and Mission Springs personnel regarding possible effects of the medication.

**This section completed by a physician**

Patient Name: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_


Precautions, Special Instructions, Possible Adverse Effect, Comment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ ★ Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**This section completed by parent/guardian**

I consent to Education Code Sections **49423** and **49480**. My student \_\_\_\_\_ has my permission to take the above medication to Mission Springs and for the designated school personnel to assist and/or allow him/her to take the above medication as indicated for: (reason for medication)

 **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_