

Outdoor Education Program
Student Registration and Health Form
2023-24

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

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

For office use only:

Reviewed by
school health
technician or RN.
Initial: _____

Student's Name: _____ **Date of Birth:** _____ **Gender:** F M
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 Name: _____ **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 *(list below)</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/Migraines</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>L. <input type="checkbox"/> Recent Surgery - body part: _____ Surgery Date: _____</p> <p>Activity restrictions: _____</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> <p>T. Date of last tetanus vaccine: _____</p> |
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Has your child been vaccinated for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Has your child been exposed to any communicable disease within the past month, including COVID-19? If yes, please specify:
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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	Explanation

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 routine medications (BOTH prescription and non-prescription) must be in the original container and accompanied by a Medication Authorization Form signed by a prescribing physician (MD, DO, NP, or PA) and parent/guardian.





These sections must be completed for your form to be processed



Non-Prescription Medication Available on an As-Needed Basis

Occasionally, it is necessary to provide students with non-prescription medications when they are at the camp. The medications listed below are kept in stock at the camp for this purpose. **Do not send any of these items to the camp.** Please check "yes" or "no" () below to indicate your permission for the listed medications to be administered by the Outdoor School Nurse or an authorized responsible staff member.

We will not administer any medication without authorization.

YES NO

- Tylenol (head/muscle aches/cramps fever/pain)
- Ibuprofen (head/muscle aches/cramps fever/pain)
- Throat lozenges (sore throat)
- Tums/ Pepto-Bismol (stomachache / diarrhea)
- Fiber Choice (constipation)
- Dramamine (motion sickness)

YES NO

- Benadryl oral/ topical (allergies, itch/bite)
- Claritin / Zyrtec (allergies / hay fever)
- Sudafed PE (congestion)
- Robitussin (cough)
- Hydrocortisone Cream (itch / rash)
- Neosporin antibiotic ointment (cuts/ burns)

Authorization for Medical Treatment – Signature required for student to receive treatment.

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.

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 completed Medication Authorization Form to your home school's nurse at least 3 weeks prior to your student's encampment.

Medical Insurance Information

- Medi-Cal Coverage Policy # _____
- Private Insurance Insurer Name: _____ Policy #: _____

Parent/Guardian Permission for Participation in the Cuyamaca Outdoor School Sixth Grade Camp

Participant Liability Release, Hold Harmless and Indemnification

I, the undersigned parent/guardian, consent to my child's voluntary participation in an extended school field trip at San Diego County Office of Education (SDCOE)'s Cuyamaca Outdoor School (COS). I acknowledge that my child and I fully understand that participation may involve risk of serious injury or death, including losses which may result not only from my child's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where activities are being conducted. I understand that if I have any risk concerns, I should discuss the associated risks with my child's school before I sign this document and before the field trip begins.

I acknowledge that I am aware that there are risks to my child, myself, and any members of our household of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

In consideration of having the opportunity to participate in the Cuyamaca Outdoor School program, I hereby voluntarily agree to waive, hold harmless, indemnify, and release SDCOE/COS, its Board members, administrators, officers, agents, employees, volunteers, representatives, and other individuals acting on its behalf from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my child's participation in COS. I indicate my agreement to this hold harmless elective by signing below.

COVID-19 Testing at Cuyamaca Outdoor School

I hereby give permission for a trained COS staff member to administer a nasal swab COVID-19 test if my child becomes ill and/or exhibits any COVID-19 related symptom(s).

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 Cuyamaca Outdoor School, and for emergency purposes.

Required Pick Up

I acknowledge that If my child becomes ill, exhibits COVID-19 related symptoms not related to a pre-existing medical condition listed above, tests positive for COVID-19 while at COS, or does not follow school and/or COS rules, I or the emergency contact listed on this form, will be required to pick up my child from COS *within four-hours of being notified.*

Discipline Policy

I acknowledge that if my child does not follow school and COS rules, COS staff will attempt to work with my child to help them make better choices. In some circumstances, disciplinary consequences may be implemented. Depending on the severity of the behavior, consequences may include being "timed out" of fun activities, suspended from their home school, and/or having to be picked up and brought home by me or the emergency contact listed on this form.

Media Release

Videos and/or photos may be taken and used for promotional and/or news purposes. I understand that if I *do not* wish to have my child included in such videos or photos, it is my responsibility to contact the camp secretary no later than two (2) weeks prior to camp at 760 765-3000.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT. BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS ENTIRE AGREEMENT, THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE, AND THAT I HAVE SIGNED THIS AGREEMENT KNOWINGLY AND VOLUNTARILY.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Parent/Guardian



Parent/Guardian

