



FOOTHILL HORIZONS OUTDOOR SCHOOL STUDENT PERMISSION FORM & HEALTH INFORMATION



FORM MUST BE COMPLETED on all sides and SIGNED IN INK BY GUARDIAN

Student Information:

Name: _____ Date of Birth: _____ Dorm: Male Female
 School: _____ Teacher: _____

Please respond "Yes" or "No" to each question and **FILL IN EVERYTHING.**

Yes No

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, seizures, migraines, allergies? Please describe:

2. Does your child have any behavioral or learning diagnoses? Please describe:

3. Is your child engaging in **self-harm, under suicide watch** or been hospitalized for mental health concerns in the past month? **If YES, your child may NOT attend without additional assistance**, please discuss with your school and email foothillhorizons@stanoec.org.

4. Does your child **take any medications**?
 If YES, you **MUST** complete "Request for Administration of Medication at Outdoor School" --**BOTH** prescription and over the counter medications (i.e., Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

5. Does your child have any **serious allergies** to foods, insect stings, medications, or other substances? If YES, what is your child allergic to?

Allergen: _____	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
Allergen: _____	Is it life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Epi Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation

6. **Special diets:** Are there foods they CANNOT eat?
 no beef no pork vegetarian vegan other: _____
For multiple and/or life-threatening allergies email foothillhorizons@stanoec.org a description. All Special Diets must be in writing. Refer to Special Diet Policy.

7. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)? If YES, please complete with your Health Care Provider to fill out the **Limited Activities List**.

8. Do you have insurance coverage for your child? Enter your child's health insurance information below.

Carrier: _____ Policy Number: _____

Doctor's Name: _____ Phone: _____ Fax: _____
 (If none, state "None")

If your child takes **MEDICINE**, they will not be able to attend outdoor school unless your Health Care Provider correctly completes the "Request for Administration" form. Your school's supervisor of health must review the "Request" form(s) and sign them before your child attends. All medication must be delivered to your child's school in a pharmacy-labeled or original container with the child's name, name of medication, and instructions for administration on the label. If you have questions about medications, please contact our health office: 209-532-6673.



Student Name: _____ Date of Birth: _____
 Student's Address: _____ City & Zip: _____
 Parents'/Legal Guardian's Names: _____
 Mailing Address: _____
 Cell Phone: _____ Work #1: _____
 Email Address: _____ Work #2: _____

EMERGENCY CONTACTS: Other people, **NOT listed above**, who will pick up your child in the event of illness, discipline, or emergency.

Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____

Authorization and Rules

I and my child agree to follow **all school rules** at Foothill Horizons including not raiding other dormitories; going into the opposite sex's dormitory; hazing or bullying another student in any way. Students who violate these rules will be counseled and may be restricted from some activities; **those who commit a serious offense will be sent home, without a refund.**

I agree that I or a designated emergency contact will **pick up my child within 3-hours** if my child has any communicable disease; at the discretion of our staff or is **unable to participate in the program due to injury or behavior.**

In the event of an emergency in which I cannot immediately be reached, **I authorize medical and/or surgical care** for my child while they are attending or enroute to or from the Stanislaus County Office of Education Program. Families **will be notified of any serious illness or injury** to their child and appropriate care will be given.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to **photograph, record, or videotape** my child's image and voice. I understand and agree that this may include their likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets, or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

I understand and acknowledge the risk to my child(ren) for injuries received while engaging in any sports, athletics, or unorganized play, beyond assurance that any injury will receive prompt professional care. I understand and acknowledge the risk to myself and, if applicable, my child(ren), of becoming exposed to or infected by COVID-19 at Foothill Horizons, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants, officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my child(ren), including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my child(ren), may experience or incur in connection with the SCOE-sponsored activity.

In consideration for Stanislaus County Office of Education allowing my child(ren) to participate in Foothill Horizons I, on behalf of my child(ren), hereby release and hold harmless SCOE, and any participants, officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation in the SCOE sponsored activity, including, but not limited to, injury, exposure to or infection by COVID-19. Further, I covenant (i.e., promise) not to sue SCOE, or any participant, official, employee, volunteer, and/or representative thereof, for any such harm or loss.

 Parent or Legal Guardian Signature

 Student Signature

IMPORTANT: THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND.