

Parent Shadow/Designee Agreement

A Parent Shadow allows students with severe health concerns to participate in the learning experience at Foothill Horizons Outdoor School. Schools must provide the same services at Foothill Horizons Outdoor School that are provided at school; however, in some instances, students will need the extra assistance of a Parent Shadow or designee. This person is allowed to attend free of charge, in order to maintain access and learning for all students.

Advanced planning is required: Please contact the Principal, Jessica Hewitt, a minimum of 6 weeks before your trip.

Student Information:

Student Name: _____ Date of Birth: _____

School: _____ Teacher: _____

Medical or behavioral condition requiring a Parent Shadow: _____

Parent Shadow Designee Information:

Designee Name: _____ Phone Number: _____

Email Address: _____ Cell Phone: _____

Parent Information (If Designee is not the parent or guardian)

Parent's Name: _____ Phone Number: _____

Email Address: _____ Cell Phone: _____

Parent Acceptance and Acknowledgement Form for Parent Shadow

I, _____, have been designated to serve as a Shadow Parent for a student at SCOE's Foothill Horizon Outdoor School. I have discussed this designation with the student's parent(s)/guardian(s), I have reviewed the responsibilities of this position as set forth in the AGREEMENT PROVIDING FOR DESIGNATION OF PARENT SHADOW TO ATTEND FOOTHILL HORIZONS OUTDOOR SCHOOL WITH MY CHILD AND WAIVER/INDEMNIFICATION OF CLAIMS form, and I agree to serve in this designated capacity.

Parent Shadow Designee Signature: _____ Date: _____

Parent Shadow Designee Printed Name: _____

AGREEMENT PROVIDING FOR DESIGNATION OF PARENT SHADOW TO ATTEND Foothill HORIZONS OUTDOOR SCHOOL WITH MY CHILD AND WAIVER/INDEMNIFICATION OF CLAIMS

I hereby request that my child, _____, be allowed to attend the Stanislaus County Office of Education ("SCOE") Foothill Horizons Outdoor School ("Outdoor School"), and in order to allow my child to attend Outdoor School I wish to appoint a Parent Shadow Designee ("Parent Shadow") to attend Outdoor School with my child.

I hereby designate _____ as mutually agreed upon with the District as my Parent Shadow for this purpose.

I agree that my designated Parent Shadow will be responsible for meeting the following requirements:

1. Qualify as a staff at the school or volunteer, including finger printing services with the district.
2. Be thoroughly familiar with the students' specific medical condition and administration of required medications.
3. Be trained in the provision for any specialized medical care or emergency care.
4. Be physically able and willing to accompany the student on all hikes and activities from 7 am to 9:30 pm
5. Supervise student at campus when the student cannot participate in activities.
6. Be on campus for 24 hours a day in the event a student has a medical need. This involves sleeping in a dormitory with other students or in separate quarters.
7. Monitor and adjust food intake as needed. Bring food to supplement the menu if a special diet is required.
8. Follow all campus rules of behavior. For example, no smoking, no drugs or alcohol on campus, no cell phone calls, etc.
9. Work with the Foothill Horizons Outdoor School staff to ensure a safe and educational experience for the student.

I understand and agree that my child's attendance at Outdoor School is contingent upon the Parent Shadow meeting these requirements, and that if any time it is determined by SCOE that the Parent Shadow has or does not meet one or more of these requirements, my child will not be allowed to attend or continue to attend Outdoor School.

I understand and acknowledge that by entering into this Agreement, I, on behalf of myself, my heirs, executors, administrators, and assigns, voluntarily agree to hold harmless, release, discharge, indemnify and defend, and covenant not to sue SCOE, its officers, employees, and agents ("the released parties") from all liabilities, claims, demands, or causes of action for personal injury, property damage, or even death to my child arising out of or resulting from this Agreement.

I also understand and acknowledge that by entering into this Agreement, I, on behalf of myself, my heirs, executors, administrators, and assigns, voluntarily agree to indemnify and defend SCOE, its officers, employees, and agents ("the released parties") from all liabilities, claims, demands, or causes of action for personal injury, property damage, or even death to the Parent Shadow arising out of or resulting from this Agreement.

Parent/Legal Guardian Signature: _____ Date: _____

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