

**Outdoor Education Program**  
**Student Registration and Health Form**  
**2026-27**

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

Attendance  
Dates: \_\_\_\_\_  
Teacher: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
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 #

**IMPORTANT: Are you sending prescription or over-the-counter medication for your child?**  Yes  No  
*"Medication" includes prescriptions, over-the-counter items, vitamins, supplements, etc.*

If YES, complete the following steps:

1. Is the medication listed on the back of this page? If yes, do NOT send unless taken daily. If taken daily, follow steps 2-4.
  2. Complete the **Medication Authorization Form**, which **MUST** be signed by a prescribing physician (MD, DO, NP, or PA) and the child's parent/guardian. The medication name and dose listed on the form **MUST** match the medication label to be administered.
  3. Submit the completed and signed Medication Authorization Form to your child's school **with this registration form**.
  4. Deliver all medications, over-the-counter items, vitamins, and supplements in **ORIGINAL CONTAINERS** to your child's school.
- The Medication Authorization Form can be found at [www.sdcoe.net/cos](http://www.sdcoe.net/cos) > Parents and Students > All Forms

**Student Health Information and Authorization for Treatment**

Letter Check () **ALL** applicable conditions of child and **explain below:**

- |  |   |
|--|---|
| <p><b>A.</b> Allergies (specify below)</p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Insect Bites</p> <p><input type="checkbox"/> <b>Food* (list below &amp; send form)</b></p> <p><input type="checkbox"/> Seasonal Allergies</p> <p><b>B.</b> <input type="checkbox"/> ADD or ADHD</p> <p><b>C.</b> <input type="checkbox"/> Asthma</p> <p><b>D.</b> <input type="checkbox"/> Bedwetting (currently)</p> <p><b>E.</b> <input type="checkbox"/> Bowel Problems</p> <p><b>F.</b> <input type="checkbox"/> Epilepsy or Seizure Disorder</p> <p><b>G.</b> <input type="checkbox"/> Fainting</p> <p><b>H.</b> <input type="checkbox"/> Headache/Migraines</p> <p><b>I.</b> <input type="checkbox"/> Heart Condition</p> <p><b>J.</b> <input type="checkbox"/> Possible Homesickness</p> <p><b>K.</b> <input type="checkbox"/> Nose Bleeds</p> <p><b>L.</b> <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan</p> | <p><b>L.</b> <input type="checkbox"/> Sleepwalking (history of) – Date of last episode: _____</p> <p><b>M.</b> <input type="checkbox"/> **Recent broken bone, other injuries, or back or neck problems?<br/>Body part injured: _____ Date of Injury: _____<br/>Activity Restrictions:** _____</p> <p><b>N.</b> <input type="checkbox"/> **Recent Surgery: Body part: _____ Surgery Date: _____<br/>Activity restrictions:** _____<br/><i>**Crutches not allowed at camp. Contact <a href="mailto:Cuyamaca@sdcoe.net">Cuyamaca@sdcoe.net</a> to discuss options.</i></p> <p><b>O.</b> <input type="checkbox"/> Diabetes/Endocrine Condition? <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Growth Hormone Inj.<br/><i>If checked, please contact Health Center ASAP: <a href="mailto:cosnurse@sdcoe.net">cosnurse@sdcoe.net</a></i></p> <p><b>P.</b> <input type="checkbox"/> Psychiatric/Emotional Condition: _____</p> <p><b>Q.</b> Child has an: <input type="checkbox"/> IEP <input type="checkbox"/> 504</p> <p><b>P.</b> Does child require an instructional aide in the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>S.</b> Does child require assistance with Activities of Daily Living? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>T.</b> Date of last tetanus vaccine: _____</p> <p><b>U.</b> All school-required immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

**\*IMPORTANT: For food allergies and/or dietary restrictions/conditions** (except for nut allergies, vegetarian, vegan, or lactose intolerance), a **Special Meal Accommodation Form** **MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) and submitted to your child's school with this registration form. [www.sdcoe.net/cos](http://www.sdcoe.net/cos) > Parents and Students > All Forms

**Briefly explain ALL items checked above (refer to each item by letter)**

Letter	Also explain any other medical issues not listed above (use an additional page if necessary)

