



Santa Cruz County Outdoor Science School STUDENT REGISTRATION AND HEALTH FORM



Please Print Clearly

Name of Student (last)	(First)	(Middle Initial)	Circle one: Male Female Other
Date of Birth	School	Teacher	
Home Address (Street)	(City)	(Zip Code)	Home Phone ()
Parent/Guardian #1 Name	Work Phone ()	Cell Phone ()	
Parent/Guardian #2 Name	Work Phone ()	Cell Phone ()	
Family Medical Insurance Carrier:	Group #	I.D. #	
Name of Family Physician			Physician's Telephone ()

PERSONS TO CONTACT IN AN EMERGENCY IF PARENTS/GUARDIANS CANNOT BE REACHED

Name	Relationship to Student	Home Phone ()	Cell Phone ()
Name	Relationship to Student	Home Phone ()	Cell Phone ()

STUDENT HEALTH INFORMATION

Does student have a recent history of any of the following conditions? Please check ALL that apply and briefly explain below

<p>A <input type="checkbox"/> ADHD</p> <p>B Allergies <input type="checkbox"/> Bee stings/insect bites (circle) <input type="checkbox"/> Food <input type="checkbox"/> Hay fever <input type="checkbox"/> Medication <input type="checkbox"/> Other (explain below) <input type="checkbox"/> Anaphylaxis to any of the above allergies</p> <p>C <input type="checkbox"/> Asthma</p> <p>D <input type="checkbox"/> Bedwetting (send extra bedding)</p> <p>E <input type="checkbox"/> Bowel problems</p> <p>F <input type="checkbox"/> Diabetes</p> <p>G <input type="checkbox"/> Epilepsy or seizure disorder</p> <p>H <input type="checkbox"/> Exposure to any contagious disease (e.g. chicken pox, measles, etc.) during the last month</p>	<p>J. <input type="checkbox"/> Fainting</p> <p>K. <input type="checkbox"/> Headache</p> <p>L. <input type="checkbox"/> Homesickness</p> <p>M. <input type="checkbox"/> Nosebleeds</p> <p>N. <input type="checkbox"/> Recent broken bone or surgery Body part affected _____ Date of injury/surgery _____ Activity restrictions _____</p> <p>O. <input type="checkbox"/> Recently Ill (please explain below)</p> <p>P. <input type="checkbox"/> Restriction of strenuous activity (hiking, running games, etc)</p> <p>Q. <input type="checkbox"/> Sleep walking</p> <p>R. <input type="checkbox"/> Special diet required (e.g. vegetarian, no pork, please explain below)</p>
<p>Briefly explain all items checked above (refer to each item by preceding letter) and explain any other health issues not listed above (use additional paper if necessary).</p>	

Yes **No** Does your child take ANY prescription or non-prescription medicine on a regular basis? If yes, then please supply the pertinent information on the Authorization to Administer Medication form on the back of this page. **Please be aware that a physician's signature on the back of this page is required for prescription medication.**

PARENT/GUARDIAN CONSENT AND MEDICAL AUTHORIZATION

_____ (child's name) has my permission to participate in the Santa Cruz County Outdoor Science School Program in conjunction with their regular school program. My child is in good health, as indicated and I accept financial responsibility for my child's attendance. I hereby authorize medical and/or surgical care to be provided for my child in the unlikely event of an emergency which may occur while being transported to and from the Outdoor School and/or while participating in the Outdoor School Program. (In the event of an emergency, parent/guardian will be notified as soon as possible). As stated in California Educational Code Section 35330, I understand that I hold Santa Cruz County Office of Education, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my child's participation in outdoor science school. I fully understand that participants are to abide by all rules and regulations governing conduct during all activities. Any violation of these rules and regulations may result in that individual being sent home at the expense of their parent/guardian. No refunds will be issued for students who depart from the outdoor science school early due to discipline issues. It is the responsibility of the parent or guardian to pick up a student sent home for any reason. I hereby authorize the Santa Cruz County Office of Education full and absolute permission to take, or contract with others to take, photographs or video of my child. Such photographs or video may be published in any media form by the Santa Cruz County Office of Education for educational and/or public information purposes without compensation or liability from such use. If you do not wish to have your child included in such videos or photos, it is your responsibility to contact the Outdoor Science School no later than 2 weeks prior to your child's participation at 831-466-5715.

SIGNATURE of PARENT/LEGAL GUARDIAN _____ **Date** / /