



FOOTHILL HORIZONS OUTDOOR SCHOOL STUDENT HEALTH INFORMATION & PERMISSION



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

Name of Student _____ Date Of Birth _____ Male Female

School _____ Teacher _____

PLEASE CHECK A BOX FOR EVERY QUESTION AND **EXPLAIN ANY YES ANSWERS.**

YES NO

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? Describe:

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

3. Does your child **take any medications**? If YES, you **MUST** have the **“Request for Administration of Medication at Outdoor School”** form completed and signed by your child’s Health Care Provider for **BOTH** prescription and over the counter medications (i.e. Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

4. Do you have any **serious allergies** to foods, insect stings, medications, or other substances?
If YES, what are you allergic to?

<u>Allergen:</u>	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation
	life threatening: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contact/touch <input type="checkbox"/> Ingestion/eating <input type="checkbox"/> Airborne/inhalation

5. SPECIAL DIETS: Are there foods you CANNOT eat? no beef no pork vegetarian vegan
 other _____ For multiple and or life threatening allergies email Skaye@stancoe.org a description. All Special Diets must be in writing. Refer to Special Diet Policy on our website.

6. Are there any limits to your child’s **physical activity** (broken limbs, adapted PE, etc.)?
If YES, please ask your Health Care Provider to fill out the **Limited Activities List** (found on the Parents’ Page at www.foothillhorizons.com).

7. Is your child covered by **health insurance**? If YES, please list carrier and policy number.
Carrier: _____ Policy Number: _____

If your child takes **MEDICINE**, s/he will not be able to attend outdoor school unless your Health Care Provider correctly completes the “Request for Administration” form (found on the Parents’ Page at www.foothillhorizons.com). 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 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.

OVER

PLEASE FILL IN COMPLETELY:

STUDENT'S NAME _____ Date of Birth _____

Student's Address _____
Street City Zip Primary/Home Phone

Parents'/Legal Guardians' Names _____
(If more than one adult, please list both names)

Mailing Address _____

Work Phone #1 () _____ Work Phone #2 () _____

Cell () _____ E-mail _____

Emergency Contacts: people who, in an emergency, accept responsibility for your child if s/he needs to be picked up.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name of Child's Doctor _____
(If none, state "None") Phone # Fax #

We need to know if your child is protected against tetanus. Has your child had a recent diphtheria, pertussis, tetanus (Tdap) immunization or diphtheria, tetanus (Td) immunization? ____ Yes ____ No

If YES, when was the last booster given? Date Month: _____ Day: _____ Year: _____

AUTHORIZATIONS AND DISCIPLINE POLICY AT FOOTHILL HORIZONS

A THREE-STEP DISCIPLINE POLICY IS USED AT THE OUTDOOR SCHOOL:

- FIRST OFFENSE: The student will have a conference with his/her teacher.
- SECOND OFFENSE: The student will call and tell you how he/she has misbehaved.
- THIRD OFFENSE: The student will call to tell you that you need to take him/her home.

I have read and understood the above consequences for breaking the rules established at the Outdoor School, and I understand that I will be required to transport my child home immediately should a third offense take place. Depending upon the seriousness of the behavior, a student may skip to third offense. Students sent home for discipline **will not** receive a refund.

Parents will be notified of any illness or injury to their child and appropriate care will be given. In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while he/she is attending or en route to or from the Stanislaus County Office of Education Program.

I understand that if it is determined that my child has a communicable disease, fever, live lice, or is unable to participate in the program I will be required to **transport him/her home immediately**.

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 his or her 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.

Signature of Parent or Legal Guardian

Signature of Student

IMPORTANT: THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO ATTEND FOOTHILL HORIZONS OUTDOOR SCHOOL.