

## REGISTRATION FOR SAN JOAQUIN COUNTY OUTDOOR EDUCATION

PRINT NAME OF PUPIL (LAST, FIRST)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (M/D/Y)	NAME OF SCHOOL / TEACHER
Home address of child (number, street, city, state, zip code)				Home or Cell telephone ( )
Mother (guardian) name	Work phone ( )	Father (guardian) name	Work phone ( )	
If you cannot be reached in case of emergency, give name of person to be notified:				
Name	Address			Telephone number
Name of Physician	Physician's address		Physician's telephone number	
Name of your Insurance Company	Policy Number	Group number		
Address of Insurance Company (number, street, city, state, and zip code)			Telephone no. of Insurance Company ( )	
<p>In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.</p> <p>Further, as a parent or guardian of a student who will be attending outdoor school, I understand that an outdoor school is not the same physical environment as a traditional school. There are certain inherent hazards associated with attending an outdoor school where the student's "school day" is twenty-four hours long that a student does not encounter in a traditional school setting. SJCOE is not responsible for any lost, stolen or damaged items.</p> <p>As stated in California Educational Code Section 35330, I understand that I hold San Joaquin 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 school.</p> <p>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 his/her parent/guardian. <u>No Refunds will be issued for students who depart from camp early due to discipline issues.</u> It is the responsibility of the parent or guardian to pick up student sent home for any reason.</p>				
				Date signed (month, day, year)

**PERMISSION TO PHOTOGRAPH / VIDEOTAPE: (Please check one box and sign below)\*\***

- I hereby give permission for my child to be photographed or videotaped by employees of the San Joaquin County Outdoor School and the San Joaquin County Office of Education for educational and promotional use on television, on brochures or other printed materials, or on the SJCOE website.
- (\*\*sign here) \_\_\_\_\_
- I **DO NOT** give my permission for my child to be photographed or videotaped.
- (\*\*sign here) \_\_\_\_\_

### HEALTH INFORMATION

1. If your child has been ill recently, please describe illness:		
2. Check all applicable conditions of child and explain below.		
<input type="checkbox"/> 1. Allergies and Hay Fever <input type="checkbox"/> 2. Allergy to bee stings ___ Mild - no medicine required ___ Moderate - Benadryl required ___ Severe - EpiPen required (send 2) <input type="checkbox"/> 3. Asthma ___ Medicine/inhaler/nebulizer required <i>(medicine form must be attached)</i>	<input type="checkbox"/> 4. Backaches or weak back <input type="checkbox"/> 5. Bedwetting <input type="checkbox"/> 6. Car Sickness <input type="checkbox"/> 7. Epilepsy/convulsive disorder <input type="checkbox"/> 8. Headache <input type="checkbox"/> 9. Allergic to food: _____ <i>(please attach food allergy form)</i> <input type="checkbox"/> 10 Heart trouble/murmur	<input type="checkbox"/> 11. A.D.D./A.D.H.D <input type="checkbox"/> 12. Poison Oak <input type="checkbox"/> 13. Sinus trouble <input type="checkbox"/> 14. Sleep walking <input type="checkbox"/> 15. Other _____ <input type="checkbox"/> 16. Diabetic ___yes- insulin injection <i>(medicine form must be attached)</i>
Explain: _____		
<i>(Medicine form must be attached if your child is bringing any medicine- including aspirin and vitamins. If child has asthma, please send inhaler and both med.forms)</i>		
3. Approximate date of last tetanus/typhoid shot.	4. If child is on special diet or allergic to any food item(s), briefly describe <i>(also attach food allergy form)</i> .	
5. Exposure to communicable disease during past month? Please specify:	6. Any limitation on physical activity? Please specify:	