FOOTHILL HORIZONS OUTDOOR SCHOOL
HEALTH INFORMATION

FORM MUST BE COMPLETED AND SIGNED IN INK BY PARENT OR GUARDIAN

Name of Student _____ Date Of Birth_____ ☐ Male

School_____ Teacher _____ ☐ Female

TO HELP INSURE THAT YOUR CHILD HAS AS PLEASANT AND SAFE AN EXPERIENCE AS POSSIBLE, PLEASE CHECK A BOX FOR EVERY QUESTION AND EXPLAIN ANY **YES** ANSWERS.

YES **NO**

☐ ☐ 1. Does your child have any health problems which might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision losses, etc.? If YES, please specify. If your child uses an inhaler for asthma you will need to have the "Request for Self-administration of Medication at Outdoor School" Form completed and signed by your child's Health Care Provider.

_____

_____

☐ ☐ 2. Is your child allergic to or has s/he reacted unusually to any medicine, insect sting, food, or other substance? If YES, please give complete details and recommendations (attach additional sheet if necessary). If your child uses an Epi-pen you will need to have the form "Request for Self-administration of Medication at Outdoor School" Form completed and signed by your child's Health Care Provider.

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☐ ☐ 3. Does your child require a special diet? If YES, please explain. If a special diet is required, you will need to contact the Outdoor School Director at (209) 532-6673 to make arrangements prior to your child's arrival at the facility.

_____

☐ ☐ 4. Is there any reason why your child's physical activity should be limited in any way? If YES, please explain fully on a separate sheet, and attach to this form a release and recommendations from your Health Care Provider.

☐ ☐ 5. Is your child covered by health insurance? If yes, please list carrier and policy number.

Carrier: _____ Policy Number: _____

☐ ☐ 6. Is your child required to take 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.

If your child requires an injectable drug, the child must have the ability to administer it to him/herself. Our staff cannot administer injectable drugs except in an emergency (glucagon, epi-pens).

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" forms indicated in #1, 2 and 6 above. Your school's supervisor of health must review the "Request" forms and sign them off 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.

Stanislaus County Office Of Education
21925 Lyons-Bald Mt. Road, Sonora, CA 95370 TEL. (209) 532-6673 FAX. (209) 533-1390
Tom Changnon, Superintendent

OVER

PLEASE FILL IN COMPLETELY:

STUDENT'S NAME _____ Date of Birth _____

Student's Address _____
Street City Zip Home Phone

Parents'/Legal Guardians' Name _____

Mailing Address _____

Work Phone - Father( ) _____ Work Phone - Mother( ) _____ Cell( ) _____

Name, address, and telephone number of person who, in an emergency, can find you or accept responsibility for your child.

_____

_____

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

Dentist _____ _____
Phone

We need to know if your child is protected against tetanus. Has your child had a recent diphtheria, pertussis, tetanus immunization or diphtheria, tetanus immunization? _____ 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 understand that I will be required to transport my child home immediately should a third offense take place. 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, or evidence of lice or nits, I will be required to transport him/her home immediately.

I also understand that if my child takes medication, s/he will NOT BE ALLOWED TO ATTEND outdoor school if the "Request for Administration of Medication at Outdoor School" or "Request for Self-administration of Medication at Outdoor School" form(s) are not completed correctly.

_____ _____
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.