

Sutter County Office of Education -- Shady Creek Outdoor School Program
Student Registration and Health Form

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name _____ (Last) (First) (Nickname)	Birthdate _____	Grade _____	Gender _____
Teacher's Name _____		School _____	
Home Address (Street) _____		City/Zip _____	
Mailing Address (if different) _____		Home Phone _____	
Father's Name _____	Place of Work _____	Phone _____	
Mother's Name _____	Place of Work _____	Phone _____	
Emergency Name _____	Relationship _____	Phone _____	
Physician's Name _____	Office Address _____	Phone _____	

GENERAL HEALTH INFORMATION

Check ALL applicable conditions of child and explain below

IMPORTANT:

Is your child bringing prescription or non-prescription medication to the site? Yes ___ No ___

If "Yes", then you must complete the Medication Authorization Form to send with the medication.

Has your child been exposed to any communicable disease within the past month? Yes ___ No ___

If "Yes", please specify the disease. _____

Date of last known Tetanus Shot: _____ **Is your child a vegetarian?** Yes ___ No ___

Yes No (Please check yes or no for each item)			
A. ALLERGIES		I. Heart Condition <input type="checkbox"/> yes <input type="checkbox"/> no	
Bee Stings/Insect Bites <input type="checkbox"/> yes <input type="checkbox"/> no	J. Nose Bleeds <input type="checkbox"/> yes <input type="checkbox"/> no		
Food _____ <input type="checkbox"/> yes <input type="checkbox"/> no	K. Recent Broken Bone or other injuries <input type="checkbox"/> yes <input type="checkbox"/> no		
Hay Fever <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> no Body part injured _____ Injury Date _____		
Other _____ <input type="checkbox"/> yes <input type="checkbox"/> no	(Describe All Activity Restrictions on other side)		
B. Asthma	L. Recent Surgery <input type="checkbox"/> yes <input type="checkbox"/> no		
Bringing Medication? <input type="checkbox"/> yes <input type="checkbox"/> no	Body Part _____ Date of Surgery _____		
C. Back or Neck Problems <input type="checkbox"/> yes <input type="checkbox"/> no	(Describe All Activity Restrictions on other side)		
D. Bedwetting (currently) <input type="checkbox"/> yes <input type="checkbox"/> no	M. Sinus Problem <input type="checkbox"/> yes <input type="checkbox"/> no		
E. Bowel Problems <input type="checkbox"/> yes <input type="checkbox"/> no	N. Sleep Walking (history of) <input type="checkbox"/> yes <input type="checkbox"/> no		
F. Epilepsy or seizure disorder <input type="checkbox"/> yes <input type="checkbox"/> no	O. ADD or ADHD (attention deficit disorders) <input type="checkbox"/> yes <input type="checkbox"/> no		
G. Fainting <input type="checkbox"/> yes <input type="checkbox"/> no	_____ Bringing Medication?		
H Headache <input type="checkbox"/> yes <input type="checkbox"/> no	P. Diabetic <input type="checkbox"/> yes <input type="checkbox"/> no		

Briefly explain ALL items checked above (refer to each item by letter) and explain any other medical issues not listed above (use additional sheets if necessary). Please also disclose any medically necessary dietary requirements. _____

Allergies: Specify type(s), child's reaction, and authorized treatment(s): _____

Asthma/ADD/Insulin/Epi-kits: Any prescribed medicine or inhaler must be sent to Shady Creek Outdoor School for student's use under supervision. All medications must be sent in their original prescription container and be accompanied by an authorization form signed by the parent and prescribing physician.

Instructions for Completing Medication Authorization Form

All prescription and over-the-counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's physician. Only asthma inhalers may be kept in the child's cabin. No medication will be administered unless it is received in its original container, with this signed authorization form.

Steps to complete the Medication Authorization Form:

1. Determine if your child will need to bring prescription or non-prescription medicine to Woodleaf.
 - a. Do not send any of the following non-prescription medications because, with your signed permission, they are already available:

Advil (dysmenorrhea) (for fever or pain)	Tylenol (head/muscle aches)
Benadryl (localized itch/insect bite)	Kaopetate (diarrhea)
Caladryl Lotion (poison oak)	Actified/Sudafed (nasal congestion)
Mylanta (upset stomach)	Neosporin Ointment (minor cuts/burns)
Cough Drops (cough)	Robitussin (cough)
Cortisone .5% Cream (itch/rash)	Dramamine (motion sickness)
Rid/Nix (lice treatment)	
2. Submit the Medication Authorization Form to your child's physician for completion. All medication, both prescription and non-prescription, not listed above requires a physician's signature and complete (legible) instructions from the physician. We cannot administer any medication (prescription or non-prescription) you send for your child without this signed form.
3. Verify that all medications are properly labeled and authorizations have been given. Verify that:
 - a. All medications are in original containers.
 - b. All medications are properly labeled, (use masking tape if necessary), including:
 - 1) student's name (prescription must be for the student only, no other name will be accepted)
 - 2) medication name
 - 3) precise dosage instructions, quantity and frequency (prescription only)
 - 4) physician's name (if prescription)
 - 5) school's initials: example "Tierra Buena" would be T.B.
 - 6) Spanish labels must be translated to English on the Authorization Form
 - c. The prescription medications are not expired.
 - d. All medications are listed on this signed Medication Authorization Form with proper instructions for administration.
4. Fold this form and place it in a zip-lock baggie with all the medications (both prescription and non-prescription in original containers) and forward the bag to your child's school to transport to Shady Creek.
 - a. Label the baggie with your child's name and school (use masking tape).
 - b. DO NOT send any medication to the site in your child's suitcase.
 - c. Vitamins should not be sent to the site unless ordered by a doctor.

If you have any questions regarding your child's medication or these instructions, please contact your child's school or Shady Creek Outdoor School.

Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information that will help make your child's experience safe and enjoyable!

(Please see other side)

