

SHADY CREEK OUTDOOR SCHOOL PROGRAM

Sutter County Schools
970 Klamath Ln.
Yuba City, CA 95993

ADULT STAFF HEALTH FORM

Date: _____

_____			Sex M F
Last	First	Nickname	Age _____ (if under 18)
			If over 18, check here _____
(Circle One):	Nurse	Secretary	Resident Staff
			School: _____
Principal	Cabin Counselor	Teacher	Other _____
			Phone: _____

Street Address: _____ City/Zip _____

Mailing Address (if different than above): _____ Phone: _____

Spouse's Name: _____ Place of work: _____ Phone: _____

Relative/Friend's Name: _____ Place of Work: _____ Phone: _____

DOCTOR'S NAME: _____ Phone: _____

GENERAL HEALTH

1. Do you know of any health factor that makes it advisable to limit your activity? Yes No

If yes, explain: _____

2. Do you have allergies? Yes No

To plants or animals? (i.e., bee sting) _____

To medicines (i.e., penicillin) _____

3. Have you been exposed to any communicable diseases with the past 21 days? Yes No

If yes, which one? _____

4. List the month and year of your last diphtheria-tetanus and or/tetanus shots. Mo. _____ Yr. _____

5. Will you be taking any medication while at Shady Creek? Yes No

If yes, please write instructions (what medicine, for what problem, how often, Doctor's name, etc.) on the back of this form.

IMPORTANT: Please complete the reverse side carefully and completely. List any medications you will be bringing to Shady Creek.

6. Are you a vegetarian? Yes No

PERMISSION FOR EMERGENCY TREATMENT

If an emergency arises, it may become necessary to secure the assistance of a physician. Please sign the following statement, which permits emergency care. (If you cannot authorize emergency care, your application MUST be reviewed by the program director before attending the outdoor school.)

Yes, PERMISSION GRANTED. I hereby authorize the Shady Creek Outdoor School to provide to me medical or surgical care, including care rendered through the facilities of a physician or a hospital in any emergency that may arise while at the outdoor school.

Signature of Adult Staff Member: _____ Date: _____

Please **DO NOT** bring any substances you can easily do without for the week. Bring only those items that must be taken or may be needed in an emergency.

We do not allow any medications prescription or over the counter to be kept in the cabins. All such products must be kept in the "Gauze Pad" and be accompanied by doctor's instructions. (*Credentialed staff may make other arrangements with the nurse if they wish*)

Our nurse will dispense the medicine and schedule people according to the doctor's instructions. Please take time and care in packaging and labeling the medicine and be sure to include the dosage instructions. We average 200 guests at Shady Creek each week and only **ONE** nurse!!

Medicine Packaging Instructions:

1. Be sure each medicine is packaged separately. **Do not** mix different types of pills in one bottle.
2. Take care to assure that the container is secure, in good repair, and is labeled for the person who will be taking the medication.

Please complete the form below for each substance you are bringing. Securely attach additional sheets if necessary. Please print legibly.

Medicine Name: _____ Doctor's Name: _____ Doctor's Phone: _____ Name of Pharmacy: _____ Date filled: _____ Instructions: _____ _____	Medicine Name: _____ Doctor's Name: _____ Doctor's Phone: _____ Name of Pharmacy: _____ Date filled: _____ Instructions: _____ _____
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Waiver and Release of Claims. Participant hereby releases Superintendent, its officers, officials, agents and/or employees, volunteers, other participants (collectively "Releasees"), for any and all injury, accident, disability, death, or loss or damage to person or property, whether arising out of or in any way related to voluntary participation in the Program. This waiver and release applies to the Program, travel to and from the Program, and any other events or circumstances related to participation in the program. This Waiver and Release applies to the Program, travel to and from the Program, and any other events or circumstances related to participation in the Program.

Signature

Date