

Sutter County Superintendent of Schools -- 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 _____	
Parent or Guardian _____	Place of Work _____	Phone _____	
Parent of Guardian _____	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)			
<b>A. ALLERGIES</b>			
Bee Stings/Insect Bites .....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Food .....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Hay Fever .....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Other .....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<b>B. Asthma</b> .....			
Bringing Medication? .....	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<b>C. Back or Neck Problems</b> .....			
<b>D. Bedwetting (currently)</b> .....			
<b>E. Bowel Problems</b> .....			
<b>F. Epilepsy or seizure disorder</b> .....			
<b>G. Fainting</b> .....			
<b>H Headache</b> .....			
<b>I. Heart Condition</b> .....			
<b>J. Nose Bleeds</b> .....			
<b>K. Recent Broken Bone or other injuries</b> .....			
Body part injured _____		Injury Date _____	
(Describe all activity restrictions below)			
<b>L. Recent Surgery</b> .....			
Body Part _____		Date of Surgery _____	
(Describe all activity restrictions below)			
<b>M. Sinus Problems</b> .....			
<b>N. Sleep Walking (history of)</b> .....			
<b>O. ADD or ADHD</b> .....			
Bringing Medication? .....		<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>P. Diabetic</b> .....			

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):

**Authorization For Medical Treatment**

**SIGNATURE REQUIRED OR STUDENT CANNOT ATTEND OUTDOOR SCHOOL**

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available. I further authorize site personnel to administer first aid to my child as needed and assist my child in the use of medications listed on the attached Medication Authorization Form.

⇒ \_\_\_\_\_  
Signature of Parent/Guardian Date

**COVID Testing**

I authorize site personnel to administer rapid antigen tests for COVID-19 on site if symptoms aligning with the virus arise while attending Shady Creek Outdoor School.

⇒ \_\_\_\_\_  
Signature of Parent/Guardian Date

**Discipline and Refund Policy**

Please be advised that all rules of the student’s school apply while at outdoor school. Parents or Guardians will be notified of disciplinary infractions whenever possible. If multiple infractions, or severe infractions occur, it may be possible that a student will be sent home early from outdoor school. Shady Creek does not issue reimbursements or credit schools for students who are sent home because of illness, disciplinary issues, or any other situation that may require your child to leave Shady Creek early. **I have reviewed the above rules with my child and agree to pick him/her up at Shady Creek Outdoor School if called upon to do so.**

⇒ \_\_\_\_\_  
Signature of Parent/Guardian Date

**Information**

Shady Creek will collect student’s name, dietary restrictions, and other relevant information. I authorize the sharing of this information with other schools in attendance the same week as my child.

⇒ \_\_\_\_\_  
Signature of Parent/Guardian Date

**Waiver and Release of Claims**

Parents, for ourselves and on behalf of Student, hereby release and hold harmless 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. Parents voluntarily agree, for ourselves and for our heirs and representatives, that if any claim, cause of action, or proceeding for accident, illness, injury, death or any other claim shall be prosecuted, including but not limited to a claim for negligence against the Superintendent, or its employees, officers, board members, or agents, arising from my Student’s participation in the Program, during or related to said participation, including, but not limited to a suit filed by Student or guardian ad litem on behalf of Student, we and our heirs and representatives will defend, indemnify and hold harmless, the District, and all of its employees, officers, board members and agents from any and all such claims and causes of action including attorney’s fees, and further agree to be bound by the terms of this Waiver and Release set forth above.

I HAVE READ THE FOREGOING RELEASE OF LIABILITY AGREEMENT ENTITLED STUDENT WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

⇒ \_\_\_\_\_  
Signature of Parent/Guardian Date

## 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 Shady Creek.  
  
Shady Creek does not provide over the counter medication.
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, school and teacher, (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)

