



# 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

PLEASE CHECK A BOX FOR EVERY QUESTION AND **EXPLAIN** ANY **YES** ANSWERS.

YES NO

1. Does your child have any **health concerns** that might affect his/her care, such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? Describe:

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any behavioral or learning diagnoses? Describe:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child **take any 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 for **BOTH** prescription and over the counter medications (i.e. Benadryl, Tylenol, Ibuprofen, anti-itch creams, vitamins, etc.).

4. Does your child have any **serious allergies** to foods, insect stings, medications, or other substances? If YES, what is s/he allergic to?

\_\_\_\_\_  
\_\_\_\_\_

Is this allergy life threatening? \_\_\_yes \_\_\_no Epi Pen needed? \_\_\_yes \_\_\_no

Is this allergy from:  Contact/touch  Ingestion/eating  Airborne/inhalation

5. Are there foods your child CANNOT eat? \_\_\_\_\_

(Please call the Foothill Kitchen if you have concerns—209-532-6673)

6. Are there any limits to your child's **physical activity** (broken limbs, adapted PE, etc.)? If YES, please ask your Health Care Provider to fill out the **Limited Activities List** (found on the Parents' Page at [www.foothillhorizons.com](http://www.foothillhorizons.com)).

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

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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" form (found on the Parents' Page at [www.foothillhorizons.com](http://www.foothillhorizons.com)). Your school's supervisor of health must review the "Request" form(s) and sign them 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. If you have questions about medications please contact our health office: 209-532-6673.

PLEASE FILL IN COMPLETELY:

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_  
Street City Zip Primary/Home Phone

Parents' /Legal Guardians' Names \_\_\_\_\_  
(If more than one adult, please list both names)

Mailing Address \_\_\_\_\_

Work Phone #1 ( ) \_\_\_\_\_ Work Phone #2 ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contacts:** people who, in an emergency, can find you or accept responsibility for your child if s/he needs to be picked up.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_  
(If none, state "None") Phone # Fax #

We need to know if your child is protected against tetanus. Has your child had a recent diphtheria, pertussis, tetanus (Tdap) immunization or diphtheria, tetanus (Td) immunization? \_\_\_\_Yes \_\_\_\_No

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 I 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, fever, live lice, or is unable to participate in the program I will be required to **transport him/her home immediately**.

I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to **photograph, record, or videotape** my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

\_\_\_\_\_  
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.**