

SAN MATEO OUTDOOR EDUCATION: CABIN LEADER REGISTRATION AND HEALTH INFORMATION

To help us provide a safe and enjoyable experience for your child. We need to know about your child's current health status and any medications that he/she is taking. In the event of an accident, we need to know where to reach you, what to do if you are unavailable, and your insurance carrier.

If your child has a life threatening allergy, diabetes, or other serious medical condition that may require special attention, please call **(650) 747-0414**. If he or she is under a doctor's care for an acute or chronic problem including food allergies or dietary restrictions, your physician needs to know that the child will be away from home for **four or five** full days. **Please have your child's physician complete the Medication and Physicians Instruction Form.**

STUDENT
INFORMATION:

_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
Print name of student (last, first)	Sex	Birth date	School

Home address of child (number, street, state, zip code)			

Language spoken at home			Home phone

Mother (guardian) name	Email Address	Work or cell phone	

Father (guardian) name	Email Address	Work or cell phone	

Emergency contact	Address	Phone	

MEDICAL
INFORMATION:

_____	_____	_____
Physician's name	Physician's Address	Physician's Phone

Name of your insurance company	Policy number	Group number

Address of insurance company (number, street, city, state, and zip code)		Telephone no. of insurance company

HEALTH
INFORMATION:

1. Check all applicable condition of child and explain below.

<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Headache/Migraines	<input type="checkbox"/> Recent Broken Bone	<input type="checkbox"/> Backaches or Weak Back
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Recent Surgery	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Allergy to Bee Stings	<input type="checkbox"/> Car Sickness	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Autism/Aspergers
<input type="checkbox"/> Allergy to Food/Peanut	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Medication Allergy	<input type="checkbox"/> Sleep Walking	

Briefly explain: _____

2. If your child is on a special diet, briefly describe: _____

3. Please specify any limitations on physical activity: _____

4. Please specify exposure to any communicable disease during past month: _____

Date of last tetanus shot: _____

5. Please describe any recent illness, special needs or concerns that our staff should be aware of to best care for your child:

I(We), the parent(s) or guardian(s) of the above-named student, wish to register our child a five day experience in the Outdoor Education Program. Should it be necessary for our child to have medical care for illnesses or accidents, we hereby give permission to the person in charge at the Outdoor Education Program to obtain the best possible care for our child. We agree any cost incurred will be our responsibility. In addition, we hereby agree to defend, indemnify and hold harmless from any demands, claims, actions, suits, or any liability of any nature or kind arising out of his/her participation in the Outdoor Education Program, the County Superintendent, the Board of Education, the district, any and all personnel, employees and agents of said County Superintendent, Board of Education, and district and the San Francisco YMCA and all personnel, employees and agents of the San Francisco YMCA.



Signature of custodial parent or guardian

Date

SAN MATEO OUTDOOR EDUCATION: MEDICATION INFORMATION AND PERMISSION

We cannot administer any type of medication including, prescriptions, over the counter medications or vitamins without a doctor's signature according to California education code 49423.

1. PRESCRIPTION INFORMATION

If your child takes prescribed medication, over the counter medication, or vitamins, and if you want your child to receive medication at the Outdoor Education Program, it is necessary that:

- The **REQUEST FOR MEDICATION AND PHYSICIAN'S INSTRUCTIONS** form by completed and signed by you and your doctor.
- The medication is in its original packaging or prescription bottle, and is labeled with your child's full name, school, and instructions.

2. Medications Outdoor Education Has

These medications below are kept at Outdoor Education. DO NOT send these medications to Outdoor Education, with your permission and instructions below, we will administer these medications to your child.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol Jr. for headaches, pain, or elevated temperature |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums for upset stomach |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough drops for sore throat |
| <input type="checkbox"/> | <input type="checkbox"/> | Caladryl for skin rashes or insect bites |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough syrup for coughs |
| <input type="checkbox"/> | <input type="checkbox"/> | Phenylephrine for nasal congestion |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Benadryl for nighttime allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | Chlorpheniramine for daytime allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | Pepto Bismol for diarrhea |

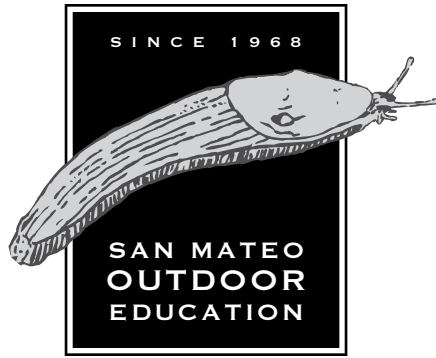
Special instructions for administering any of the above medications:

(We, the parent(s) or guardian shall defend, save harmless and indemnify the County Superintendent of Schools, the County Board of Education, the school district, the San Francisco YMCA and all personnel, employees and agents of the San Francisco YMCA and all their officers, agents, and employees from all liabilities, an claims for damages for death, sickness, or injury to person or property, including without limitation all consequential damages arising from or connected with the dispensing of said medication.



Signature of custodial parent or guardian

Date



TELL US ABOUT YOU!

(THIS WILL HELP US LEARN MORE ABOUT YOU AND MATCH YOU UP TO YOUR CABIN BETTER!)

1. Why do you want to be a Cabin Leader at Outdoor Education? _____

2. Have you been a Cabin Leader at Outdoor Education before? Yes _____ No _____

If yes, who was your naturalist? _____

3. What do you think your greatest strengths as a leader are? _____

4. What leadership skills would you like to gain or improve upon? _____

5. What is your experience with 5th/6th graders? Any experience with other age groups? _____

6. If you have been to Outdoor Education before as a 5th/6th grader, what do you remember about it? Do you remember anything about your Cabin Leader? If so, what? _____

7. Do you speak any language fluently? If so, what? _____

8. Do you have a brother/sister/neighbor/cousin/etc that will be at Outdoor Education during your week? What is their name? _____

9. What do you want to get out of the week? _____

10. If you're a female Cabin Leader, do you prefer working with boy, girl, or either cabins? _____

Full Name (printed)

School

Grade

Age

Full Name (signature)

Date

Sex: M F