

RANCHO EL CHORRO OUTDOOR SCHOOL EARTH DAY CAMP REGISTRATION FORM

<u>PRINT</u> CHILD'S LAST NAME		CHILD'S FIRST NAME		SCHOOL	
Home address (number, street, city, state, zip code)		Home Telephone	T-shirt size	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (mo/day/yr)
Mother's (guardian) Name Work or cell phone		Father's (guardian) Name		Work or cell phone	
If you cannot be reached in case of emergency, give name of person to be notified:					
Name		Address		Telephone number	
Name of Physician		Physician's address		Physician's telephone number	
Name of your insurance company				Group or policy number	

_____ (Child's full name) has my permission to participate in the Rancho El Chorro Outdoor School Earth Day Camp sponsored by the San Luis Obispo County Office of Education. It is my understanding that this activity is made pursuant to the provisions of Education Code Sections #35350 and #35330 and that such sections provide that all persons participating in this activity shall be deemed to have waived all claims against the San Luis Obispo County Office of Education, or the State of California for injury, illness or death occurring during or by reasons of this activity. It is my further understanding that pupils will be under school supervision during this activity.

In the event that I cannot be reached, I give permission for school authorities to obtain immediate medical aid or ambulance service. Further, as a parent or guardian of a child who will be attending Earth Day Camp at the Rancho El Chorro Outdoor School, I understand that an Outdoor School has certain inherent hazards associated with a natural environment.

Understanding these circumstances, I agree that the County Superintendent, the Board of Education, each respective district, and all personnel, employees and agents of said County Superintendent, Board of Education, and each respective district are not responsible in any way for any injuries and/or damages which my child may suffer or sustain while attending the Earth Day Camp at the Rancho El Chorro Outdoor School. Accordingly, I hold these parties harmless and voluntarily waive any rights I may have to pursue any legal action against these parties for any such injuries and/or damages. I understand that this hold harmless agreement extends to any of these parties who may act pursuant to the above medical instructions or pursuant to the instructions of the attending physician or hospital. It is understood that the resulting expense will be the responsibility of the child's parent(s)/guardians(s).

I hereby give permission for my child to be photographed or videotaped by employees of the Rancho El Chorro Outdoor School and the San Luis Obispo County Office of Education for educational and promotional use on television, on brochures or other printed materials, or on the County Office of Education website. Indicate if you do not give consent below.

I **do not** give my permission for my child to be photographed or videotaped.

➔ Signature of Parent or Guardian:	Email address:
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HEALTH INFORMATION

1. Check all applicable conditions of child and explain below.
- | | |
|---|---|
| <input type="checkbox"/> 1. Allergies and Hay Fever | <input type="checkbox"/> 4. Sensitivity to Poison Oak |
| <input type="checkbox"/> 2. Allergy to bee stings | <input type="checkbox"/> 5. Sinus trouble |
| <input type="checkbox"/> 3. Asthma | <input type="checkbox"/> 6. Orthopedic limitations |

Explain:

- | | |
|-------------------------------|---|
| 2. Date of last tetanus shot. | 3. Any limitation on physical activity? Please specify: |
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Please complete other side if sending any medications with your child.

REQUEST FOR MEDICATION AND PHYSICIAN'S INSTRUCTIONS

If your child will be bringing any medications to Earth Day Camp at the Rancho El Chorro Outdoor School, it is required that you provide a physician's signature and note any special instructions below. **YOUR CHILD CANNOT BE GIVEN ANY MEDICATIONS WITHOUT A PHYSICIAN'S SIGNATURE.** All medications must be in the original container. All medications must be given to the Rancho El Chorro staff upon arrival.

PRINT STUDENT'S NAME (LAST, FIRST)

I request that my child (named above) be assisted by an authorized person in taking prescribed medication (description below) at the Outdoor School in compliance with the program's policies and procedures.

Signature of Parent/Guardian 	Date	Home telephone number
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MEDICATIONS: Description(s) of any and all medications shall be completed by child's physician. Please attach additional paperwork if necessary.

Name of medication	1.	2.	3.
Purpose of medication			
Dosage prescribed			
Time schedule			
Dose form (liquid, tablet)			

TO BE COMPLETED BY PHYSICIAN	Print Name of Physician	The above-named student, for whom the above medication is prescribed, is under my care.
	Phone/Address	Signature of Physician
	City and zip code	Date signed (mo/day/yr)

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