

WALDEN WEST OUTDOOR SCHOOL

REGISTRATION AND HEALTH FORM

(Give this form to your child's teacher)

Child's Name _____ M/F _____ DOB _____

Address _____ City _____ ZIP _____

School _____ Teachers Name _____

Name of Parent(s) _____ Home Phone: Area () _____
or Guardian _____ Business Phone: Area () _____
Cell Phone: Area () _____

An Alternate Emergency Phone Number:
Name: _____ Home Phone: Area () _____
The person listed above has permission to authorize _____ Business Phone: Area () _____
medical treatment and/or provide transportation in _____ Cell Phone: Area () _____
the unlikely event of an emergency.

HEALTH INFORMATION NECESSARY FOR CHILD'S CARE

1. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity while attending Walden West School? If so, please describe. _____

a. Recent surgery or illness? _____
b. Are there any food allergies we should be aware of? _____
c. List other conditions we should be aware of: _____

2. In accordance with the California Education Code, in order for your child to receive any medication while at Walden West Outdoor School:
 - a. The attached Physician form or a written statement from a physician detailing method, amount, and schedule by which medication is to be taken must be completed and given to your child's classroom teacher.
 - b. The student's parent or guardian must sign Part 2 of the form, authorizing a Walden West or school representative to dispense medication while at Walden West.
 - c. Medications must be packaged in the original container labeled with directions for dispensing.

If your child requires medications for asthma or bee allergies, for the safety of your child, please send it.

List medications your child will have: _____

If your child will need Tylenol, Actifed, Pepto Bismal, vitamins, fluoride etc. while they are at Walden West Outdoor School, you must provide Walden West with the form requested above.

3. To protect your child from possible embarrassment, please answer the following:
 - a. Does your child walk in his/her sleep? _____
 - b. Bed Wet? _____

If a serious emergency arises, it may be necessary for a physician to attend your child before Walden West staff contacts you. The **AUTHORIZATION FOR MEDICAL TREATMENT AND TRANSPORTATION** statement below must be signed if your child is to attend the Walden West Program. Walden West provides backup insurance for students' who do not have their own. All others must provide insurance information.

Subscriber _____ **Insurance Carrier** _____ **Policy #** _____

If you do not want medical care given to your child, or there are any conditions that will limit medical treatment, please state reason on the back of this form.

AUTHORIZATION FOR MEDICAL TREATMENT/ MEDIA RELEASE

I hereby authorize the Walden West staff to provide medical or surgical care for any emergency that may occur while my child is in attendance at Walden West Outdoor School. In the event of an emergency, my child has my permission to be transported by Walden West staff, classroom teachers or an authorized parent from my school.

I give my permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or education related groups for the purpose of publicizing Office of Education programs, development of educational materials, or reporting on events of community interest. I fully relinquish my right or interest in any film, tape, or photograph which may be used for any legitimate purpose.

Signature of Parent or Guardian