

Outdoor Education Program
Student Registration and Health Form
2025-26

To be Completed by Parent or Guardian
* Please Print Double-sided on Pink Paper *

Attendance
Dates: _____
Teacher: _____

Student's Name: _____ **Date of Birth:** _____ **Gender:** _____
Last First

School: _____ **School Phone:** _____

Parent/Guardian:

1. _____
Name Cell # Home # Work #

2. _____
Name Cell # Home # Work #

Home Address: _____ **Email:** _____

If you cannot be reached in an emergency, who should be called?

3. _____
Name Cell # Home # Work #

IMPORTANT: Are you sending prescription or over-the-counter medication for your child? Yes No
"Medication" includes prescriptions, over-the-counter items, vitamins, supplements, etc.

If YES, complete the following steps:

1. Is the medication listed on the back of this page? If yes, do NOT send unless taken daily. If taken daily, follow steps 2-4.
 2. Complete the **Medication Authorization Form**, which **MUST** be signed by a prescribing physician (MD, DO, NP, or PA) and the child's parent/guardian. The medication name and dose listed on the form **MUST** match the medication label to be administered.
 3. Submit the completed and signed Medication Authorization Form to your child's school **with this registration form**.
 4. Deliver all medications, over-the-counter items, vitamins, and supplements in **ORIGINAL CONTAINERS** to your child's school.
- The Medication Authorization Form can be found at www.sdcoe.net/cos > Parents and Students > All Forms

Student Health Information and Authorization for Treatment

Letter Check () **ALL** applicable conditions of child and **explain below:**

- | | |
|--|---|
| <p>A. Allergies (specify below)</p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Insect Bites</p> <p><input type="checkbox"/> Food* (list below & send form)</p> <p><input type="checkbox"/> Seasonal Allergies</p> <p>B. <input type="checkbox"/> ADD or ADHD</p> <p>C. <input type="checkbox"/> Asthma</p> <p>D. <input type="checkbox"/> Bedwetting (currently)</p> <p>E. <input type="checkbox"/> Bowel Problems</p> <p>F. <input type="checkbox"/> Epilepsy or Seizure Disorder</p> <p>G. <input type="checkbox"/> Fainting</p> <p>H. <input type="checkbox"/> Headache/Migraines</p> <p>I. <input type="checkbox"/> Heart Condition</p> <p>J. <input type="checkbox"/> Possible Homesickness</p> <p>K. <input type="checkbox"/> Nose Bleeds</p> <p>L. <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan</p> | <p>L. <input type="checkbox"/> Sleepwalking (history of) – Date of last episode: _____</p> <p>M. <input type="checkbox"/> **Recent broken bone, other injuries, or back or neck problems?
Body part injured: _____ Date of Injury: _____
Activity Restrictions:** _____</p> <p>N. <input type="checkbox"/> **Recent Surgery: Body part: _____ Surgery Date: _____
Activity restrictions:** _____
<i>**Crutches not allowed at camp. Contact Cuyamaca@sdcoe.net to discuss options.</i></p> <p>O. <input type="checkbox"/> Diabetes/Endocrine Condition? <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Growth Hormone Inj.
<i>If checked, please contact Health Center ASAP: cosnurse@sdcoe.net</i></p> <p>P. <input type="checkbox"/> Psychiatric/Emotional Condition: _____</p> <p>Q. Child has an: <input type="checkbox"/> IEP <input type="checkbox"/> 504</p> <p>P. Does child require an instructional aide in the classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>S. Does child require assistance with Activities of Daily Living? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>T. Date of last tetanus vaccine: _____</p> <p>U. All school-required immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

***IMPORTANT: For food allergies and/or dietary restrictions/conditions** (except for nut allergies, vegetarian, vegan, or lactose intolerance), a **Special Meal Accommodation Form** **MUST** be completed and signed by a prescribing physician (MD, DO, NP, or PA) and submitted to your child's school with this registration form. www.sdcoe.net/cos > Parents and Students > All Forms

Briefly explain ALL items checked above (refer to each item by letter)

Letter	Also explain any other medical issues not listed above (use an additional page if necessary)

