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STUDENT REGISTRATION FORM

Student Name: _____	School: _____
Address: _____	Teacher: _____
City: _____ Zip: _____	Date of Birth: ____ / ____ / _____
Health Insurance Co.: _____	Policy Number: _____
Parent/Guardian Name: _____	Home Phone: _____
Cell Phone: _____	Work Phone: _____
Parent/Guardian Name: _____	Home Phone: _____
Cell Phone: _____	Work Phone: _____

PERSON(S) TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name: _____	Cell/Home Phone: _____
Relation to Student: _____	Work Phone: _____
Name: _____	Cell/Home Phone: _____
Relation to Student: _____	Work Phone: _____

STUDENT HEALTH INFORMATION

Does the student have a **recent** history of any of the following? Check the appropriate box **only if "Yes"**; leave **blank if "No"**

<p>Check if the student is allergic to:</p> <p><input type="checkbox"/> Bee stings/insect bites <input type="checkbox"/> Food: _____</p> <p><input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____</p> <p>Does the student have an Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check if the student has:</p> <p><input type="checkbox"/> ADD <input type="checkbox"/> Headaches <input type="checkbox"/> Nosebleeds</p> <p><input type="checkbox"/> ADHD <input type="checkbox"/> Migraines <input type="checkbox"/> Bedwetting</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Fainting <input type="checkbox"/> Sleepwalking</p> <p><input type="checkbox"/> Bowel Problems/Constipation</p> <p><input type="checkbox"/> Asthma Does the student have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Epilepsy/seizure disorder; date of last seizure: _____</p> <p><input type="checkbox"/> Heart Condition: _____</p> <p><input type="checkbox"/> Exposure to any contagious disease (e.g., chicken pox, etc.) during the last month: _____</p> <p><input type="checkbox"/> Recently ill (e.g., cold, flu, etc.): _____</p> <p><input type="checkbox"/> Recent broken bone or surgery: _____</p> <p>Are the student's vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of last tetanus shot: _____</p>	<p>FIRST AID: In the event that your child requires minor first aid, a teacher, administrator, or chaperone may provide the following, as needed (check "YES" or "NO"):</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Medication</th> <th>As Needed for</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Antiseptic Wipe</td> <td>Wound Care</td> <td></td> <td></td> </tr> <tr> <td>Antibiotic Ointment</td> <td>Cut or Abrasion</td> <td></td> <td></td> </tr> <tr> <td>Hydrogen Peroxide</td> <td>Wound Care</td> <td></td> <td></td> </tr> <tr> <td>Anti-Itch Lotion</td> <td>Itching/Bug Bite</td> <td></td> <td></td> </tr> <tr> <td>Insect Bite/Sting Relief</td> <td>Bug Bite/Bee Sting</td> <td></td> <td></td> </tr> <tr> <td>Petroleum Jelly</td> <td>Chapped Lips/Dry Skin</td> <td></td> <td></td> </tr> <tr> <td>Saline Eye Wash</td> <td>Eye Irritation</td> <td></td> <td></td> </tr> <tr> <td>Burn Relief Cream</td> <td>Sunburn</td> <td></td> <td></td> </tr> <tr> <td>Sunscreen</td> <td>Sun Protection</td> <td></td> <td></td> </tr> </tbody> </table>	Medication	As Needed for	YES	NO	Antiseptic Wipe	Wound Care			Antibiotic Ointment	Cut or Abrasion			Hydrogen Peroxide	Wound Care			Anti-Itch Lotion	Itching/Bug Bite			Insect Bite/Sting Relief	Bug Bite/Bee Sting			Petroleum Jelly	Chapped Lips/Dry Skin			Saline Eye Wash	Eye Irritation			Burn Relief Cream	Sunburn			Sunscreen	Sun Protection		
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PLEASE COMPLETE BOTH SIDES OF THIS FORM

Student Name: _____

School: _____

SLIDE SHOW / PHOTO PERMISSION

Sacramento County Office of Education (SCOE) and/or Sly Park Environmental Education Center (Sly Park), or representatives from the media or other education-related groups, may wish to photograph and/or interview students in connection with the Sly Park program.

By signing below, I give permission for my child (named above) to be photographed, videotaped, and/or interviewed by SCOE, Sly Park, Friends of Sly Park, representatives from the media, or other education-related groups in order **to be included in the weekly student slide show** and/or for the purpose of publicizing SCOE and/or Sly Park, developing educational materials, or reporting on SCOE and/or Sly Park events of community interest. I relinquish all rights or interest in any photograph, recording, film, or tape which may be used for educational purposes or any other lawful purpose.

 **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

AUTHORIZATION FOR STUDENT ATTENDANCE AT SLY PARK ENVIRONMENTAL EDUCATION CENTER

Sly Park Environmental Education Center is located approximately 60 miles east of Sacramento in the Sierra Nevada Mountains. Site elevation is approximately 3500 feet in forested foothill terrain. Sly Park involves students in a variety of activities in all weather conditions, including rain, snow, and ice. Standardized, well-balanced meals are provided. Students sleep on bunk beds in cabins shared with other students. Bathroom facilities are located inside the cabins. The students reside at Sly Park for five, four, or three days.

STUDENT BEHAVIOR EXPECTATIONS

To have a safe and enjoyable stay at Sly Park Environmental Education Center, every student is expected to adhere to regular school rules, as well as the rules and standards of behavior listed below:

1. Follow all Sly Park safety rules.
2. Be respectful, kind, and polite at all times to other students, teachers, chaperones, and staff.
3. Listen to and follow the directions given by teachers, chaperones, and staff.
4. Do not use inappropriate or offensive language. Do not threaten or bully others. No name calling.
5. Hands and feet must be kept to oneself at all times. Do not push, shove, kick, or strike another person. No fighting.
6. Stay within the Sly Park boundaries unless accompanied by a teacher. Always use the buddy system. Walk at all times.
7. Be respectful of the environment and the facilities. No graffiti or vandalism. Do not throw rocks, sticks, etc.
8. Do not enter any cabin other than the student's assigned cabin. Do not take other people's belongings. No pranks.
9. Leave the following items at home: food, candy, gum, snacks, beverages (except water), cell phones, electronics, and weapons.

Failure to follow rules and expectations set at Sly Park Environmental Education Center will result in disciplinary measures up to and including the student being sent home at the expense of his/her parent/guardian.

TRANSPORTATION

By signing the AUTHORIZATION below, I acknowledge that I may be contacted to transport my child home due to illness or misconduct.

STUDENTS WITH SPECIAL NEEDS OR CONDITIONS

If a one-on-one aide is required, either the school or the parent will provide said aide to accompany the child at all times. If specialized physical healthcare services are required, either the school or the parent will provide said services.

MEDICAL TREATMENT

If a serious emergency arises, it might be necessary for a physician to attend to your child before someone can contact you. Such care can be provided only if you sign the AUTHORIZATION below.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, as a parent or guardian of a student who will be attending Sly Park Environmental Education Center (Sly Park), I understand that Sly Park, being an outdoor school, is not the same physical environment as a traditional school. There are certain inherent hazards associated with attending Sly Park, including natural and man-made conditions at the site which may result in physical injury, harm, damage or death. I understand that Sacramento County Office of Education makes no warranty or guarantee of my child's safety or security.

I hold Sacramento County Office of Education, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my child's participation in Sly Park and I waive all claims against Sacramento County Office of Education for injury, accident, illness or death occurring during or by reason of my child's participation at Sly Park (Education Code 35330).

I have read and completed both sides of this form. I understand the unique nature of Sly Park Environmental Education Center and its activities. As the parent/legal guardian of the above named student, by signing this AUTHORIZATION I hereby give permission for my child to participate in the Sly Park Environmental Education program.

 **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____