Dear Parent(s)/Guardian(s),

Please take special care to **thoroughly complete and sign the required Walker Creek Student Health and Dietary Forms** and return them to your child's teacher ASAP.

* Please note it is important that this form be **signed by a physician for any medication** (prescription or over the counter**) that is brought to Walker Creek Ranch**.

** **A Walker Creek Ranch Parent Information Night is scheduled for Sept. 11 from 6 – 7 pm in Room 10 (Strawberry Point School).**

All the best,

The Fifth Grade Team

Walker Creek Ranch

(415) 491-6602 · Fax: (415) 663- 8854 · www.walkercreekranch.org

Registration and Health Form

** REQUIRED FOR ALL PARTICIPANTS**

Please complete BOTH sides of this form legibly and in ink. Be sure to SIGN where indicated. Return to the participant's school. Please call if you have any questions and feel free to use additional paper if necessary to describe any remarkable medical or health condition. Thank you.

Participant is a: ☐ **Student** ☐ **Cabin Leader** ☐ **Adult Chaperone** ☐ **Teacher/School Staff**

PARTICIPANT INFORMATION

Name		Male / Female/ Other	Date of Birth	Age
School	Teacher	Dates Attending		
Home Address (Street)	(City)	(Zip Code)	Home Phone ( )	
Parent /Guardian Name	Work Phone ( )		Cell Phone ( )	
Parent / Guardian Name	Work Phone ( )		Cell Phone ( )	
Email Address:				

EMERGENCY CONTACT INFORMATION: Person to call if parents / guardians are not available:

Name (Relationship)	Day Phone:	Evening Phone:

INSURANCE AND PHYSICIAN INFORMATION

Physician's Name / Location	Health Insurance Provider:
Physician's Phone Number:	Health Insurance Member Number:

Health Information necessary for student's protection and care:

Please check if participant has suffered from or been diagnosed with any of the following:

- ☐ Diabetes
- ☐ Epilepsy/Seizure Disorder
- ☐ Heart Condition
- ☐ Headaches
- ☐ Hearing Impairment
- ☐ Ear Infections
- ☐ Eye Trouble
- ☐ Glasses/ Contacts
- ☐ Hernia (Rupture)
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Any serious illness or accident
- ☐ Autism
- ☐ ADD/ADHD
- ☐ Anxiety
- ☐ Sleep walking
- ☐ Bedwetting

Other (explain below)

Allergies:

- ☐ Hay Fever
- ☐ Bee Sting/ Insect
- ☐ Food (Describe in detail on Dietary Form)
- ☐ Medication
- ☐ Other _____
- ☐ Anaphylaxis to any of the above

Does your student carry an:

- ☐ Epi-pen
- ☐ Inhaler

Date of last Tetanus Shot:_____

Has participant been exposed to anyone with a communicable disease within the last 21 days? ☐ NO ☐YES

If YES, What disease?

_____

Is the participant considered to generally be in good health?

Please explain any items checked above or any other medical conditions not listed (use additional sheets if necessary).

Are there any restrictions on the participant's physical activity? ☐ Yes ☐ No

If **YES,** please explain:

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ROUTINE MEDICATIONS

Will the participant **BRING** any prescription or non-prescription medications to Walker Creek Ranch? ☐YES ☐ NO

If **YES** please supply the pertinent information on the Physician and Parent Authorization to Administer Medication form.

****Please be aware that per California Education Code 49423 a Physician's signature is required for prescription medication AND non-prescription medication *brought* to Walker Creek Ranch for any participant under the age of 18****

AS NEEDED MEDICATIONS

Occasionally, it is helpful to provide students with nonprescription medications when they are at the Outdoor School. The medications listed below are kept in stock at the site for this purpose---you do not need to send additional over-the-counter medications. Please **check the box to indicate your permission** for the listed medication (some may be generic) to be administered by school staff on an as needed basis. An additional physician's signature is **NOT** required for medications listed below unless such medications are sent with the student to the Outdoor School.

May the participant take any of the following over-the-counter medications?

Acetaminophen (Tylenol)	☐ Yes ☐ No	Cough/Cold Medicine	☐ Yes ☐ No	Anti-itch lotion (Calamine)	☐ Yes ☐ No
Ibuprofen (Advil)	☐ Yes ☐ No	Cough Drops	☐ Yes ☐ No	Hydrocortisone	☐ Yes ☐ No
Tums/Antacids	☐ Yes ☐ No	Benadryl	☐ Yes ☐ No	Sting Relief Swab (benzocaine topical)	☐ Yes ☐ No
Pepto Bismol	☐ Yes ☐ No	Neosporin	☐ Yes ☐ No		

DIETARY RESTRICTIONS

Does the participant have any dietary restrictions or food allergies? ☐ Yes ☐ No

If **YES,** please fill out the additional Dietary Information form

REQUIRED FOR ALL PARTICPANTS

I agree the above information is correct to the best of my knowledge. I approve of administering medications as stated above. Should the participant need to be removed from the Walker Creek Ranch Program because of illness or misconduct I agree to provide transportation home.

For minor illnesses or injuries, I understand that Walker Creek Ranch will attempt to contact me at the earliest practical opportunity. Should a medical emergency arise and I am not immediately available, I hereby authorize medication, medical and/or surgical care may be provided for the participant through the facilities of the nearest hospital.

Walker Creek Ranch promotional videos or photos may be taken and used for promotional purposes or put on our web site. If you do not wish to have your child included in such videos or photos, it is your responsibility to contact the outdoor school no later than two weeks prior to the outdoor school program. Walker Creek Ranch (415) 491-6602.

* **Signature of Parent / Guardian:**

sign → ***X*** **Date:**

Voluntary Additional Information

You are encouraged to voluntarily provide any additional information about the participant that will help us to understand how we can best support their success during their time at Walker Creek Ranch. This may include special concerns with respect to cabin assignments or other activities, anxieties about being away from home, showering, emotional concerns, sexual orientation, gender identity, or any other aspect of the participant that you believe may be helpful to Walker Creek Ranch staff. Please use this space, and additional space as necessary, to provide any additional information that you think may be helpful. Please note this information will be kept confidential and will only be shared with appropriate school staff working with the participant.

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Authorization to Administer Medication

This form authorizes administration of medication while the participant attends Walker Creek Ranch. District Policies of attending schools will be followed with regard to administering all medications. Visiting School Staff are responsible for ensuring that medications are administered daily.

Name		Male / Female	Date of Birth	Age
School	Teacher	Dates Attending		

PRESCRIPTION AND REGULARLY TAKEN NON-PRESCRIPTION MEDICATIONS

Any medications listed in this section and *brought* to Walker Creek Ranch require parent/guardian AND physician authorization. Without both **authorizations these medications will not be administered.**

Medication Name & Purpose	*Amount/Dosage*	*Frequency/Time of Day*
1.		
2.		
3.		

Precautions, Special Instructions, Possible Adverse Effect(s), or comments:

For participants with asthma or severe (anaphylactic) allergies, please indicate if they have permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Marin County Outdoor School.

□ Yes – This participant has permission to carry their inhaler and/or epi-pen on their person.

□ No – This participant may not carry their inhaler and/or epi-pen on their person. The medication must be on the person of a responsible adult at all times.

required for any medication BROUGHT to Walker Creek Ranch

PHYSICIAN OR AUTHORIZED HEATHCARE PROVIDER

As the physician of the above named participant, it is, in my professional opinion appropriate and necessary that the above medications be available for administration during the student's overnight stay at Walker Creek Ranch.

Print Name of Physician: Phone Number:

Physician's Signature: **Date:**
X

PARENT OR GUARDIAN

I am the parent and/or legal guardian of the above participant. I hereby give consent that the medication(s), both prescription and nonprescription, indicated above be administered to the participant in accordance with my physician's instructions. I will notify Walker Creek Ranch immediately if I change physicians or if the medication is changed.

Signature of Parent / Legal Guardian **Date:**
X

* sign

DIRECTIONS FOR SENDING MEDICATION TO WALKER CREEK RANCH

ALL medication sent with the participant, must be in the original container and clearly labeled with the following information:
PARTICIPANT'S NAME, PHYSICIAN'S NAME, NAME OF MEDICATION, and DOSAGE (how much and when)
It is important that the participant continue to take their medication while at Walker Creek Ranch. DO NOT pack medicines in the participant's luggage Medication must be given to the participant's classroom teacher for delivery to the Walker Creek Ranch Infirmary on the day of departure.

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Dietary Information

Please fill out this form if the participant has dietary considerations that need to be accommodated.
For further information about menus or specific food allergies or our ability to accommodate dietary restrictions, please contact our Food Services Manager (415) 491-6600.

If you need to send food items to supplement the participant's menu while they are at Walker Creek Ranch, please send food labeled with the participant's name to the Dining Hall Kitchen on arrival day.

Participant is a: ☐ **Student** ☐ **Cabin Leader** ☐ **Adult Chaperone** ☐ **Teacher/School Staff**

Name			Male / Female	Date of Birth	Age
School	Teacher		Dates Attending		
Dietary Preferences:	☐ Vegan	☐ Vegetarian	☐ NO Pork	☐ NO Red meat	☐ NO Fish

Allergies or Medical Restrictions. Student can NOT have:

☐ Eggs ☐ Dairy ☐ Gluten ☐ Nuts ☐ Other _____

Please provide specific details and use additional sheets as necessary:

What happens if the participant ingests these foods? (I.e. anaphylaxis, intolerance, rash, etc.)

Additional Comments: Please use this space to add any comments or concerns regarding dietary needs or restrictions.

Marin County Outdoor School

Student Order Form

Student Name _____ **Phone #**_____

School _____ **Classroom Teacher**_____

Item Description	**Size**	**Quantity**	**Price**	**Total**
Brown Hooded Sweatshirt w/ school logo *(Adult -Sm., Med., Lrg., X-Large)*			$41.23	
Serene Green T-Shirt w/ school logo *(Adult Sm., Med., Lrg., X-Large)*			$16.28	
Cuddly Bear with "I love Walker Creek" Ribbon	N/A		$12.97	
Stainless Steel Water Bottle	N/A		$11.39	
Bandana with Walker Creek w/ Ranch Logo	N/A		$7.05	
Baseball Cap w/ *" Walker Creek Ranch"*			$19.53	
Please do NOT send cash with your student. See payment options below. Prices include 8.50% Sales Tax			**Total Due**	

Walker Creek Ranch

Water Bottle Logo

Marin County Outdoor School

Walker Creek Ranch

T-Shirt & Sweatshirt Design

P **Payment Method**

☐ **CHECK** / Check #_____ **Make Check Payable to: *Walker Creek Ranch***

☐ **CREDIT CARD**

☐ Visa ☐ Master Card Card Number_____ Expiration Date_____

Print Name of Card Holder _____

Billing Address _____
Address City State Zip

Signature of Card Holder _____ Phone #_____

For Office Use Only
Date of Transaction _____ Authorization #:_____ WC116:4/14