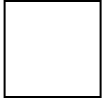


For School Use Only:

Parent chaperone or other relative attending with child?  Yes  No  
 Full Week  Partial Week



### SLY PARK HEALTH / EMERGENCY INFORMATION

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**School** \_\_\_\_\_ **Teacher's name** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

If parent(s)/guardian cannot be reached, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Is there any reason for limiting or accommodating your child's activities? (e.g. Asthma, etc.) \_\_\_\_\_

Please list any dietary needs, food allergies, or health issues:

\_\_\_\_\_

If a serious emergency arises, it might be necessary for a physician to attend to your child before the staff 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/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/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/my child's participation at Sly Park. I fully understand that participants are to abide by all rules and regulations governing conduct during all activities. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS CARD

### **Medications**

If you are sending prescriptive or non-prescriptive medication for your child to take while at Sly Park: 1) indicate the type of medication(s) below; 2) sign where indicated; 3) obtain your doctor's signature; and 4) attach an additional sheet with detailed instructions. All medications must be in original containers.

Type of medication \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Doctor Signature \_\_\_\_\_

If your child becomes in need of non-prescriptive medication while at Sly Park, we will contact you prior to administering it in accordance with our doctor's standing orders. You may initial here if you give prior approval for your child to have the following non-prescriptive medications:

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Benadryl \_\_\_\_\_  
1% Hydrocortisone Cream \_\_\_\_\_ Cough Syrup \_\_\_\_\_ Cough Drops \_\_\_\_\_  
Calamine Lotion \_\_\_\_\_ Antacid \_\_\_\_\_ 7-up/Sprite \_\_\_\_\_

### **Photos**

Promotional photos/videos are sometimes taken. If you do not wish to have your child included in such photos/videos, please inform the Sly Park Principal at least two weeks prior to your visit. (Sly Park cannot be responsible for photos/videos taken by teachers, students, or any other private individuals.)

### **Student Behavior Contract**

There are rules and standards of behavior I must follow at Sly Park in order to have a safe and enjoyable stay. These include, but are not limited to, the following rules:

1. I will stay within the boundaries unless accompanied by a teacher.
2. I will not enter any other cabins other than my own.
3. I will respect the property and belongings of others.
4. I will listen to and follow the directions of my cabin leader and teachers.
5. I will be polite and friendly to everyone.
6. I will not use offensive language.
7. I will not bring snacks or gum to Sly Park.

If I choose not to follow the rules, my parent/guardian will need to take me home from Sly Park.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the behavior contract with my child. He/she understands the rules and the consequences. As a final consequence, I am willing to pick up my child at Sly Park.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

