



Arrowhead Ranch Outdoor Science School CONSENT FORM

All students must return this form filled out completely - this document DOES NOT give permission or consent for dispensation of prescribed or OTC medicines.

Student Name _____ Date of Birth _____ Age _____

Street Address _____ City / State / Zip _____

Parent / Guardian Name _____

Parent / Guardian Home Phone _____ Work Phone _____

Cell Phone _____

EMERGENCY CONTACT (Other then named above)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

INFORMATION ABOUT YOUR CHILD

To protect your child from possible embarrassment, but not to exclude him/her from the program, the following information is needed. Please circle yes or no. If answer is yes please give more detail on the line provided. If more space is required please add a separate paper to consent form.

Does your child walk in his/her sleep, wet the bed at night, etc? Yes / No

If yes please explain: _____

Are there any factors, which might affect the health of your child; such as asthma, allergies, etc? Yes / No

If yes please explain: _____

Has your child been exposed to any communicable diseases (Measles, Mumps, Chicken Pox, etc.) within the past 21 days? Yes / No

If yes, which ones? _____

Has your child had a tetanus shot within the last 5 years? Yes / No Date: _____

Does your child have any allergies that can cause an allergic reaction from medications, foods, or environmental factors? Yes / No

If yes please explain type of reaction: _____

Does your child have any health factor(s) that would make it advisable for your child to follow a limited program of physical activity? Yes / No

If yes please explain: _____

****BOTH SIDES OF THIS FORM MUST BE COMPLETED****

Does your child have any special dietary needs or food restrictions? Yes / No

If so please list them _____

Please list any alternative or option for their stay _____

IN CASE OF AN EMERGENCY PLEASE PROVIDE

Medical Insurance Provider _____

Policy Number _____ Group Number _____

Physician's Name _____ Phone Number _____

In case of emergency, if we, the parents or legal guardians of the above named student cannot be reached, we do agree that x- ray examination, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care may be rendered to such minor under the general or special supervision and on the advice of a duly licensed physician or surgeon; and/or that anesthesia, dental or surgical diagnosis or treatment and hospital care may be rendered to such child by a duly licensed dentist. When or if such occasion arises, or transportation or medical attention becomes necessary, we hereby authorize it within the above provisions and limitations. Further, we agree to hold harmless and indemnify Arrowhead Kids Camp, their officers, agents, and employees if the aforementioned medical or dental treatment is rendered to said minor child.

I have reviewed and understand the conditions on this form and give my consent for my son/daughter to participate. In addition, I am aware of the Education Code Section 35330, which provides that all persons making a field trip or excursion are deemed to have waived all claims against the camp or school for injury, accident or illness occurring during or by reason of the trip or excursion. I agree to and will pick up my son/daughter in the event they become ill or have a behavior problem.

Signature of Parent or Guardian Relationship Date

Student's School School District