Sutter County Superintendent of Schools -- Shady Creek Outdoor School Program
Cabin Leader Registration and Health Form

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name_____ Birthdate_____ Grade____ Gender_____
(Last) (First) (Nickname)

Teacher's Name_____ School_____

Home Address (Street)_____ City/Zip_____

Mailing Address (if different)_____ Home Phone_____

Parent or Guardian_____Cell Number:_____Home:_____

Parent of Guardian_____Cell Number: _____Home: _____

Emergency Contact_____Relation: _____

Physician's Name_____Office Address_____Phone_____

GENERAL HEALTH INFORMATION

IMPORTANT;

Is your child bringing prescription or non-prescription medication to the site? **Yes ___No ____**

*If "Yes", then you must complete the Medication Authorization Form to send with the medication.

Has your child been exposed to any communicable disease within the past month? **Yes ____ No ____**

*If "Yes", please specify the disease. _____

Are your child's Vaccination Records on file with their school?: **Yes ____ No ____**

*If "No", please attach immunization records to this form.

Is your child a vegetarian? **Yes ____ No ____**

Yes No (Please check yes or no for each item)					
A. **ALLERGIES**			I. Heart Condition.....	☐ yes	☐ no
Bee Stings/Insect Bites	☐ yes	☐ no	J. Nose Bleeds.....	☐ yes	☐ no
Food_____	☐ yes	☐ no	K. **Recent Broken Bone or other injuries**.....	☐ yes	☐ no
Hay Fever.....	☐ yes	☐ no	Body part injured_____ Injury Date_____		
Other _____	☐ yes	☐ no	(Describe all activity restrictions below)		
B**. Asthma**.....	☐ yes	☐ no	L. **Recent Surgery**.....	☐ yes	☐ no
Bringing Medication?.....	☐ yes	☐ no	Body Part _____Date of Surgery_____		
C. Back or Neck Problems.....	☐ yes	☐ no	(Describe all activity restrictions below)		
D. Bedwetting (currently).....	☐ yes	☐ no	M. Sinus Problems.....	☐ yes	☐ no
E. Bowel Problems	☐ yes	☐ no	N. Sleep Walking (history of).....	☐ yes	☐ no
F. Epilepsy or seizure disorder.....	☐ yes	☐ no	O. ADD or ADHD.....	☐ yes	☐ no
G. Fainting.....	☐ yes	☐ no	Bringing Medication?.....	☐ yes	☐ no
H Headache.....	☐ yes	☐ no	P. Diabetic.....	☐ yes	☐ no

Briefly explain ALL items checked above (refer to each item by letter) and explain any other medical issues not listed above (use additional sheets if necessary). Please also disclose any medically necessary dietary requirements._____

_____

_____

Allergies: Specify type(s), child's reaction, and authorized treatment(s):

_____

_____

Authorization For Medical Treatment

SIGNATURE REQUIRED OR STUDENT CANNOT ATTEND OUTDOOR SCHOOL

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available. I further authorize site personnel to administer first aid to my child as needed and assist my child in the use of medications listed on the attached Medication Authorization Form.

⇨ _____ _____

Signature of Parent/Guardian Date

Photography Release

I understand that while participating in the Shady Creek Outdoor School program my child may be photographed and/or videoed for advertising, and professional and/or public relations purposes. I authorize Shady Creek Outdoor School and Sutter County Superintendent of Schools to post pictures, videos, and/or film likeness of my child for the use of advertising and professional and/or public relations in connection with the education program. This includes, but is not limited to, social media and website content.

⇨ _____ _____

Signature of Parent/Guardian Date

☐ I do not authorize Photography Release of my child

Discipline and Refund Policy

Please be advised that all rules of the student's school apply while at outdoor school. Parents or Guardians will be notified of disciplinary infractions whenever possible. If multiple infractions, or severe infractions occur, it may be possible that a student will be sent home early from outdoor school. Shady Creek does not issue reimbursements or credit schools for students who are sent home because of illness, disciplinary issues, or any other situation that may require your child to leave Shady Creek early.

I have reviewed the above rules with my child and agree to pick him/her up at Shady Creek Outdoor School if called upon to do so.

⇨ _____ _____

Signature of Parent/Guardian Date

Information

Shady Creek will collect student's name, dietary restrictions, and other relevant information. I authorize the sharing of this information with other schools in attendance the same week as my child.

⇨ _____ _____

Signature of Parent/Guardian Date

Waiver and Release of Claims

Parents, for ourselves and on behalf of Student, hereby release and hold harmless Superintendent, its officers, officials, agents and/or employees, volunteers, other participants (collectively "Releasees"), for any and all injury, accident, disability, death, or loss or damage to person or property, whether arising out of or in any way related to voluntary participation in the Program. This waiver and release applies to the Program, travel to and from the Program, and any other events or circumstances related to participation in the Program. Parents voluntarily agree, for ourselves and for our heirs and representatives, that if any claim, cause of action, or proceeding for accident, illness, injury, death or any other claim shall be prosecuted, including but not limited to a claim for negligence against the Superintendent, or its employees, officers, board members, or agents, arising from my Student's participation in the Program, during or related to said participation, including, but not limited to a suit filed by Student or guardian ad litem on behalf of Student, we and our heirs and representatives will defend, indemnify and hold harmless, the District, and all of its employees, officers, board members and agents from any and all such claims and causes of action including attorney's fees, and further agree to be bound by the terms of this Waiver and Release set forth above.

I HAVE READ THE FOREGOING RELEASE OF LIABILITY AGREEMENT ENTITLED STUDENT WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

⇨ _____ _____

Signature of Parent/Guardian Date

Revised 2026

Instructions for Completing Medication Authorization Form

All prescription and over-the-counter medications are kept locked in the health center and will be administered only as authorized by the parent **and child's physician**. Only asthma inhalers may be kept in the child's cabin with explicit instructions from the child's physician. If an inhaler needs to stay with the student the physician needs to specifically note that the inhaler should be "self carried". No medication will be administered unless it is received in its original container, with this signed authorization form.

Steps to complete the Medication Authorization Form:

1. Determine if your child will need to bring prescription or non-prescription medicine to Shady Creek. Shady Creek does not provide over the counter medication.

2. Submit the Medication Authorization Form to your child's physician for completion. All medication, both prescription and non-prescription, requires a physician's signature and complete (legible) instructions from the physician. **We cannot administer any medication (prescription or non-prescription) you send for your child without this completed form including the physicians signature.**

3. Verify that all medications are properly labeled and authorizations have been given. Verify that:
   a. All medications are in original containers.
   b. All medications are properly labeled, (use masking tape if necessary), including:
      1) student's name (prescription must be for the student only, no other name will be accepted)
      2) medication name
      3) precise dosage instructions, quantity and frequency (prescription only)
      4) physician's name (if prescription)
      5) school's initials: example "Tierra Buena" would be T.B.
      6) Spanish labels must be translated to English on the Authorization Form
   c. The prescription medications are not expired.
   d. All medications are listed on this signed Medication Authorization Form with proper instructions for administration.

4. Fold this form and place it in a zip-lock baggie with all the medications (both prescription and non-prescription in original containers) and forward the bag to your child's school to transport to Shady Creek.
   a. Label the baggie with your child's name, school and teacher, (use masking tape).
   b. **DO NOT send any medication to the site in your child's suitcase. This is a safety hazard.**
   c. Vitamins should not be sent to the site unless ordered by a doctor.

If you have any questions regarding your child's medication or these instructions, please contact your child's school or Shady Creek Outdoor School.

Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information that will help make your child's experience safe and enjoyable!

(Please see other side)

PLEASE COMPLETE FULLY AND CAREFULLY

Medication Authorization Form

To be completed by child's Physician ONLY if medication will be sent & administered at camp

Child's Name:_____
(Last) (First)

School Name: _____ Teacher Name: _____

Medication_____
Purpose of Medication_____
Dosage Prescribed_____
Time Schedule_____
Dose Form (tablet, liq)_____

Medication_____
Purpose of Medication_____
Dosage Prescribed_____
Time Schedule_____
Dose Form (tablet, liq)_____

Medication _____
Purpose of Medication_____
Dosage Prescribed_____
Time Schedule_____
Dose Form (tablet, liq)_____

Medication_____
Purpose of Medication_____
Dosage Prescribed_____
Time Schedule_____
Dose Form (tablet, liq)_____

Precautions, special instructions, possible adverse effect(s), or comments:

_____

_____

_____

_____

The above named child is under my care: Fax Number:_____

Physician's Name (print): Dr._____ Phone Number:_____

Office Name and Address:_____

⇨ **Physician's Signature**: _____ Date:_____

I hereby authorize the school to administer the above listed medications in accordance with the instructions noted.

⇨ Parent's Signature:_____ Date:_____

Health Technician's Use Only:_____

_____

_____

Revised 2026