



## Three Oaks 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 Three Oaks Outdoor Science School, 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. Students who go home due to illness will be charged a pro-rated fee and students who leave early due to discipline issues are not entitled to any form of refund.**

\_\_\_\_\_  
Signature of Parent or Guardian Relationship Date

\_\_\_\_\_  
Student's School School District

### **Camp photography and video release**

**Three Oaks OSS follows strict rules to ensure the privacy and safety of all our students. There are times during camp activities where photos or videos may be taken for the website or promotional purposes. Safety is always paramount and our staff checks all content before publishing any content on the web. Children's photos featured on our website or promotional material will not use or publish names or what school they attend. Three Oaks OSS prefers to keep student photos anonymous in its publications for safety reasons. Parent/Guardian signature below provides Three Oaks authority to use your child's photo anonymously for the purposes of marketing and promotions only.**

\_\_\_\_\_  
Signature of Parent or Guardian Date