

STUDENT REGISTRATION MyForest Summit at SCICON Sequoia National Forest September 24– 25, 2010

Name of Student	Male	Female	Date of Birth
School	Grade		Age
Home Address (Street)	(City)	(Zip Code)	Home Phone ()
Father/Guardian Name	Work Phone ()	Cell Phone/Pager ()	
Mother/Guardian Name	Work Phone ()	Cell Phone/Pager ()	
Name of Family Physician	Physician's Phone ()		

PERSONS TO CONTACT IN AN EMERGENCY IF PARENTS CANNOT BE REACHED

Name	Relationship to Student	Home Phone ()	Work Phone ()	Cell Phone ()
Name	Relationship to Student	Home Phone ()	Work Phone ()	Cell Phone ()

STUDENT HEALTH INFORMATION

1. Does your child have a **recent** history of any of the following conditions? Please check all that apply.

- | | | |
|--|--|--|
| A. <input type="checkbox"/> ADD or ADHD | C. <input type="checkbox"/> Asthma | M. <input type="checkbox"/> Over weight |
| B. Allergies | D. <input type="checkbox"/> Bedwetting | N. <input type="checkbox"/> Recent broken bone or surgery |
| <input type="checkbox"/> Bee sting/insect bites (circle) | E. <input type="checkbox"/> Bowel problems | O. <input type="checkbox"/> Recently ill |
| <input type="checkbox"/> Food _____ | F. <input type="checkbox"/> Diabetic | P. <input type="checkbox"/> Restriction of strenuous activity
(hiking, games, etc.) |
| <input type="checkbox"/> Hay fever | G. <input type="checkbox"/> Epilepsy or seizure disorder | Q. <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Medication _____ | H. <input type="checkbox"/> Fainting | R. <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Other _____ | I. <input type="checkbox"/> Headache | S. <input type="checkbox"/> Stomach problems |
| Child's reaction _____ | J. <input type="checkbox"/> Heart condition | T. <input type="checkbox"/> Other |
| Treatment needed _____ | K. <input type="checkbox"/> Homesickness | |
| | L. <input type="checkbox"/> Nosebleed | |

1. On back of this sheet, please 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.**

2. Yes No Does your child have a physical or emotional special need or condition? If yes, please explain below. A student with a special needs is defined as one who may, due to physical or emotional condition, require individualized care or medical attention. Examples include, but are not limited to: diabetes, mobility challenged students, students who regularly use a nebulizer, emotionally challenged students, and students who need help with ADL's (Activities of Daily Living).

3. MEDICAL INSURANCE

Medi-Cal? _____ # _____ Healthy Families Card? _____ # _____

Private Insurance? _____ Co. Name _____ Policy # _____

THE STATEMENTS BELOW MUST BE SIGNED BEFORE YOUR CHILD CAN ATTEND THE YOUTH SUMMIT

Authorization for medical treatment: For my child _____ I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available.

PARENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____

I understand that my child will be under the supervision of the chaperone attending the MyForest Summit with my child. Any medications required by my child will be under the supervision of the chaperone. There will be no medical personal (nurse, doctor, EMT, etc.) provided by Sequoia National Forest, SCICON, or the sponsoring agencies of the MyForest Summit. The nearest medical facilities to the MyForest Summit at SCICON are approximately 30 miles away in Porterville. I also understand that various forms of media images (photography, video, etc.) of my child may be taken to use for further publicity of this program.

PARENT'S / GUARDIAN'S SIGNATURE _____ DATE _____