



# Walker Creek Ranch

(415) 491-6602 • Fax: (415) 663- 8854 • [www.walkercreekranch.org](http://www.walkercreekranch.org)

## Registration and Health Form

\*\* REQUIRED FOR ALL PARTICIPANTS\*\*

Please complete BOTH sides of this form legibly and in ink. Be sure to SIGN where indicated. Return to the participant's school. Please call if you have any questions and feel free to use additional paper if necessary to describe any remarkable medical or health condition. Thank you.

Participant is a:  Student  Cabin Leader  Adult Chaperone  Teacher/School Staff

### PARTICIPANT INFORMATION

Name	Male / Female/ Other	Date of Birth	Age
School	Teacher	Dates Attending	
Home Address (Street)	(City)	(Zip Code)	Home Phone ( )
Parent /Guardian Name	Work Phone ( )	Cell Phone ( )	
Parent / Guardian Name	Work Phone ( )	Cell Phone ( )	
Email Address:			

### EMERGENCY CONTACT INFORMATION: Person to call if parents / guardians are not available:

Name ( Relationship )	Day Phone:	Evening Phone:
-----------------------	------------	----------------

### INSURANCE AND PHYSICIAN INFORMATION

Physician's Name / Location	Health Insurance Provider:
Physician's Phone Number:	Health Insurance Member Number:

### Health Information necessary for student's protection and care:

Please check if participant has suffered from or been diagnosed with any of the following:

<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Headaches <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Ear Infections <input type="checkbox"/> Eye Trouble <input type="checkbox"/> Glasses/ Contacts <input type="checkbox"/> Hernia (Rupture)	<input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Any serious illness or accident <input type="checkbox"/> Autism <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep walking <input type="checkbox"/> Bedwetting Other (explain below)	Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Bee Sting/ Insect <input type="checkbox"/> Food (Describe in detail on Dietary Form) <input type="checkbox"/> Medication <input type="checkbox"/> Other _____ <input type="checkbox"/> Anaphylaxis to any of the above  Does your student carry an: <input type="checkbox"/> Epi-pen <input type="checkbox"/> Inhaler	Date of last Tetanus Shot: _____  Has participant been exposed to anyone with a communicable disease within the last 21 days? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, What disease? _____  Is the participant considered to generally be in good health?
--	--	--	---

Please explain any items checked above or any other medical conditions not listed (use additional sheets if necessary).

Are there any restrictions on the participant's physical activity?  Yes  No

If YES, please explain:



# Walker Creek Ranch

(415) 491-6602 • Fax: (415) 663- 8854 • [www.walkercreekranch.org](http://www.walkercreekranch.org)

## ROUTINE MEDICATIONS

Will the participant **BRING** any prescription or non-prescription medications to Walker Creek Ranch?  YES  NO

If **YES** please supply the pertinent information on the Physician and Parent Authorization to Administer Medication form.

**\*\*Please be aware that per California Education Code 49423 a Physician's signature is required for prescription medication AND non-prescription medication brought to Walker Creek Ranch for any participant under the age of 18\*\***

## AS NEEDED MEDICATIONS

Occasionally, it is helpful to provide students with nonprescription medications when they are at the Outdoor School. The medications listed below are kept in stock at the site for this purpose---you do not need to send additional over-the-counter medications. Please **check the box to indicate your permission** for the listed medication (some may be generic) to be administered by school staff on an as needed basis. An additional physician's signature is **NOT** required for medications listed below unless such medications are sent with the student to the Outdoor School.

***May the participant take any of the following over-the-counter medications?***

Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough/Cold Medicine <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-itch lotion (Calamine) <input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil) <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> No
Tums/Antacids <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Sting Relief Swab (benzocaine topical) <input type="checkbox"/> Yes <input type="checkbox"/> No
Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DIETARY RESTRICTIONS

**Does the participant have any dietary restrictions or food allergies?**  Yes  No

If **YES**, please fill out the additional Dietary Information form

### **\*\*REQUIRED FOR ALL PARTICIPANTS\*\***

I agree the above information is correct to the best of my knowledge. I approve of administering medications as stated above. Should the participant need to be removed from the Walker Creek Ranch Program because of illness or misconduct I agree to provide transportation home.

For minor illnesses or injuries, I understand that Walker Creek Ranch will attempt to contact me at the earliest practical opportunity. Should a medical emergency arise and I am not immediately available, I hereby authorize medication, medical and/or surgical care may be provided for the participant through the facilities of the nearest hospital.

Walker Creek Ranch promotional videos or photos may be taken and used for promotional purposes or put on our web site. If you do not wish to have your child included in such videos or photos, it is your responsibility to contact the outdoor school no later than two weeks prior to the outdoor school program. Walker Creek Ranch (415) 491-6602.

**Signature of Parent / Guardian:**

**X**

**Date:**

### **Voluntary Additional Information**

You are encouraged to voluntarily provide any additional information about the participant that will help us to understand how we can best support their success during their time at Walker Creek Ranch. This may include special concerns with respect to cabin assignments or other activities, anxieties about being away from home, showering, emotional concerns, sexual orientation, gender identity, or any other aspect of the participant that you believe may be helpful to Walker Creek Ranch staff. Please use this space, and additional space as necessary, to provide any additional information that you think may be helpful. Please note this information will be kept confidential and will only be shared with appropriate school staff working with the participant.



## Walker Creek Ranch

(415) 491-6602 • Fax: (415) 663- 8854 • [www.walkercreekranch.org](http://www.walkercreekranch.org)

### Authorization to Administer Medication

This form authorizes administration of medication while the participant attends Walker Creek Ranch. District Policies of attending schools will be followed with regard to administering all medications. Visiting School Staff are responsible for ensuring that medications are administered daily.

Name	Male / Female	Date of Birth	Age
School	Teacher	Dates Attending	

### PRESCRIPTION AND REGULARLY TAKEN NON-PRESCRIPTION MEDICATIONS

Any medications listed in this section and *brought* to Walker Creek Ranch require parent/guardian AND physician authorization. Without both authorizations these medications will not be administered.

<i>Medication Name &amp; Purpose</i>	<i>Amount/Dosage</i>	<i>Frequency/Time of Day</i>
1.		
2.		
3.		
Precautions, Special Instructions, Possible Adverse Effect(s), or comments:		
<p>For participants with asthma or severe (anaphylactic) allergies, please indicate if they have permission to carry their inhaler and/or epi-pen on their person and use as needed while attending the Marin County Outdoor School.</p> <p><input type="checkbox"/> Yes – This participant has permission to carry their inhaler and/or epi-pen on their person.</p> <p><input type="checkbox"/> No – This participant may not carry their inhaler and/or epi-pen on their person. The medication must be on the person of a responsible adult at all times.</p>		

### PHYSICIAN OR AUTHORIZED HEATHCARE PROVIDER

*As the physician of the above named participant, it is, in my professional opinion appropriate and necessary that the above medications be available for administration during the student's overnight stay at Walker Creek Ranch.*

Print Name of Physician:

Phone Number:

Physician's Signature:

Date:

X

### PARENT OR GUARDIAN

*I am the parent and/or legal guardian of the above participant. I hereby give consent that the medication(s), both prescription and nonprescription, indicated above be administered to the participant in accordance with my physician's instructions. I will notify Walker Creek Ranch immediately if I change physicians or if the medication is changed.*

Signature of Parent / Legal Guardian

Date:

X

### DIRECTIONS FOR SENDING MEDICATION TO WALKER CREEK RANCH

ALL medication sent with the participant, must be in the original container and clearly labeled with the following information: PARTICIPANT'S NAME, PHYSICIAN'S NAME, NAME OF MEDICATION, and DOSAGE (how much and when)

It is important that the participant continue to take their medication while at Walker Creek Ranch. DO NOT pack medicines in the participant's luggage. Medication must be given to the participant's classroom teacher for delivery to the Walker Creek Ranch Infirmary on the day of departure.



# Walker Creek Ranch

(415) 491-6602 • Fax: (415) 663- 8854 • [www.walkercreekranch.org](http://www.walkercreekranch.org)

## Dietary Information

Please fill out this form if the participant has dietary considerations that need to be accommodated.

For further information about menus or specific food allergies or our ability to accommodate dietary restrictions, please contact our Food Services

Manager (415) 491-6600.

**If you need to send food items to supplement the participant's menu while they are at Walker Creek Ranch, please send food labeled with the participant's name to the Dining Hall Kitchen on arrival day.**

Participant is a:  Student  Cabin Leader  Adult Chaperone  Teacher/School Staff

Name	Male / Female	Date of Birth	Age
School	Teacher	Dates Attending	
Dietary Preferences:	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> NO Pork <input type="checkbox"/> NO Red meat <input type="checkbox"/> NO Fish

Allergies or Medical Restrictions. Student can NOT have:

Eggs  Dairy  Gluten  Nuts  Other \_\_\_\_\_

Please provide specific details and use additional sheets as necessary:

What happens if the participant ingests these foods? (I.e. anaphylaxis, intolerance, rash, etc.)

**Additional Comments:** Please use this space to add any comments or concerns regarding dietary needs or restrictions.

**Marin County Outdoor School  
Student Order Form**

**Student Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**School** \_\_\_\_\_ **Classroom Teacher** \_\_\_\_\_

Item Description	Size	Quantity	Price	Total
Brown Hooded Sweatshirt w/ school logo <i>(Adult -Sm., Med., Lrg., X-Large)</i>			\$41.23	
Serene Green T-Shirt w/ school logo <i>(Adult Sm., Med., Lrg., X-Large)</i>			\$16.28	
Cuddly Bear with "I love Walker Creek" Ribbon	N/A		\$12.97	
Stainless Steel Water Bottle	N/A		\$11.39	
Bandana with Walker Creek w/ Ranch Logo	N/A		\$7.05	
Baseball Cap w/ "Walker Creek Ranch"			\$19.53	
<b>*Please do NOT send cash with your student. See payment options below. Prices include 8.50% Sales Tax</b>			<b>Total Due</b>	



*Walker Creek Ranch*

*Water Bottle Logo*

Marin County Outdoor School



**Walker Creek Ranch**

*T-Shirt & Sweatshirt Design*

**P Payment Method**

**CHECK** / Check # \_\_\_\_\_ **Make Check Payable to: Walker Creek Ranch**

**CREDIT CARD**

Visa  Master Card Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name of Card Holder \_\_\_\_\_

Billing Address \_\_\_\_\_  
Address City State Zip

Signature of Card Holder \_\_\_\_\_ Phone # \_\_\_\_\_

For Office Use Only

Date of Transaction \_\_\_\_\_ Authorization #: \_\_\_\_\_ WC116:4/14