

MEDICAL FORM

Blue Oak Summer Program Registration

Please complete the entire form. Print clearly in black or blue pen. One medical form per child.

Student's Name (*First, Middle Initial, Last*)

Name: _____
Emergency contact if parent/guardian is unreachable

Student's Date of Birth (*Month/Day/Year*)

Phone Number _____

Street Address City State Zip

Medical Information

Doctor's Name _____

Name: _____
(*Parent or Guardian*)

Phone Number _____

Primary Phone Number _____

Medical Record Number _____

Alternate Phone Number _____

Preferred Hospital _____

Email Address _____

Please note any significant allergies, regular medications,
medical restrictions or other conditions:

Name: _____
(*Parent or Guardian*)

Primary Phone Number _____

Alternate Phone Number _____

Email Address _____

Acknowledgement of Risk: I/we recognize that part of the School's philosophy is that students learn best through active involvement in a variety of learning experiences. In addition to regular classes, these include field trips and other outings in diverse natural settings. We are aware that the School believes such activities are of the greatest value when students are permitted independence and responsibility. We understand, however, that this approach also exposes students to risks. Through their participation in a wide range of activities, students are subjected to physical dangers, which are inherent in those activities and thus impossible for the School or participants to fully control or eliminate. In short, I/we acknowledge the risks attendant in enrolling our child in the Blue Oak School Summer Program and accept these risks on behalf of our child.

Release: I/we agree that Blue Oak School, its trustees, employees, volunteers, associated organizations and personnel shall not be liable for any accident or injury that the student may sustain arising out of or related to any school-related activity, either in school or during an adjunctive educational program as outlined above. This agreement hereby releases the School, its employees, trustees, volunteers, associated organizations and personnel from any liability which may arise out of or is related to my/our child's participation in any and all school activities. This agreement does not, however, absolve the School of responsibility for its own gross negligence or intentional misconduct.

Permission to Treat: My/our child has permission to participate in the course(s) named on the Registration Form. In a medical emergency concerning the student named above I/we understand that every effort will be made to reach me/us for instruction. If delay in reaching me/us might jeopardize the child's well-being, I hereby authorize the faculty/staff in charge to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.

EXCEPT AS NOTED ABOVE, this child is in good health, has no food or drug allergies, has no chronic conditions which would affect treatment and takes no medications routinely.

Also, periodically **photos** are taken of students and teachers for use in BOS publications. There may also be occasional opportunities for media stories. Many parents enjoy seeing their children's pictures in newspapers, on television or in School publications. BOS has permission to use photographs of my child in Blue Oak School publications, website and the media. If you **DO NOT** want use of photos then check here in which area not to publish photos BOS publications, BOS website, the media.

Parent/Guardian Signature: _____

Date: _____