

REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.

Participant Name: _____ Date of Birth: _____ Grade: 8th

Gender: _____

Address: _____
 Street City State Zip Email Telephone

Participant is a: Minor Self Teacher Parent/Chaperone

Name of Parent(s) or Legal Guardian (s) (if Participant is a minor): (1) _____ (2) _____

Name of School: Chattenden Middle School Name of Head Teacher or Group Contact: Michael Newman

EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact

(1) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

(2) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

This information will only be used by NatureBridge staff to help support Participant on Program

Does the Participant have, or has the Participant had, any of the following conditions or symptoms? Specify any issues on next page.

Medical Information		12. Hearing problems or ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	
1. Any serious medical illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Vision or other eye problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Food (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bleeding/Clotting/ Anemia or any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Medication allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Asthma, wheezing or other lung problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Hospitalized overnight in last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Irregular heart rhythm, heart defect or other heart problem	<input type="checkbox"/> Yes <input type="checkbox"/> No			27. Other allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Kidney problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases		If Participant Has Allergies	
8. Liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Do you carry your own Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Mental, emotional or behavioral issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Do you carry your own inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Seizures or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Impaired immune system	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question Number	Explanation
22. Food allergies	
27. Other allergies	

1. Does the Participant have any food restrictions? Yes No If yes, please specify _____
2. Is the Participant taking any medication? Yes No

Please list all medications Participant is taking and the condition for which each medication has been prescribed.**

Medication	Condition

**Participant must continue to take all medications during the Program unless otherwise directed by Participant's physician.

3. Is Participant capable of participating in a 5 mile hike with up to 2,000 feet of elevation gain? Yes No
4. Are there any restrictions on Participant's physical activity? Yes No
If yes, please describe _____
5. Please provide any additional information that you believe we should know to help us provide a quality experience for the Participant.

Note: NatureBridge staff may contact Participant/Parent/Legal Guardian with questions regarding any of the above matters in advance of the Program.

Name of Physician _____ Telephone Number _____

Medical Insurance Carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional medical or insurance information attached: Yes No

PARTICIPANT AGREEMENT (INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION) REQUIRED FOR ALL PARTICIPANTS

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

Activities and Risks

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft

excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that the Program exposes Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; plants; insect stings and bites; snakes, and predators, including large animals; falling and rolling rock; lightning; tree and tree limb fall; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, anaphylaxis; hypothermia; frostbite; high altitude illnesses; sunburn, heatstroke, and dehydration; infectious diseases such as Lyme disease, norovirus, plague or hantavirus; musculoskeletal injuries; and other possible serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

Assumption of the Risks

I understand that the description of the risks involved in NatureBridge activities set forth above is not complete, and that other risks may result in property loss, personal injury, or death. On behalf of myself and my Minor Participant (if applicable), I agree to assume, to the fullest extent permitted by law, all risks of participation in the Program, whether known or unknown, and whether or not such risks are described above. I understand that participation in the Program is entirely voluntary, and I consent to participation with full knowledge of the possible risks of such participation. If the Participant is a minor child, I have discussed the Program activities and risks with them, and confirm that the child wishes to participate in the Program.

Release and Indemnification

I, an Adult Participant or Parent of a Minor Participant, for myself and on behalf of such Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or any of its officers, directors, employees, agents, contractors, and insurers (the "Released Parties"), to the maximum extent permitted by law, with respect to any and all claims, demands, damages, attorneys' fees, litigation costs, losses, or liabilities, including, but not limited to, claims for property loss, personal injury and/or wrongful death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them.

Medical Authorization

I represent that the medical information I have provided above is current, accurate and complete.

I authorize NatureBridge staff to administer first aid, including, where permitted by applicable law, the administration of epinephrine by auto-injector, as well as the administration of "over the counter" medications, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Imodium, laxatives and similar medications. If my Minor Participant has a known life-threatening allergy, or if I have been advised by a health-care provider that the Minor Participant should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and has been instructed by a physician as to its use; in addition, I have instructed my Minor Participant to have the auto-injectable epinephrine on their person and available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician-prescribed protective measures. I confirm that I have, or my Minor Participant has, the ability to hike up to 5 miles per day with up to a 2,000 feet elevation gain without presenting a risk of harm to myself, my Minor Participant, and/or others. I authorize any adult chaperone or member of NatureBridge staff to obtain medical care for my Minor Participant (or for me, if I am unable to consent), and hereby consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable

opportunity. In the event of a major illness or injury, I understand that NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my Minor Participant's condition is such that treatment must be commenced immediately before contact with me can be made. If I cannot be reached, this authorization remains in full force and effect.

I agree to assume full financial responsibility for the costs of any early departure, back-country evacuation, and/or medical care or treatment that I or my Minor Participant may receive (including transportation to and from the Program). I understand that NatureBridge reserves the right to refuse participation to any person who NatureBridge determines, in its sole discretion, may present a risk of harm to themselves or others.

Other Provisions

I agree that NatureBridge and/or its designees may use, without restriction or compensation, my likeness, and/or that of my Minor Participant, whether in photographs or video, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to NatureBridge. I agree that once submitted, these materials shall become the property of NatureBridge and may be used for marketing purposes.

I understand that during part of the Program, my Minor Participant will be under the supervision of teachers, chaperones, and other adults who are not NatureBridge employees, and who have not been selected, and are not supervised, by NatureBridge. I understand and agree that NatureBridge is not responsible for the actions of any such individuals.

NatureBridge uses independent contractors for some services, and such independent contractors, and not NatureBridge, are solely responsible for any losses or injuries caused by their acts or omissions.

I understand that this Participant Agreement is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this Participant Agreement is found to be invalid for any reason, the remainder of the Participant Agreement shall remain valid and fully enforceable.

I agree that if there is a dispute between me or my Minor Participant, on the one hand, and a Released Party, on the other, such dispute will be governed by the substantive laws of the State of California, and that any lawsuit against any of the Released Parties will be filed and maintained in a court of competent jurisdiction in San Francisco County, California.

I have been advised to consult with an attorney of my choosing if I have any questions concerning the provisions and/or translation of this Participant Agreement. I certify that I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction.

I understand that in the event of any dispute or issue regarding any translation of this Participant Agreement, the English version of this Participant Agreement shall control.

Name of Participant _____
Print Name

Parent or Legal Guardian Signature
(For Minor Participant)

Print Name

Date

Adult Participant Signature (if age 18 or older)

Date

Mountain View Whisman School District Field Trip Parent/Guardian Consent Form and Waiver

Dear Parent/Guardian:

Your consent is required for your child to participate in a Mountain View Whisman School District (District) field trip/excursion ("Trip"). No student will be allowed to participate in the Trip without this signed permission slip. Participation in these activities is completely voluntary.

Destination/Duration/Details Regarding the Trip:

Yosemite =
Oct 29th - NOV. 2, 2018
8:00 am 5:00pm

Student's Name: _____

Date of Birth: _____ Grade: 8th

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Address: _____

STUDENT HEALTH INFORMATION

ALL medications must be registered on this form. All medications, except those that must be kept on the student's person for emergency use, **MUST** be kept and distributed by District staff.

_____ Check here if there are no special medical problems for this student that the District staff should be aware of and no medications are required on the trip.

_____ Check here if any medications are to be taken by this student. Attach the name and dosage of the medication and a description of the health or medical issue to this form and any additional health issues District staff should be aware of and if the distribution of the medications is to be kept confidential and discrete.

• Medical Insurance Carrier (e.g., Kaiser, etc.) _____ Policy Number: _____

• Medical Insurance Address/Telephone Number _____

Person (Other Than Parent/Guardian) to Notify in Case of Emergency:

Name: _____ Cell Phone: _____ Relationship: _____

ACKNOWLEDGMENT, ASSUMPTION OF POTENTIAL RISK, WAIVER, AND RULES AND REGULATIONS

I authorize _____ [child's name] to participate in the above described Trip. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in these activities. In the event of illness or injury, (1) I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services or (2) I have attached to this form specific direction on how medical treatment to my child shall be restricted.

I understand and acknowledge that in order to participate in these activities, the child and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in these activities. I waive the right to pursue a claim against the District, and I hold the District its officers, agents, employees or volunteers harmless from any and all liability or claims that may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the Trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

<p>_____ Signature of Student and Date</p>	<p>_____ Signature of Parent/Guardian and Date</p>
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School Group Coordinator Instructions:

1. Pre-fill the following fields below with school information: #7 (SCHOOL NAME), #8 (SCHOOL CONTACT).
2. Photocopy and distribute after pre-filling these fields. Have participants fill out the following fields independently:
 ADULT PARTICIPANTS: #5, #9-19, #33-34
 STUDENT PARTICIPANT: #5-6, #9-10 if different from parental section, (#14 optional), #15-19 if different from parental section, #26-34 (**most important! parental section**)

VOLUNTEER SERVICE AGREEMENT—NATURAL & CULTURAL RESOURCES

1. <input type="checkbox"/> INDIVIDUAL		2. <input checked="" type="checkbox"/> GROUP	
3. NAME OF AGENCY: National Park Service, YOSE		4. AGREEMENT # (n/a)	
5. NAME OF VOLUNTEER (Last, First)		6. U.S. CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, list visa type	
7. NAME OF GROUP		8. NAME OF GROUP CONTACT (First, Last)	
9. STREET ADDRESS		10. CITY, STATE, ZIP CODE	
11. EMAIL ADDRESS	12. PHONE Home: Mobile:	13. AGE <input type="checkbox"/> Under 15 <input type="checkbox"/> 15 - 18 <input type="checkbox"/> 19 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 54 <input type="checkbox"/> 55 and Older	
14. ETHNICITY & RACE (Optional): Please report both ethnicity and race and tell us if you are a veteran or have a disability. Multiracial respondents may select two or more races. This information will inform our understanding of diversity and inclusion among the volunteer force in the natural and cultural resource areas.			
14a. Ethnicity (Select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		14b. Race (Select one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		14c. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14d. Do you have disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT INFORMATION

15. NAME (Last, First)		16. PHONE Home: Mobile:		17. EMAIL ADDRESS	
18. STREET ADDRESS		19. CITY, STATE, ZIP CODE			

GOVERNMENT OFFICIAL **** SUPERVISOR COMPLETES THIS SECTION ****

20. AGENCY CONTACT / <i>Supervisor</i> NAME (Last, First) Boothe, Heather; Yosemite Volunteer Program Manager		21. AGENCY CONTACT / <i>Supervisor</i> EMAIL & PHONE 209-379-1850, yose_volunteers@nps.gov	
22. REIMBURSEMENTS APPROVED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type and Rate of Reimbursement:		23. VOLUNTEER POSITION TITLE /GROUP PROJECT and PD#: <i>NatureBridge Service Learning Participant, #393</i>	

24. **Description of service to be performed.** Provide a brief abstract of volunteer or service activity and the location of the volunteer activity, and attach description of service to be performed. Service description should include details such as time and schedule commitment, use of government vehicle, use of personal equipment and/or vehicle, skills required (note certifications if necessary), level of physical activity required, etc. If this is a group agreement, the leader is to provide the group name and attach a complete list of group participants or optional form 301b for each volunteer.

VOLUNTEER/SERVICE ACTIVITY ABSTRACT

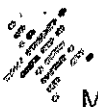
(Supervisor Completes this section)

NatureBridge service learning participants will be working on a wide variety of project in partnership between NB and the National Park Service. The work may include Resources Management projects, including: invasive plant removal, conifer removal, water quality monitoring, seed collection, stream bank restoration, social trail eradication, wildlife protection and education, snow surveying, and similar work. Facilities management work may include litter collection, cleaning up campgrounds, trail repair, carpentry, sign repair, and similar work. Work may include interacting with the public, providing information and education.

Work will be throughout Yosemite National Park, in highly varied terrain, at elevations ranging from 2,000 to 14,000 feet, in changeable weather conditions. Travel will include both established road and trails as well as undeveloped areas. Environmental hazards include poisonous plants, stinging and biting insects, extreme heat and cold, and wildlife interactions. Participants must use appropriate safety equipment, dress appropriately for the work, and follow all safety procedures.

25. **Check all that apply:** Description of service attached List of group participants/optional form 301b attached
 Job Hazard Analysis Valid Driver's License Verified (if required)

PARENTAL CONSENT FOR VOLUNTEER UNDER AGE 18		
26. PARENT OR LEGAL GUARDIAN (First, Last)	27. PHONE Home: Mobile:	28. EMAIL ADDRESS
29. STREET ADDRESS	30. CITY, STATE, ZIP CODE	
31. I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for _____ to participate in the specified volunteer activity. (NAME OF YOUTH)		
32. Parent/Guardian Signature		Date
VOLUNTEER & GROUP LEADER AFFIRMATION		
33. I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statements I have checked below are true: <input type="checkbox"/> I or group leader know of no medical condition or physical limitation that may adversely affect my or members of the group ability to provide this service. If a group see attached OF301b. <input type="checkbox"/> I or a member of the group have a medical condition or physical limitation that may adversely affect my ability to provide this service and have informed the Government Representative. If a member of a group see attached OF301b. <input type="checkbox"/> I or group member do not consent to being photographed or to the release of my photographic image. If a member of a group see attached OF301b. I do hereby volunteer my services as described above, to assist in authorized activities at <u>Yosemite National Park, NPS</u> and I agree to follow all applicable safety guidelines. See attached OF301b attached if a member of a group. (NAME OF FEDERAL AGENCY)		
34. Signature of Volunteer or Group Leader		Date
The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims, liability and injury compensation to the extent not covered by your volunteer group, if any.		
35. Signature of Government Representative (<i>Supervisor</i>)		Date
TERMINATION OF AGREEMENT (<i>completed by Volunteer Office at end of volunteer service</i>)		
36. Agreement Terminated Date:		Total Hours Completed:
37. Signature of Government Representative:		
PUBLIC BURDEN STATEMENT		
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. USDA, DOI, DOC and DOD prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Not all prohibited bases apply to all programs.		
PRIVACY ACT STATEMENT		
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.		



Mountain View
Whisman
School District

* Fill out only if your child uses
an inhaler and will have it on the
trip.*

HEALTH SERVICES

PERMISSION TO CARRY INHALER

DATE _____

STUDENT'S NAME _____

M/F _____

BIRTH DATE _____

SCHOOL _____

GRADE _____

The above named student has been instructed in the proper use of _____ inhaler.

We, _____ (Physician) and _____ (Parent),

request that the above named student be permitted to carry the inhaler on his/her person or to keep same in his/her backpack or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.

Physician

Parent or Guardian

School Nurse

Principal

→ **Note:** ~~Both sides of this form must be completed for those students who request permission to carry their own inhaler on campus. See other side.~~

* Fill out only if your child will be taking *
any medication

1 August 2017

Mountain View Whisman School District
Permission to Administer Medication

Dear Parent/Guardian:

Before medication can be administered during school hours, it is necessary to have specific written orders from your physician and written authorization from you. The school must be notified of any changes of medication administered at school. In addition, we ask that you notify us of any changes in the medication administered at home that might affect your child's behavior at school. Medication must be in the original labeled container with the student's name clearly visible. Permission must be renewed each school year. Over-the-counter medication will be given only if prescribed by a physician or dentist and in the original container. (California Education Code Section 49423).

School: _____ Birthdate: _____

Name of Student: _____ Address: _____

Program (if applicable): _____

Physician Directions and Authorization

The above named student is currently under my care and receiving medication(s), and is necessary for the student to take this medication during school hours.

Medication to be administered during school hours: _____

Dose (mg. or ml.): _____ Time: _____ Route: _____

Potential observable adverse reaction(s): _____

Medication will continue for: _____ Days _____ Months _____ Until: _____

Physician Signature: _____ Phone: _____

Physician Name (Please print): _____ Date: _____

The school reserves the right to contact the doctor regarding clarification if you are not available.

Note to Parent/Guardian: It is your responsibility to provide the required medication(s) in original and individually prescription labeled container(s). Renewal is required for prescription changes and at the beginning of each school year.

I authorize/give permission for instructional/school staff at _____ School to administer the above medication(s) to my child as described above.

Parent/Guardian
Signature: _____ Day Phone: _____ Date: _____

Students attending Santa Clara County Programs: Please see Site School Nurse for Specific Instructions.

* For Student



NatureBridge

NatureBridge Student Contract

Hello and welcome in advance to NatureBridge!

Our commitment is to provide new experiences, fun learning opportunities, and safe adventures. In order to attend NatureBridge, you must make a commitment of your own: to live by the following guidelines. If you can agree to this contract, please put your initials next to each item and sign at the bottom.

GENERAL AGREEMENTS

____ I agree to participate in the program at NatureBridge.

____ I agree to be on time for scheduled meetings and events.

____ I agree to respect the privacy, property, and feelings of others. I understand that we'll be living together in cabins and sharing the campus.

____ I agree to treat my fellow students, chaperones, and instructors with respect. I understand that how I talk to people is important. I will also do my best to pay attention when someone is talking to me, whether it's a chaperone, a NatureBridge Educator or my best friend.

____ I agree to follow my CLOTHING AND EQUIPMENT LIST and bring the things I'll need for my stay (like raingear, water bottles, extra clothes, etc.)

____ I agree to stay out of other students' cabins.

____ I understand that lights out is at 10:00 pm. I agree to be quiet and respectful in the evening so that everyone can get enough sleep to participate and stay healthy.

____ I agree to keep food out of my cabin. I will give any leftover food from NatureBridge group lunches to my NatureBridge Educator at the end of the day.

BOTTOM-LINE AGREEMENTS

I understand that a violation of any one of the following or a combination of the above contract agreements may result in a return trip home at my parent/guardian's expense.

____ I agree not to cause physical or emotional harm or threaten any other person.

____ I agree to not discriminate against people because of their race, culture, religion, language, talents, or special needs.

____ I agree to respect the NatureBridge campus and Yosemite National Park, and refrain from any acts of vandalism.



NatureBridge.

_____ I understand how important it is to be safe on the trails. I will participate in a way that will keep the group and me safe by following all of the trail rules.

_____ I agree to refrain from bringing or using non-prescription drugs, cigarettes, weapons, and/or alcohol at NatureBridge.

_____ I agree to always let a chaperone know where I am and never wander off alone.



_____ *Signature*

_____ *Date*