

Walden West Outdoor School Counselor Health Form

15555 Sanborn Road, Saratoga, CA 95070 Phone: (408) 573-3050 Fax: (408) 867-9667

THIS FORM IS TO BE COMPLETED BY PARENT OR GUARDIAN UNLESS COUNSELOR IS 18 OR OLDER

COUNSELOR NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIPCODE: _____

NAME OF PARENT/GUARDIAN: _____

EMERGENCY PHONE: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

ARE THERE ANY HEALTH FACTORS THAT WOULD LIMIT COUNSELOR'S PHYSICAL
ACTIVITY WHILE AT WALDEN WEST? (INCLUDE ANY ALLERGIES TO FOODS,
PLANTS, MEDICINES, ETC.)

PLEASE LIST ANY MEDICATION THAT COUNSELOR MAY OR MAY NOT TAKE
WHILE AT WALDEN WEST: _____

TRANSPORTATION RELEASE STATEMENT

Your child may not ride with anyone who is not named below.

I am aware that _____ is traveling to and from Walden West

Counselor's Name

Center by the following means (please be specific): _____

Signature of Parent or Guardian

AUTHORIZATION FOR MEDICAL TREATMENT/ MEDIA RELEASE

I hereby authorize the Walden West staff to provide medical or surgical care for any emergency that may occur while my child is in attendance at Walden West Outdoor School. In the event of an emergency, my child has my permission to be transported by Walden West staff, classroom teachers or an authorized parent from my school.

I give my permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media, the Santa Clara County Office of Education, or education related groups for the purpose of publicizing Office of Education programs, development of educational materials, or reporting on events of community interest. I fully relinquish my right or interest in any film, tape, or photograph which may be used for any legitimate purpose.

Signature of Parent or Guardian