

Student Information Sheet

Please return this form, along with the medical form, to your child's teacher by _____.

Note: We cannot accept unsigned forms. Please be sure you have signed on each line designated with the » symbol.

Child's Information

Name: First _____ Middle _____ Last _____

Nickname/Preferred Name _____ Date of Birth _____ Age _____ _ Male _ Female

Child's Primary Address: Street _____ City _____

State _____ Zip code _____ E-mail _____ Phone Number _____

Current Grade (2008/09 school year) _____ School _____ Teacher _____

Other children in our family who have attended The Mosaic Project's outdoor school: _____

Parent or Guardian

Name _____ Relationship to Child _____

Address: Street _____ City _____

State _____ Zip code _____ E-mail _____

Phone (home) _____ Phone (cell) _____ Phone (work) _____

Additional Parent or Guardian (optional)

Name _____ Relationship to Child _____

Address: Street _____ City _____

State _____ Zip code _____ E-mail _____

Phone (home) _____ Phone (cell) _____ Phone (work) _____

Emergency Contact If parents/guardians cannot be reached, please contact (must be someone other than parent/guardian):

Name _____ Relationship to Child _____

Phone (home) _____ Phone (cell) _____ Phone (work) _____

OVER

Please describe the race(s)/ethnicity(ies) of your child*: _____

*Providing the information above is optional, yet it would be tremendously helpful if you were to do so. Because we are dealing with diversity issues, it is essential that we have a diverse group of children in our program. We are not only committed to racial/ethnic diversity, but also to diversity of socio-economic class, religion, culture, physical ability, personality, etc. We intend to ensure (at a minimum) racial/ethnic diversity in all our learning groups. This information will be used only to determine this balance and to share with funders who request a demographic breakdown of the students we serve.

PARENTS AND TEACHERS, please read and discuss the following with your children:

I, _____ (child's name), agree to:

1. try my best to make my week at Mosaic as fabulous as it can possibly be for myself and the others around me.
2. make my best effort to practice the Mosaic values: M is for Mutual Respect; O is for Open-Mindedness; S is for Self-Respect; A is for Attitude (a positive attitude); I is for Individuality; C is for Community
3. abide by all safety policies and never put myself or anyone else in danger.
4. ask an adult staff member or teacher for help should I have any problems.

I have read and understand the expectations described above and accept personal responsibility for meeting them. I understand that I play a very important part in the success of this program. I am excited to participate and give my best effort!



Child's Signature

Parent/Guardian Signature

Date

PARENT(S): I have read and understand all the information provided above. I understand that although The Mosaic Project will use care in the selection of facilities, services, and staff and exercise precaution for the safety of all participants and their personal property, there are certain risks inherent in attending an overnight program. I understand the nature of the program and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child while participating in the program or as a result indirectly or directly from my child's enrollment or participation in this program. I agree that jurisdiction for all legal action brought on behalf of my child will be in Alameda County, California. The prevailing party in any legal action brought against The Mosaic Project and/or its directors, officers, employees, agents, and independent contractors, will be entitled to receive all of its legal fees, court costs, and out of pocket expenses from the other party. I understand that if my child is removed from the program for disciplinary reasons, that no program fee refund will be given and that it is my responsibility to arrange transportation home. I give my permission to The Mosaic Project to use photography and/or video of my child and to use his/her creative writing and artwork in promotional, documentary, and other educational publications. I grant permission for my child to participate in pre and post-program surveys that will help to evaluate the program's success.



Parent/Guardian Signature

Date

THE MOSAIC PROJECT AGREES TO: Work towards providing a nurturing and supportive learning environment; maintain high standards of supervision and safety management; provide healthy food; respond to group and individual needs.

Medical Form

For the sake of the child's safety and well-being, no student will be allowed to attend the program without a completed (BOTH sides) and signed Medical Form. Please return it to your child's teacher by _____.

Student's Name: *First* _____ *Middle* _____ *Last* _____ *Preferred Name* _____

Social Security # _____ Date of Birth _____ Age _____ Male Female
(Optional – Necessary only in emergency requiring admission to hospital.)

Child's Primary Address _____ *street* _____ *city* _____ *zip* _____ Child's Phone # _____

Parent/Guardian _____ Work Phone _____ Home Phone _____ Cell Phone _____

Additional Parent/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Additional Parent/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

If parents/guardians cannot be reached **in case of emergency**, please contact *(must be someone other than parent/guardian)*:

Name _____ Relationship to Child _____ Home Phone _____ Cell Phone _____ Work Phone _____

Family Physician _____ Phone _____ Date of Last Tetanus Shot _____

Insurance Carrier _____ Policy # _____

Insurance Address _____ Phone _____

Food/Dietary Restrictions No Yes

- Vegetarian (does not eat any meat, but does eat eggs & dairy products) Vegan (does not eat any animal products)
 Lactose Intolerant (cannot eat dairy products) Food allergies (as noted below)
 Other: _____

History

The following information is required to ensure that your child's individual needs are met while attending The Mosaic Project outdoor school. Please be complete and attach additional pages if necessary. This information is confidential and will be available only to those people who need to know it for your child's well-being. In the event of an emergency or question regarding your child's medical needs, every effort will be made to contact you or the emergency contact.

Asthma No Yes

If yes: Does your child require medication? No Only when symptoms arise Regularly-scheduled medications

Wheezing/Shortness of breath Never Rarely Only when exercising Frequently

Symptoms improve with inhaler Usually immediately Other needs (explain): _____

Medications your child will bring for asthma: Inhaler Other: _____

Additional notes: _____

**Note: If your child has asthma, please be sure to send two inhalers: one for our staff to keep and one your child will keep with her/him at all times. Also, please notify your child's teacher and send complete directions for use of the inhaler(s) with the teacher.*

Allergies No Yes

If yes: To What? pollen/grasses dust/mold insect bites/bee stings poison oak

peanuts/other nuts dairy other food (list): _____

allergies to medications (list): _____

other (list): _____

How severe are your child's allergies? life-threatening severe allergic reaction mild allergic reaction

Medications your child will bring for allergies? Epi-Pen Inhaler Other: _____

NOTE: Benadryl will be available if needed at The Mosaic Project. If your child has severe allergies which may require the use of an Epi-Pen, please send two Epi-pens: one for our staff to keep and one your child will keep with her/him at all times. Also, please notify your child's teacher.

History (continued)

Please check what applies to your child.

- | | | |
|---|--|--|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Wears Goodnights | <input type="checkbox"/> Seizures/Convulsions/Epilepsy | <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Does not know how to swim |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> ADD/ADHD, hyperactivity | <input type="checkbox"/> Recent Injuries | |
| <input type="checkbox"/> Emotional condition/reaction (anger management, depression, recent divorce, death in the family, etc.) | | |

Please use the back or additional paper if necessary to respond to the following:

If you checked any of the boxes above, please provide any details (severity, frequency, medications taken, etc.) we should know about.

Please explain any other medical, behavioral, or emotional condition/reaction we should know about:

Please explain any special learning needs we should know about. (Please include any literacy, speaking, or processing issues.)

Medications

List ALL medications your child will bring and instructions for administering them. Attach additional sheets if necessary. Please send the medication in ORIGINAL containers.

Medication	Dose	How often	Notes

My child's teacher and The Mosaic Project staff have my permission to administer the medications listed above.

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Parent/Guardian Signature

Date

Over-the-counter medications:

My child's teacher and The Mosaic Project staff have my permission to administer over-the-counter medications (such as cold, stomachache, headache, allergy, and anti-inflammatory medications) and to administer first aid as deemed necessary.

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Parent/Guardian Signature

Date

(Student's Name) _____ has my permission to attend The Mosaic Project's residential program. My child is in good health and is able to fully participate in the program. IN CASE OF MEDICAL EMERGENCY, I hereby authorize the physician/health care provider selected by The Mosaic Project staff and/or my child's teacher to secure all proper and required treatment for the student listed. I will be responsible for all medical expenses incurred.

I understand that if my child is removed from the program due to either medical or disciplinary reasons, it is my responsibility to arrange transportation home.

I am granting my permission for my child to ride in the private vehicles of The Mosaic Project Staff/my child's teacher and/or any camp vehicle, in case of emergency.

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Parent/Guardian Signature

Date