



PARENT EDUCATION NURSERY SCHOOL  
397 Old San Jose Road • Soquel, CA 95073 • (831) 429-3464

**PREADMISSION HEALTH EVALUTATION  
STATEMENT TO PHYSICIAN**

CHILD NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

This child stated above is being studied for readiness to enter the Soquel Parent 'education Nursery School. This cooperative preschool provides a program which extends from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ days a week. The activities include vigorous outdoor play and play with groups of children. The schedule includes a morning or afternoon snack.

Please provide a report on the above named child using the form below.

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**PHYSICIAN REPORT**

The above named child **(IS)** **(IS NOT)** physically and emotionally able to participate in the program described above.

Comment: \_\_\_\_\_

Child's physical conditions requiring special attention in the school:

\_\_\_\_\_  
\_\_\_\_\_

Should any medications or special routines be included in the preschool's plan for the child's activities? Please list below if applicable.

\_\_\_\_\_  
\_\_\_\_\_

Immunizations and dates given:

POLIO	DPT/DT
MEASLES	MUMPS
RUBELLA	

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent's  
Information

**SANTA CRUZ CITY SCHOOLS  
STUDENT HEALTH DATA  
FOR SCHOOL YEAR: \_\_\_\_\_**

*\*\* Note: A copy of this form will be taken on field trips where the student named below is a participant. Please notify the student's teacher if any information changes during the school year.*

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ ROOM #: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

EMERGENCY NAME & TELEPHONE NUMBER:

\_\_\_\_\_

HEALTH DATA:

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Student's special medical conditions: \_\_\_\_\_

\_\_\_\_\_

A special note to Parent/Guardian:

- (1) All drugs must be registered on this form.
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3)  Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by student list them here. (Name or drug and reason): \_\_\_\_\_

\_\_\_\_\_  
STUDENT OR PARENT/GUARDIAN SIGNATURE  
(If student under 18 years of age)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

Child's  
Information

# SANTA CRUZ CITY SCHOOLS STUDENT EMERGENCY INFORMATION

Student's last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ M F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grd \_\_\_\_ Rm \_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home/day phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Mother Father Other \_\_\_\_\_ Employer \_\_\_\_\_

Phone #'s \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Mother Father Other \_\_\_\_\_ Employer \_\_\_\_\_

Phone #'s \_\_\_\_\_  
Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Parent/Guardian's e-mail address \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Are there custody arrangements? Yes (Please attach documents) No  
Does parent/guardian speak English? Yes No Language spoken at home? English Spanish Other \_\_\_\_\_

### List siblings attending any Santa Cruz City School:

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**If we are unable to reach you, we MUST have 3 LOCAL contact persons who you authorize to pick your child up from school if: your child is ill, needs medical attention or must be evacuated due to a natural disaster.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph#s \_\_\_\_\_  
Day \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Does your child have any medical conditions? ADHD Asthma Allergies Diabetes Hearing loss  
Heart condition Depression PTSD Other \_\_\_\_\_ Describe \_\_\_\_\_

Daily medication taken at school? Yes No At home? Yes No Name of medication \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Ph# \_\_\_\_\_ Dentist \_\_\_\_\_ Ph# \_\_\_\_\_

Mental Health Practitioner \_\_\_\_\_ Ph# \_\_\_\_\_ Medication prescription? Yes No

Does your child currently have medical insurance? Yes No Insurance carrier \_\_\_\_\_

If none, would you like information on free and/or low-cost health insurance? Yes No

**I give permission for my child \_\_\_\_\_ to go on school field trips during this school year.**

### IN CASE OF A NATURAL OR CIVIL DISASTER, I wish my student to be:

- Released as soon as the Office of Emergency Services indicates it is safe to do so.
- Released only to listed Emergency Contacts.

**IN CASE OF AN EMERGENCY** (serious illness or injury), when I cannot be reached, I hereby authorize SCCS personnel to obligate me for services of a local doctor/hospital for my child.

**SCCSD submits claims to Medi-Cal for basic health services given to students at school. Revenues received help to provide additional health services for all district students. Parents will not be asked to pay for any school health services. I consent for billing to Medi-Cal/Insurance carriers for school health services provided for my child and for exchange of billing information with the school district's billing services company.**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

<< Please notify the school immediately of any change in the above information >>

SANTA CRUZ CITY SCHOOLS  
VOLUNTARY FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION

ACTIVITY: Offsite Fieldtrip DATE/SCHOOL YEAR: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY NAME & TELEPHONE NUMBER: \_\_\_\_\_

METHOD OF TRANSPORTATION: Personal Vehicle/Walking PERSON IN CHARGE: \_\_\_\_\_

Teacher

I understand that students continuing in this activity will be under the jurisdiction of Santa Cruz City Schools employees and are expected to comply with all regulations and directions given to them by the person(s) in charge.

In the event that my daughter/son/ward fails to comply with instructions of school officials, I will assume the responsibility for his or her return to Sant Cruz. This expense will be assumed by me upon notification from the Superintendent or his designated representative.

SECTION 1: WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND CERTIFICATION

As stated in California Ed Code Section 35330, I understand that I hold the Santa Cruz City School District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. The understigned assumes full responsibility for and risk for bodily injury, death, or property damage arising out of the participant's participation in the above activity.

SECTION II: EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury, I do 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.

SECTION III: HEALTH DATA

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Student's special medical conditions: \_\_\_\_\_

A special note to Parent/Guardian:

- (1) All drugs must be registered on this form.
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3)  Check here if there are no special problems that the staff should be aware of and no drugs are required.
- (4) If any medication or drugs are to be taken by student list them here. (Name or drug and reason): \_\_\_\_\_

Permission to participate in the above mentioned program sponsored by Santa Cruz City Schools is given by myself and/or my minor child as shown above.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Parent's  
Information

**SANTA CRUZ CITY SCHOOLS  
VOLUNTARY EXCURSION/FIELD TRIP NOTICE  
AND MEDICAL AUTHORIZATION - ADULT**

Kindly complete, sign and return this form to Santa Cruz Adult School

Name of District: Santa Cruz City Schools

Destination: Offsite Fieldtrip School Year: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

As stated in California Education Code Section 35330. I understand that I hold the Santa Cruz City Schools District, its officers, agents and employees harmless from any and liability or claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet.

Thank you.

**SANTA CRUZ CITY SCHOOLS**  
**FIELD TRIP BY PRIVATE VEHICLE**

**DECLARATION OF EMPLOYEE/PARENT/VOLUNTEER DRIVER OF  
SANTA CRUZ ADULT SCHOOL STUDENTS**

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of undersigned driver's transportation of Santa Cruz City Schools students to and from school-sponsored and supervised activities.

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVING RESTRICTIONS: \_\_\_\_\_

YEAR & MAKE OF AUTO: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ LIABILITY LIMITS: \_\_\_\_\_

AGENTS NAME & PHONE #: \_\_\_\_\_

POLICY #: \_\_\_\_\_ EXPIRATION DATE OF POLICY: \_\_\_\_\_

If you drive your personal automobile while on school business and you are involved in an accident, by law, your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.

The undersigned certifies that the above information is correct and that the insurance coverage is in force. The undersigned understands that he/she must have liability insurance coverage in force and agrees to advise the District, in writing, of any changes in the above information. Minimum coverage requirements as set by the State of California: Public Liability - Bodily Injury - \$15,000/\$30,000; Property Damage - \$10,000.

The undersigned understands that California law requires that each passenger be provided with a seat belt and that seat belts are worn by all passengers at all times. The undersigned further agrees that the passenger capacity of his/her vehicle, determined by the number of seat belts, will not be exceeded. In no event shall more than 9 passengers plus the driver ride in the vehicle at any time. If your vehicle is equipped with air bags, it is suggested that, whenever possible, children in grades K-6 be seated in the back seat(s) only.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner of Vehicle Signature)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Driver Signature)

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(School Administrator)

Parent's  
Information

SANTA CRUZ CITY ADULT SCHOOL

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WAIVER OR FIELD TRIPS LIABILITY, INDEMNITY AGREEMENT, AND CERTIFICATION

The above name participant being an adult person, for and in consideration of granting of permission by the Santa Cruz City School District for participant to engage in field trips off campus, hereby:

1. Covenant not to sue, release, waive, and discharge the Santa Cruz City Schools, its officers, agents, and employees from all liability to the Participant, his personal representatives, heirs and next of kin, for all loss or damage and any claim or demands therefore on account of injury to or death of the Participant, or damage to the property of Participant arising out of Participant's participation in the above course and/or activity.
2. Expressly and unequivocally agree to indemnify and hold harmless the Santa Cruz City School District for any loss, liability, damage or costs that may be incurred due to the acts or omissions to act of Participant during said participation; and
3. Assume full responsibility for and risk for bodily injury, death, or property damage arising out of the Participant's participation in the above activity.

The undersigned certify that the Participant is physically fit and able to engage in said activity.

It is further agreed that the undersigned have read, understand, and agree to comply with the rules and safety provisions established for said activity.

The undersigned further acknowledges that this waiver is being signed freely and voluntarily and, under no circumstances, as a result of duress, coercion, or undue influence.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT

Parent's  
Information

# Santa Cruz Adult School Registration/Entry Form

Please print clearly.

Today's Date \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Circle: Male Female Birthdate Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Education Number of years of school completed (circle highest completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 College

Highest degree or diploma earned (circle one): None GED HS Diploma Technical Certificate AA/AS Degree

4 years College Graduate Graduate Studies Other \_\_\_\_\_ Earned in US? Yes No

Are you on CalWORKS? Yes No Have you attended Santa Cruz Adult School before? Yes No

Concurrent Students only: Attach referral form. High School: \_\_\_\_\_

**Ethnicity (mark one or more):**  
 White  Filipino  
 Hispanic  Amer Indian  
 Black  Alaskan Nat  
 Asian  Pacific Isl  
 Other: \_\_\_\_\_

**Language (mark one):**  
 English  Tagalog  
 Spanish  Korean  
 Vietnamese  Lao  
 Chinese  Russian  
 Hmong  Farsi  
 Other: \_\_\_\_\_

**Instructional Program (mark one):**  
 ABE  Adults w Disabilities  
 ESL  Health & Safety  
 ESL Cit  Home Economics  
 CTE  Parent Education  
 HS Dip  Older Adults  
 GED  Community Ed

**Attainable Goal within Program Year** 1=Primary 2= Secondary  
 Improve reading & writing  
 Improve English skills  
 HS Diploma/GED  
 Get a job  
 Get a better job  
 Retain a job  
 Enter college or training  
 Work-based project  
 Family Goal  
 US Citizenship  
 Military  
 Personal goal  
 Other

**Special Programs**  
 None  
 Jail  
 Community Corrections  
 State Corrections  
 Homeless Program  
 Family Literacy  
 Workplace Ed  
 Tutoring  
 Distance Learning  
 Special Needs  
 Alt Ed K12  
 Non-traditional Training  
 Other

**Labor Force Status (mark one):**  
 Employed  
 Unemployed  
 Not employed; not looking for work  
 Retired

**Emergency Information:**  
 In case of emergency please contact:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

The office will provide this number:

ID Number \_\_\_\_\_

Signature of Student \_\_\_\_\_

Section #	Course Title	Location	Day	Time	Start Date	Fees
<b>TOTAL FEES</b>						<b>\$20</b>

**OFFICE USE ONLY:**

Form of Payment: Cash Check Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Term 1 2 3

AIM Date Entered: \_\_\_\_\_ Initials \_\_\_\_\_ CASAS Tested Date \_\_\_\_\_ Initials \_\_\_\_\_