

## 2010-2011 Return to School Info

### Sunday, August 15

*Boarding Juniors* arrive on campus by 2:00 p.m.

### Monday, August 16

*Day Juniors* arrive on campus by 11:30 a.m.

### Wednesday, August 25

*Boarding and Day Seniors* arrive on campus by 2:00 p.m.

### Thursday, August 26

*New International Students* arrive on campus - 12:00 - 1:00 p.m.

*Football Players* arrive on campus by 2:00 p.m.

*House Council Members* arrive on campus by 2:00 p.m.

*Student Government Members* arrive on campus by 2:00 p.m.

### Friday, August 27

*Returning Day & Boarding Students* arrive on campus by 2:00 p.m.

### Saturday, August 28

*New Students* (includes *all* freshmen)

arrive on campus between 9:00 a.m. and 11:00 a.m.

(New Day Students – Remember to bring a towel & swimsuit)

# Schedule for the First Days of School 2010/11

## Sunday, 8/15

Juniors arrive on campus by 2:00 p.m. for check-in.

5:30 p.m. .... Dinner

10:00 p.m. .... All students in their rooms. Dorm meeting/dorm jobs

11:00 p.m. .... Lights out

## Monday 8/16

8:30 - 9:00 a.m. .... Breakfast - all boarders must check-in  
Junior boarding students organize rooms

11:30 a.m. .... Junior day students return

12:00 – 12:30 p.m. .... Lunch

1:00 p.m. .... Juniors with Judycki

5:30 p.m. .... Dinner

10:00 p.m. .... All students in their rooms

11:00 p.m. .... Lights out

## Tuesday 8/17

7:00 a.m. .... Breakfast

7:30 a.m. .... Junior Trip departs

## Wednesday, 8/25

Seniors – boarding and day students - arrive on campus by 2:00 p.m. Junior Trip returns.

5:30 – 6:00 p.m. .... Dinner check-in required for all boarding students who are on campus

6:15 – 7:00 p.m. .... Seniors meet with the college counselors

10:00 p.m. .... Students return to dorms. Dorm meeting/dorm jobs

10:45 p.m. .... All students in their own rooms

11:00 p.m. .... Lights out for all juniors – seniors in their rooms

## Thursday, 8/26

New international students arrive on campus between 12:00 and 1:00 p.m.

Members of Student Government, House Council members, and football players arrive by 2:00 p.m.

Juniors and seniors may check-off campus if their schedules permit – must return by 5:30 p.m.

8:00 – 8:45 a.m. .... Breakfast check-in for all boarding students who are on campus

9:00 – 2:00 p.m. .... Seniors with college counselors

12:00 p.m. .... Lunch

5:30 p.m. .... Dinner - sign-in required for underclassman.

7:30 p.m. .... Dorm meeting for new international students, RA's and House Council

8:00 p.m. .... Prefect event

10:00 p.m. .... Students return to dorms. Dorm Meeting/dorm jobs

10:45 p.m. .... All students in their own rooms

11:00 p.m. .... Lights out for all underclassman – seniors in their rooms

## Friday, 8/27

### **All returning boarding and day students due back on campus by 2:00 p.m.**

Juniors and seniors may check off campus if their schedules permit – must return by 5:30 p.m.

- 8:00 – 8:45 am .....Breakfast check-in for all boarding students who are on campus
- 8:45 a.m. ....Student Government meets with Mr. Westcott in the Conference Room
- 9:00 a.m. ....International students meet with Mr. Vachon
- 9:30 – 11:30 a.m. ....Storage open. GET YOUR STUFF! Work on unpacking
- 10:00 a.m. ....RA's, House Council/Day Council members meet with Ms. Childs in the Library
- 11:45 – 12:00 p.m. ....Prefects meet the new international students
- 12:00 p.m. ....Lunch
- 1:00 p.m. ....RA's, House Council/Day Council meet with Ms. Childs, House Heads, and Ms. Avery in the Library
- 2:00 p.m. ....**All returning boarding and day students due back on campus – check-in**
- 5:30 p.m. ....Dinner - Sign-in required for all underclassman. Students may not sign out – prepare for the opening of school.
- 6:30 p.m. ....Meeting for Big Brother/Sisters – with Mrs. Graham and Ms. Nielsen
- 7:00 p.m. ....Finish unpacking
- 7:30 p.m. ....Student Government Event
- 10:00 p.m. ....All students back to dorms. Dorm meeting/dorm jobs
- 10:45 p.m. ....All students in their own rooms
- 11:00 p.m. ....Lights out for all students except seniors. Seniors in own rooms.

## Saturday, 8/28

### **All new boarding and day students arrive. Students may not check off campus.**

- 7:30 – 8:00 a.m. ....Breakfast check-in for all boarding students who are on campus
- 8:30 a.m. ....All returning students meet at the Grey Table to prepare for student orientation.
- 9:00 – 11:00 a.m. ....New students arrive (including day students)** Day students: bring a swimsuit and towel
- 11:30 – 12:30 p.m. ....Lunch
- 12:45 p.m. ....Dorm meetings/day student meeting for parents and students
- 1:30 p.m. ....New Student Orientation. Parent meeting in the library.
- 3:00 p.m. ....Snack
- 3:15 p.m. ....Seniors with Judycki – prepare for trip
- 3:30 p.m. ....Scavenger hunt, meet in the picnic area – organized by student government
- 4:30 p.m. ....Advisor/Advisee meetings – (**all advisees** meet/greet – review of handbook, questions, changes, concerns)
- 5:00 p.m. ....Pool open/free time
- 5:45 p.m. ....Dinner
- 6:30 – 7:00 p.m. ....Pool open
- 6:30 p.m. ....Day students may depart campus
- 8:00 – 9:00 p.m. ....Dorm time – all in individual dorm areas
- 9:00 p.m. ....Free time
- 10:30 p.m. ....All students back to dorms/dorm jobs
- 10:45 p.m. ....All students in their own rooms
- 11:00 p.m. ....Lights out for all students except seniors. Seniors in own rooms.

## **Sunday, 8/29 - Senior Trip Departs**

Retuning sophomores and juniors may check off campus – depart after 9:00 a.m. – return by 5:30 p.m.

- 7:00 a.m. ....Breakfast for all seniors
- 7:30 a.m. ....Senior Trip departs
- 8:30 – 9:30 a.m. ....Breakfast - Sign-in required
- 10:00 – 12:00 p.m. ....Shopping trip to CVS and Albertson's in Buellton – Tour of the Valley - required for all new boarding students
- 12:00 – 12:30 p.m. ....Lunch
- 1:00 – 3:00 p.m. ....Continue to prepare rooms
- 2:00 p.m. ....Academic Orientation for all new students (including day students)
- 3:15 p.m. ....Assembly for all new boarding and day students.
- 3:45 p.m. ....Day students may depart – however - day students are welcome to stay for dinner
- 5:30 – 6:00 p.m. ....Dinner
- 6:00 – 9:00 p.m. ....Free time
- 9:00 p.m. ....Dorm time all students in their dorm area
- 10:10 p.m. ....Dorm jobs – regular Sunday lights out schedule

## **Monday, 8/30 - Special 25 - minute class schedule, all classes meet**

- 7:00 – 7:40 a.m. ....Breakfast - Sign-in required
- 7:50 a.m. ....Jobs
- 8:05 a.m. ....Classes begin
- 11:50 – 12:10 .....Assembly
- 12:10 – 12:55 p.m. ....Lunch
- 1:05 p.m. ....Meeting in the Assembly Area, introduction of Student Government, Prefects, Resident Assistants, and new faculty
- 1:25 – 1:45 p.m. ....Advisor/advisee meetings
- 1:50 – 2:15 p.m. ....Class meetings with the Class Advisors
- 2:20 – 2:35 p.m. ....Dorm meeting for all boarding students and all House Team members
- 2:40 – 3:00 p.m. ....Day student meeting
- 3:15 – 4:45 p.m. ....Athletic practices
- 5:45 – 6:30 p.m. ....Dinner
- 7:30 p.m. ....Room Inspection. All students in their rooms
- 8:00 – 9:30 p.m. ....Study hours – no roaming
- 9:30 p.m. ....Dorm meetings – students remain in their dorm area - Regular weekday lights out

**Tuesday, 8/31 – Friday 9/3** - Regular academic schedule.

## **Saturday, 9/4** – Closed weekend

- 9:00 – 11:00 a.m. ....Breakfast - Sign-in required
- 1:00 – 4:00 p.m. ....Athletic practices, two-hour maximum time limit
- 5:30 – 6:15 p.m. ....Dinner - sign-in required
- 7:00 p.m. ....Big brother/sister pool party

## **Sunday, 9/5**

- 9:00 – 11:00 a.m. ....Breakfast - Sign-in required - No athletic practices
- 5:30 – 6:00 p.m. ....Dinner
- 7:30 p.m. ....Room Inspection
- 8:00 – 10:00 p.m. ....Study hours – regular Sunday night lights out

## **Saturday, 9/11 & Sunday, 9/12**

Closed Weekend for all students - **Senior Class Event**

**Dunn School**  
**Summer Reading List**  
**for the 2010-2011 school year**

**English 9 (9<sup>th</sup> Grade)**

*Staying Fat for Sarah Byrnes* by Chris Crutcher

**English 10 (10<sup>th</sup> Grade)**

*And Then There Were None* by Agatha Christie

**English 10 Honors (10<sup>th</sup> Grade)**

*A Tale of Two Cities* by Charles Dickens

**English 11 (11<sup>th</sup> Grade)**

*About a Boy* by Nick Hornby

**AP English Language (11<sup>th</sup> Grade)**

*The Mother Tongue* by Bill Bryson

*The Things They Carried* by Tim O'Brien

**English 12 (12<sup>th</sup> Grade)**

*Looking Beyond the Ivy League* by Loren Pope

*The Painted Bird* by Jerzy Kosinsky

**AP English Literature (12<sup>th</sup> Grade)**

*Middlemarch* by George Elliot

*Looking Beyond the Ivy League* by Loren Pope

# DUNN SCHOOL 2010-2011 Contracts

## Cellular Phone

Student's Cell Phone Number: \_\_\_\_\_

*My signature below acknowledges that I have read, understand, and support Dunn School's Cellular Phone Policy detailed on page 19 of the Parent/Student Handbook.*

### Parent / Student Handbook - ACKNOWLEDGEMENT

I realize that Dunn School may change, delete, or add to any of the policies or practices described in the handbook from time to time in their sole and absolute discretion, and with, or without, prior notice. The school will make every attempt to give timely notice of substantive changes in policy.

*My name and signature below acknowledges that I have received and read a copy of the Parent/Student Handbook.*

### 2010-2011 Safe House Agreement

*"I share Dunn School's goal of providing a drug and alcohol free environment whenever Dunn students are guests in my home. During any organized social event in my home involving Dunn Students, I will be present and supervise the event."*

*My name and signature below acknowledges that I have read, understand, and support the Safe House Agreement detailed on page 26 of the Parent/Student Handbook.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## DUNN SCHOOL DIGITAL CITIZENSHIP AGREEMENT

### SCOPE

The Dunn School Digital Citizenship Agreement defines the rights and obligations of Dunn School technology users (students, faculty, staff and visitors) and the policies of the Dunn School Technology Department. This agreement replaces the previously published Acceptable Use Policy.

### DUNN SCHOOL NETWORK OVERVIEW

Dunn School provides a Local Area Network (LAN) connected to the Internet. This allows Dunn School technology users to access a wide variety of computer and information resources. The goal in providing these resources is to promote educational excellence, communication of ideas, and freedom of inquiry.

The guiding principles of the Dunn School LAN are the Dunn School Core Values. This Agreement is further informed by the American Library Association Library Bill of Rights. The Dunn School LAN passes electronic traffic freely, with a minimum of constraints as specified in the Children's Internet Protection Act. The Dunn School LAN is available to students daily from 6 AM to Midnight.

Dunn School is the sole owner of the Dunn School LAN. This includes user names and passwords, all servers, cables, routers, switches, wireless access points, hubs, school owned computers, software, student and faculty e-mail, and all data stored on the servers. Access to the Dunn School LAN is provided at the discretion of Dunn School.

### UNACCEPTABLE USE

Use of the Dunn School LAN must be consistent with the Dunn School Core Values. The following activities constitute violations of the Digital Citizenship Agreement:

- Making, broadcasting or retransmitting a photograph, video or audio recording of any school activity including but not limited to class discussions without the explicit permission of the person being photographed or recorded.
- Utilizing another user's credentials (i.e.: user name, password), giving your credentials to another user or in any way attempting to disguise your identity.
- Any unauthorized access to the Dunn School LAN, either physical or virtual.
- Any malicious attempt to modify, harm, or destroy data on the Dunn School LAN, or any other system or network unless the user has authorization to perform these tasks.
- Participating in any type of criminal activity, including downloading, copying or distributing copyrighted materials.
- Committing an act of plagiarism.
- Committing an act of cyber-bullying which is defined as: "when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones."

### SECURITY

Security on the Dunn School LAN is a high priority. Notify the Dunn School Technology Department immediately if you identify a security problem on any component of the Dunn School LAN. Never demonstrate the vulnerability to another user.

There is no anonymity on the Dunn School LAN. The Technology Department monitors use of the network for diagnostic and security purposes. All activity on the Dunn School LAN including e-mail messages, web searches, print jobs, and network storage is not anonymous.

**PENALTIES**

Violating the Digital Citizenship Agreement is a violation of school rules. Penalties for violations may include disciplinary actions including Friday night detention, work crews, suspension, expulsion, and/or criminal prosecution. The Dunn School Technology Department will cooperate fully with investigations by law enforcement agencies. Users of the Dunn School LAN will be responsible for any and all legal fees caused by their misuse of the Dunn School LAN.

**PRIVATELY OWNED COMPUTERS**

You may connect your privately owned computer to the Dunn School LAN; however, the following rules apply: all privately owned computers must be registered with the Dunn School Technology Department and must be running up to date antivirus software. The registration process may include the School documenting the privately owned computer’s Media Access Control (MAC) address for identification on the Dunn School LAN. Users may not connect any hubs, switches, routers, wireless access points or servers to the Dunn School LAN without explicit written permission from the Dunn School Technology Department.

**DISCLAIMER**

The ultimate responsibility for appropriate use of the Dunn School LAN resides with the user. All users of the Dunn School LAN are required to report violations of the Digital Citizenship Agreement to the Dunn School Technology Department.

Dunn School takes reasonable precautions to protect the Dunn School LAN from harmful content. Technology makes absolute control of all on-line activities impossible. Dunn School is not liable for any damage to user systems incurred while connecting to the Dunn School LAN or the Internet.

Any changes to this document will be announced and distributed to the Dunn School community before taking effect.

I have read and understand the Dunn School Digital Citizenship Agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

# DUNN SCHOOL 2010-2011 PERMISSION FORM BOARDING STUDENTS

## Automobiles: Riding Permission

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each section carefully and make the appropriate selections that best fit you and your child's needs. *Please complete this form along with your son or daughter so that they will understand the selections you have made.* You may amend this form at anytime during the academic year.

### MY SON/DAUGHTER'S PERMISSION AS A PASSENGER:

Check all that apply.

Dunn School's policy is that students may ride with parents of Dunn students, relatives, faculty members, faculty spouses, and other designated school drivers. In addition to those just named, while my son/daughter is under the supervision of Dunn School, I give him/her permission to use public transportation and to ride in private vehicles with the following:

\_\_\_\_\_ 1. Only with the following drivers, who are 25 years of age or older.

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

\_\_\_\_\_ 2. *For Seniors Only:* Any other Dunn School senior.

\_\_\_\_\_ 3. *For Seniors Only:* Only with the following Dunn School seniors.

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

\_\_\_\_\_ 4. My son/daughter may not ride in any vehicle, outside of Dunn School's standard policy, without my specific permission.

Parent/Guardian's Signature: \_\_\_\_\_

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

If other than parent, relationship to student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

# Travel Guidelines

**Students must depart campus between 7AM-12 PM on all travel days unless otherwise noted. Students must return to campus between the hours of 12 PM-6 PM.**

**Dunn School will transport on the following vacation days:**

**October Break:**

*Departure* - Saturday, October 16\*

*Return* - Tuesday, October 19

**Thanksgiving Break:**

*Departure* - Saturday, November 20

*Return* - Monday, November 29

**Winter Break:**

*Departure* – Friday, December 17 – 1 bus to Santa Barbara after exams (flights must be after 4:30pm)

*Departure* - Saturday, December 18

*Return* - Tuesday, January 4

**February Break:**

*Departure* - Saturday, February 19

*Return* - Monday, February 28

**Spring Break:**

*Departure* - Saturday, April 2

*Return* - Monday, April 11

**Graduation Day:**

*Departure* - Sunday, May 29\* - van departs at 1:30pm

*\*Dunn School transportation to travel destinations will be postponed until on-campus activities conclude.*

**We will drop-off at the following locations and times:**

**SB Amtrak Station** – 9:21 AM, *Train #774*

**SB Airbus** – 10:20 AM, *Airbus Trip #7*

**SB Airport** – between 9:00 AM – 12:00 PM

**We will pick-up at the following locations and times:**

**SB Amtrak Station** – 3:03 PM, *Train #769*

**SB Airbus** – 3:30 PM, *Airbus Trip #6*

**SB Airport** – between 2:00 PM – 5:00 PM

# Start of School Travel Plans

*Please refer to page 29 in the Parent/Student Handbook for a complete description of Dunn School's Vacation Policy.*

**Student's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

I will be coming to school on the following date: \_\_\_\_\_

\_\_\_\_\_ My parents will be bringing me to Dunn School's campus.

\_\_\_\_\_ I will need a ride to campus from Santa Barbara.

Following is my arrival information for pick up:

\_\_\_\_\_ *Santa Barbara Airport*      *Airline, Flight # & Time* \_\_\_\_\_

\_\_\_\_\_ *Santa Barbara Train Station*      *Train Time* \_\_\_\_\_

\_\_\_\_\_ *Santa Barbara Airbus (Hotel MarMonte)*      *Shuttle Time* \_\_\_\_\_

\_\_\_\_\_ *Central Coast Shuttle at Buellton Marriott*      *Shuttle Time* \_\_\_\_\_

\_\_\_\_\_ *Other* \_\_\_\_\_

# DUNN SCHOOL 2010-2011 PERMISSION FORM BOARDING STUDENTS

## Weekend Sign-Out Permission

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The purpose of this form is to allow you, as the parent/guardian, the ability to give specific permissions for your son/daughter for the school year. Please read each number carefully and make the appropriate selections that best fit you and your child's needs. You may amend this form at anytime during the academic year. *Please complete this form along with your son or daughter so that they will understand the selections you have made.*

### MY SON/DAUGHTER'S WEEKEND PERMISSION:

Check all that apply.

Except for closed weekends, a boarding student may sign-out for the weekend. **The proper paperwork must be submitted, complete, to the Dean of Students/Director of Community Life no later than the end of Break on the Thursday morning prior to the weekend of departure:**

- \_\_\_\_\_ 1. Must always have my specific permission to leave campus.
- \_\_\_\_\_ 2. May come home for the day or overnight. I realize that my specific permission, granted via phone call, fax, or email, is required for each visit.
- \_\_\_\_\_ 3. May go to the home of any other Dunn School student for an overnight or weekend. This is my blanket approval. My specific permission is not required for each individual invitation. I understand that the parents who have extended the invitation will always notify the school in writing or via a phone call.
- \_\_\_\_\_ 4. May only go to the home of the following Dunn Students for the day, overnight, or weekend. This is my blanket approval. My specific permission is not required for each individual invitation. I understand that the parents who have extended the invitation will always notify the school in writing or via a phone call.

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

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If other than parent relationship to student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL CHARGE CARD AUTHORIZATION  
INCIDENTAL DEPOSIT  
(REQUIRED for all boarding students)**

*Please refer to page 47 in the Parent/Student Handbook  
for a complete description of the Incidental Deposit.*

Student: \_\_\_\_\_  
(Print Name)

**Amount: \$ 2,500.00**

Payment by:            Check/Cash    Visa    Mastercard    Discover    American Express

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card billing address: \_\_\_\_\_

**USE OF INCIDENTAL ACCOUNT PERMISSION:**

The incidental account is used for charges such as: student store, outdoor leadership equipment, athletic equipment, transportation, health center charges, fundraisers, special activities, Earwig Café, etc.

**DUNN SCHOOL INCIDENTAL PERMISSION for BOARDING STUDENTS:**

This permission form is to allow you, the parent, the ability to give specific incidental charge permissions for your son/daughter for the school year. You may amend this form anytime during the school year. Please complete this form along with your son/daughter so they will understand the selections you have made.

Student Store:

\_\_\_\_\_ Limited to required supplies only

\_\_\_\_\_ Any item at the Student Store

\_\_\_\_\_ Other – please outline \_\_\_\_\_

**AUTHORIZATION:**

PLEASE DISCUSS WITH YOUR CHILD HIS/HER OWN PERSONAL LIMITS. ALL STUDENTS ARE PERSONALLY RESPONSIBLE FOR ALL CHARGES INCURRED AT THE STUDENT STORE AND EARWIG CAFÉ.

<p style="text-align: center;"><b>DUNN OUTDOOR EDUCATION PARTICIPANT’S PERMISSION, ACKNOWLEDGMENT OF RISK AND RELEASE</b></p>
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Name of Student (Please print) \_\_\_\_\_ Grade level: \_\_\_\_\_

This document grants permission for the student named above (“the Student”) to participate in the Dunn Outdoor Education program (“the Program”), discloses the risks inherent with the Program, and includes a release of liability to Dunn School and those who supervise the Program. The Student and his/her parent(s) or guardian(s) (collectively the “Undersigned”) have read the description of the Program, in the Parents’ Handbook. Dunn School believes it is important for the Undersigned to know in advance what to expect and to be informed of the inherent risks of the Program.

**PERMISSION**

As parent(s) or guardian, I/we hereby give my child full and unequivocal permission to participate in the Program and the activities described below for as long as my child is a student at Dunn School. On behalf of the Student, I/we recognize and accept the risks and hazards detailed below, and permission to participate is given with full knowledge and acceptance of these risks.

**ACKNOWLEDGEMENT OF RISK**

The Undersigned acknowledge that Dunn School has informed them certain hazards and risks are inherent in each Outdoor Education activity (“the Activities”) and cannot be eliminated without destroying their unique character. These inherent risks are some of the same elements that contribute to the unique character of the Program but can be the cause of destruction, loss or damage to equipment or other personal property, or personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

The Activities will take place in a wilderness environment and may include: rock climbing, rappelling, bouldering, hiking, backpacking, swimming in rivers and lakes, whitewater rafting and kayaking, sea kayaking, and camping in remote areas and in developed and undeveloped campgrounds in rural and wilderness areas, and other activities similar in character to those described. The Activities also includes transportation, sometimes at night, to and from Dunn School. The Student may spend several nights outdoors. In addition to the hazards and risks previously described, the hazards and risks of the Activities may also include, but are not limited to, the following: latent or apparent defects or problems in equipment provided by Dunn School or outside service providers, acts of other participants in this Activities (including from the failure of other participants to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services rendered. Further, Dunn School will not have medical personnel (other than Wilderness First Responder certified instructors) at the location of the Activities or at Dunn School.

The Undersigned acknowledges that engaging in these Activities may require a degree of skill and knowledge different than other activities of Dunn School, and further acknowledges that the Student has responsibilities as a participant. The signature of the Student below acknowledges the risks, and that the Student fully understands the rules of the Program and the Activities.

The Undersigned certify that the Student is fully capable of participating in the Activities. The Undersigned represent that the Student is in good health and physically fit and has not been advised by a physician not to participate in arduous physical activities. The Undersigned knows of no reason, health-related or otherwise, why the Student is not capable of participating in the Activities. The Undersigned accept full responsibility for any injuries or illnesses that the applicant may suffer during the trips, including, but not limited to, those resulting from any pre-existing medical condition.

The Undersigned acknowledge that they have read the clothing and equipment list provided by Dunn School, and accept full responsibility for the consequences to the Student of inadequate clothing or equipment, and for clothing and equipment which they fail to provide.

The Undersigned fully understand and appreciate the risk of injury, illness, property loss or theft, and even death, inherent in the Activities. It is further understood that unforeseen circumstances may arise for which Dunn School shall not be held responsible.

The Undersigned acknowledge that the staff of Dunn School have been available to more fully explain the nature and physical demands of this Activities and the inherent risks, hazards and dangers associated with them.

**RELEASE**

Therefore, in consideration of being permitted to participate in these activities, the Undersigned assumes all risks and accepts full responsibility surrounding the Student's participation in the activities, the transportation related to the trip and any activities undertaken, and approves and accepts the following release:

EACH OF US VOLUNTARILY RELEASES, DISCHARGES, WAIVES, AND RELINQUISHES ALL CLAIMS OR ACTIONS THAT EACH OF US MAY HAVE AGAINST DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR BODILY INJURY, EMOTIONAL DISTRESS, PROPERTY DAMAGE AND/OR WRONGFUL DEATH OCCURRING TO THE STUDENT, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PROGRAM AND THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF DUNN, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS. IT IS THE INTENTION OF THIS AGREEMENT TO EXEMPT AND RELIEVE DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.”

The Undersigned have carefully read, clearly understand and accept the terms and conditions stated herein and acknowledge that this Participant's Permission, Acknowledgment of Risk and Release shall be effective and binding upon each of the Undersigned, our respective heirs, assigns, personal representatives, estates and all members of the Student's family.

The terms of this document are effective immediately, and shall continue in effect from year to year, while the Student remains enrolled at Dunn School, unless revoked in writing and delivered to the Dunn School.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# 2010-2011 SPORTS and ACTIVITIES CHOICES

\*\*All students must participate in at least one season of sports, and may participate in up to two activities

NAME \_\_\_\_\_

Circle Grade **NEXT YEAR:**    9    10    11    12

\*\*Place 1 and 2 next to your 1st and 2nd choices for sports and activities for each season

<u>FALL Sports</u>	<u>WINTER Sports</u>	<u>SPRING Sports</u>
Girls' Tennis	Girls' Soccer	Girls' Lacrosse
Girls' Volleyball	Girls' Basketball	Girls' Swimming
Cross Country (Coed)	Boys' Soccer	Boys' Lacrosse
Football	Boys' Basketball	Boy's Tennis
		Boys' Volleyball
		Baseball
		Golf (Coed + Limited + Fee)

<u>FALL Activities</u>	<u>WINTER Activities</u>	<u>SPRING Activities</u>
Drama (Coed + Limited)	Surfing (Coed + Limited)	Drama (Coed + Limited)
Martial Arts (Coed + Limited)	Climbing and Kayaking (Coed + Limited)	Equestrian (Coed + Limited + Fee)
Ping-Pong (Coed + Limited)	Community Service (11/12 Only + Limited)	
Off-Campus Dance (3 seasons + Fee)		



10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

## Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the \_\_\_\_\_  
Dunn School \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/07



Dear Parents and Students,

In order for students to use the Cardio Room, Weight Room, or Climbing Cave during the 2010-2011 school year, the following must occur:

1. Parents and students must sign a Hold Harmless agreement and Acknowledgement of Risks form
2. Students must sign an Acceptable Use policy
3. Students must be trained in the proper use of the equipment (Randy Judycki Climbing Cave - Eric Stanchfield Cardio and Weight Rooms)

Attached you will find the Hold Harmless agreement, Acknowledgement of Risks form, and Acceptable Use policy necessary for students to use these facilities. Please read, sign, and return at your earliest convenience.

Students will then only need to complete their training in order to be cleared to use the equipment. This can be arranged with Mr. Judycki and/or Mr. Stanchfield upon returning to school.

If you have any questions, please contact me at [knorris@dunnschool.org](mailto:knorris@dunnschool.org) or (805) 686-0609.

Sincerely,

Kenda Norris

Assistant Athletic Director  
Dunn School

**Acceptable Use Policy for Cardio Room, Weight Room,  
and Climbing Cave  
2010-2011**

**The following must occur prior to a student using the cardio, weight rooms/climbing cave:**

4. Parents must sign a hold harmless agreement
5. Students must sign an acceptable use policy (this form)
6. Students must be trained in the proper use of the equipment (Randy Judycki Climbing Cave - Eric Stanchfield Cardio and Weight Rooms)

**Students using these facilities must:**

Utilize the sign-in/sign-out sheet when they enter/exit the facility

At minimum, two students must be present at all times – the buddy system – Climbing Cave limited to 8 students.

Use the equipment in a proper and safe manner and only for the purpose for which a specific piece of equipment is designed.

Every person using the fitness equipment agrees to clean the equipment after use

Students will be permitted to use the Cardio and Weights rooms from 6:30 a.m. until the beginning of school & from 3:15 until 9:00 p.m. on weekdays (Sunday – Thursday) and open on the weekend until 10:30 p.m.

The Climbing Cave will be open from 3:15 p.m. until 9:00 p.m. on weekdays (Sunday - Thursday, and open on the weekend until 10:30 p.m.

**The Cardio Room**

Students and faculty may reserve one of the fitness machines by signing the clipboard associated with a specific piece of equipment. A time limit of 30 minutes is applicable to all equipment in the cardio room.

**Weight room** – free weights, with the exception of the small/lighter dumbbells – less than 50 lbs, may only be used with adult supervision

**Climbing Cave** – there is a time limit of one hour if other students/faculty are waiting to use the facility.

Food is not permitted in any of the facilities. It is expected that all people using the facilities will maintain the cleanliness of the rooms and remove any/all materials – trash, clothing, etc. that is brought into the room

*Faculty may use the room without another adult/student present.*

**Acceptable use Agreement:** I, \_\_\_\_\_ (student) agree to follow all of the policies noted above. Failure to comply with this agreement will result in my inability to use the cardio & weight rooms and/or the climbing cave.

### Hold Harmless Agreement

Facility Use: Indemnifications; Hold Harmless & Waiver of Rights of Recovery Agreement

In Consideration Dunn School entering into this facility use agreement with \_\_\_\_\_ (parent applicant) and as a condition of said agreement applicant agrees to forever indemnify, defend and hold harmless Dunn School from and against any and all claims, suits, actions, costs, expenses, judgments or decrees, demands of liability, loss or damage, including attorney’s fees, whether direct or consequential, on account of any loss, damage to any person or persons or property (including without limitation) all officers, agents and employees of applicant and Dunn School and all property (regardless of who may be the owner of the property), arising in whole or in part or in any way from any act, omission, event or work in any way connected with or relating to applicant. The defense of any such claims, suits and demands shall be by attorneys acceptable to Dunn School and the fees and expenses for such attorneys and other necessary expenses incurred with any action or defense necessary to protect itself paid by applicant.

This Hold Harmless Agreement covers \_\_\_\_\_ (student name) with respect to use of the Dunn School Cardio Room, Weight Room, and/or the Climbing Cave without direct adult supervision. Students must receive training from the Dunn School staff with respect to proper use of the equipment in these rooms, and sign and Acceptable Use Form indicating their intent to comply with all rules and regulations with the respect to the above mentioned facilities.

Finally, it is understood and agreed that the applicant hereby agrees to hold harmless and waive rights of recover from the school and its employees, officers or agents for any damage to or loss of personal property of applicant.

Facility to Use: Cardio Room and/or Weight Room and/or Climbing Cave

Accepted by Applicant:

Accepted by Dunn School:

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Student Signature                      Date



Return to Dunn School by Friday, July 9<sup>th</sup>

Required form – all grades

DUNN SCHOOL PO Box 98, Los Olivos, CA 93441

Phone: (805) 688-6471 Nurse's Fax: (805) 688-3421

## AUTHORIZATION FOR TREATMENT FORM

This form constitutes a permission statement which must be signed by a parent or guardian. The completed form must be returned to the Dunn School health office. This health record is to be completed by the parent or guardian. **Please complete the entire form!** (PLEASE PRINT)

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Male/Female Student resides with: Both Parents/ Mother / Father / Other  
(Circle one) (Circle one)

Mother:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_

Father:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_

**In Case Parent cannot be reached:**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Person Responsible for medical expenses:**

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Significant Medical Problems, Illnesses, or Past Surgeries:** \_\_\_\_\_

**Allergies (Please list medication, food, and season allergies):** \_\_\_\_\_

**Medications: (Please list medications that the student is on)** \_\_\_\_\_

**(Contraindications on Medication)** \_\_\_\_\_

**Must take medication** \_\_\_\_\_ **Can refuse medication** \_\_\_\_\_

**Date of last tetanus:** \_\_\_\_\_ **Last TB or chest x-ray** \_\_\_\_\_

### Authorization to consent to treatment of a minor

I, We, the parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize any Dunn School personnel in Los Olivos, CA as agents of the undersigned to consent to any medical procedure, x-ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a hospital. The authorization also applies to dental care under a duly licensed dentist and psychological care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) or any organization involved including without limitation the Dunn School. Dunn School will not assume any financial responsibility for exercising this action.

This authorization is given and shall remain effective until revoked in writing and delivered to said agent(s).

\_\_\_\_\_  
Signature of parent(s) or legal guardian of the student named above Date: \_\_\_\_\_

## **EMERGENCY RELEASE AUTHORIZATION**

**In the event of a catastrophic emergency, that requires the closure of the school and dismissal of the student body, Dunn School may release my daughter/son, \_\_\_\_\_, to an authorized person listed below:**

1) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_  
**(SIGNATURE OF PARENT OR GUARDIAN)**

# PROOF OF INSURANCE

\*\*\*\*\*

## COPY BOTH SIDES OF INSURANCE CARD

Be sure all information is legible. If you change insurance during the year, you must send a legible copy of both sides to the Nurse's office as soon as possible. If you have separate insurance plans for dental car and/or prescriptions, please include copies of those cards.

*Please make certain your student's medical and dental insurance is accepted in the State of California, preferably in the location of the school.*

**Note to International Students:  
(If you are an international student who receives insurance through  
Dunn School, there is no need to send a copy of your card.)**

# DUNN SCHOOL PHYSICAL

## MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

Students are required to have an annual physical exam. Doctor, please review this student's health history and complete this form. The information is used in the student health office and will be released in case of an emergency or if the student requires medical treatment. **PLEASE BE CERTAIN THE STUDENT'S IMMUNIZATIONS ARE UP TO DATE.**

*This school requires a PPD every 12 months if a student has traveled out of the country, and every two years if student has stayed in the country.*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Normal	Abnormal
Head, ears, nose, throat		
Hearing		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genito-urinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
GYN Exam if sexually active		
Comments:		

Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Date of last PPD/CXR: \_\_\_\_\_

Results of last PPD/CXR: \_\_\_\_\_

Blood Pressure: \_\_\_/\_\_\_ Heart Rate: \_\_\_\_\_

Dipstick Urinalysis: Sugar \_\_\_\_\_

Albumin: \_\_\_\_\_

Hemoglobin or Hematocrit: \_\_\_\_\_

Date of last Dental exam: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_

Wears glasses/contacts/both/neither

Vision	Uncorrected	Corrected
OS		
OD		
OU		

Is student capable of physical activity and participation in a competitive sports program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

Any physical restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Dietary Restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain: \_\_\_\_\_

Has student received any counseling or psychological care? Yes: \_\_\_\_\_ No: \_\_\_\_\_ When: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_ Is further treatment needed? \_\_\_\_\_

Other significant medical history (e.g. surgeries, hospitalizations, serious injuries, pregnancies, sexually transmitted diseases): \_\_\_\_\_

Examining Physician (Please print): \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Dunn School Nursing Office at (805) 688-6471.

Student Name: \_\_\_\_\_

**MEDICATIONS:  
To be filled out by Physician**

**Standard Medication Distribution Times:**

**Breakfast:** 7:00 AM  
**Dinner:** 6:00 PM  
**Bedtime:** 10:00 PM

**Weekend Medication Distribution:**

**Brunch:** 9:00 - 11:00 AM  
**Dinner:** 6:00 PM  
**Bedtime:** 10:00 PM

*Students requiring medication distributions at time other than above will be required to pick up those medications at the Nurse's Office. Please note: Nurse's Office is open at specific times from 7:30 a.m. - 4:00 p.m., Monday - Friday only. Lunchtime meds are available in the nursing office Monday - Friday only.*

**Current Medications:**

*Please include any vitamins, supplements, and over-the-counter medications.*

Medication	Strength	Dose	Diagnosis	Times to be given
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM
				7:00 AM 6:00 PM 10:00 PM

**Medications to be taken as needed:**

Medication	Strength	Dose	Diagnosis	Frequency

Due to problems encountered in the past, we request prescriptions to be refilled at Star Drugs in Santa Ynez, CA.  
Phone: 805-688-6898 - FAX: 805-688-6047

**Part 2: To be completed by attending physician:**

The child named above is under my care. It is necessary for him/her to receive the medications listed on this page on a regular/emergency basis.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT IMMUNIZATION RECORD  
TO BE COMPLETED BY PARENT**

**Tetanus:** Date of last shot: \_\_\_\_\_  
(Must be within the last 10 years)

**\*Tuberculosis:** Date of last skin test: \_\_\_\_\_  
(It is **mandatory** it be within the last 2 years, or 1 year if the student has traveled anywhere out of the country within the last 12 months.)

**Type Given: PPD-Mantoux:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Results:** Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

**Date of chest X-Ray:** \_\_\_\_\_ **Impression:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**BCG:** \_\_\_\_\_

<b>DTP:</b>	_____	_____	_____	_____	_____
<b>DT:</b>	_____	_____	_____	_____	_____
<b>TD:</b>	_____	_____	_____	_____	_____
<b>Polio:</b>	_____	_____	_____	_____	_____
<b>MMR:</b>	_____	_____	_____	_____	_____
<b>Measles:</b>	_____	_____	_____	_____	_____
<b>Mumps:</b>	_____	_____	_____	_____	_____
<b>Rubella:</b>	_____	_____	_____	_____	_____
<b>Hib:</b>	_____	_____	_____	_____	_____
<b>Hep. A:</b>	_____	_____	_____	_____	_____
<b>Hep. B:</b>	_____	_____	_____	_____	_____
<b>Varicella:</b>	_____	_____	_____	_____	_____

**Others:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICATION AUTHORIZATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS.

Educational Code 49423 and 49423.5. Any pupil who is required to take prescribed medication by a physician may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician’s statement. **CAC Title 5, 18170.**

## HAVE PHARMACY OR PHYSICIAN PROPERLY LABEL MEDICATION IN A SEALED CONTAINER FOR SCHOOL ADMINISTRATION.

### *PART 1: Required - to be completed by parent or guardian*

I request that designated personnel assist my child in taking the medication prescribed by a physician. I understand that my child **may not** have or take medication at school unless **all** requirements are met. I also request that my child be assisted in taking over-the-counter medications, vitamins and nutritional supplements. The type of medication will be determined by the symptoms presented by the student. I hereby give consent for the school nurse to communicate with my physician as needed with regard to these medications. **All medications, vitamins, supplements, etc. must be distributed through the Nursing Office. No medication (prescription or over-the-counter) vitamin, supplement, or herbal supplement may be kept by the student in their room. Exceptions are, asthma medication, and some dermatological creams. These must be presented to the Nurse and will be labeled and returned to the student. Any unauthorized items found in the student’s room could lead to disciplinary action. If mailing, please address all medications, vitamins, supplements, etc, to the attention of the School Nurse, *not your student.***

Child’s Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Physician’s Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student: \_\_\_\_\_ Date completed: \_\_\_\_\_

# MEDICAL HISTORY

To be completed by parent or guardian.  
Please give this form careful thought and fill out entirely.

Is your child known to be resistant to any antibiotics? \_\_\_\_\_

Allergies to:

Drugs: \_\_\_\_\_ Food: \_\_\_\_\_ Seasonal Allergies: \_\_\_\_\_

Has student received any counseling or psychological care? Yes: \_\_\_\_\_ No: \_\_\_\_\_ When? \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_ Orthodontia in progress? \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_ Prescription glasses: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Contacts? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please enclose copy of lens prescription** (students required to wear glasses for sports must have glasses which comply with ANSI Z 87.1 standard, or they will not be allowed to participate.

Are you a vegetarian? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Vegan? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Any dietary restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Explain dietary restrictions: \_\_\_\_\_

Please provide names, ages, and state of health of family member's

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Brother: \_\_\_\_\_ Sister: \_\_\_\_\_

Serious illnesses or diseases occurring in family (such as TB, diabetes, heart diseases, kidney, cancer, stroke, high blood pressure):  
\_\_\_\_\_

Important occurrences and dates in family: Deaths: \_\_\_\_\_

Divorce: \_\_\_\_\_ Adoption: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child have now or has he/she ever had any of the following? Please check the items that apply and comment below.		
<input type="checkbox"/> Measles	<input type="checkbox"/> Trouble Sleeping	<input type="checkbox"/> Gastro-Intestinal Problems
<input type="checkbox"/> Mumps	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Deformities
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Fainting	<input type="checkbox"/> Serious Injuries
<input type="checkbox"/> German Measles	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Hernia
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Allergies/Hay Fever	<input type="checkbox"/> Bone/Joint Problems
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Sinusitis/Bronchitis	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Foot Problems
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Operations/Serious Injuries
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Orthodontia	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Polio	<input type="checkbox"/> Gum/Tooth Problems	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Painful Urination/UTI
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Neurological Problems	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Learning Disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Depression./Anxiety	<input type="checkbox"/> Nutritional Problems	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Head Injuries	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Skin Problems

Comments: \_\_\_\_\_

Is there anything else about your child's health that we need to know? \_\_\_\_\_

Does your child have a history of tobacco use or drug abuse? \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

## **FLU SHOT**

Dear Parents:

Flu immunizations will be administered on campus sometime this fall. This injection is highly recommended for students, age fourteen years and older, in a boarding school situation. The fee for the service is \$22.00 per person. This fee will be charged to the student's account.

Please indicate whether you want your child to receive this immunization, and sign and return this sheet with the other medical forms.

Thank you for your cooperation,

Dunn School Health Services

**This vaccine is NOT recommended for students with KNOWN ALLERGIES TO: CHICKENS, FEATHERS, or EGGS.**

### **Uncommon, but possible adverse reaction to the Flu Immunization:**

Fever, vague body aches, muscular pains and other systemic symptoms may occur during the first 6-12 hours after vaccination and may persist for one or two days.

Immediate, presumably allergic reaction such as flare and weal or respiratory problems may develop and are indicative of sensitivity to the components of the serum derived from residual egg protein. This type of response is extremely rare.

Neurological disorders, including encephalopathy and ascending paralysis, have been known to have a temporary association with the administration of the flu vaccine. These occur rarely and are usually self-limiting and reversible.

I, the parent/guardian of \_\_\_\_\_  
(student's name)

Give  Do not give  permission to have my child immunized against the flu.

Signed: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(circle one)

# **AUTHORIZATION FOR TREATMENT FORM**

## **For Outdoor Education trips**

*(This form constitutes a permission statement which must be signed by a parent or guardian)*

I, we, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Name) (Date of Birth)

*a minor, do hereby authorize any Dunn School personnel in Los Olivos, CA as agents of the undersigned to consent to any medical procedure or treatment which is deemed advisable by and rendered under the general or specialized supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a hospital. The authorization also applies to dental care under a licensed dentist and psychological care.*

*It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our foresaid agent(s) or any organization involved including without limitation the Dunn School, assumes any responsibility for exercising this action.*

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

*Significant medical problems, illnesses or past surgeries:*

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

*ALLERGIES (please list medication, food, and seasonal allergies)*

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

*MEDICATIONS (please list medications that the student is on)*

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

*Contraindications on Medication*

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

*Must take Medication*

*Can Refuse Medication*

*Date of last tetanus?* \_\_\_\_\_

*Last TB test or chest X-ray* \_\_\_\_\_