

Orangevale Recreation and Park District

Child Emergency Information

Please complete a separate form for each child, Thank You.

Child and Family Information:

Child's Name: _____ Male Female
(Last Name) (First Name) Birth date: ___ / ___ / ___

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Home Phone: _____ Other Phone: _____

Address: _____ Employer: _____

Father's Name: _____ Home Phone: _____ Other Phone: _____

Address: _____ Employer: _____

Health Insurance Company: _____ Policy No.: _____

Family Doctor's Name: _____ Phone: _____

Other persons authorized to pick up your child or be called in case of emergency:

1. Name: _____ Phone: _____ Relation to Child: _____

2. Name: _____ Phone: _____ Relation to Child: _____

3. Name: _____ Phone: _____ Relation to Child: _____

Ongoing and/or current medical problems:

My child has NO on-going or current medical problems

Allergies to: _____ Activity Restrictions: _____

Recent Hospitalizations(within one year): _____

A prescription drug which must be administered during program hours (must be administered by District staff)

Type: _____ Amount : _____ Time: _____ Other Directions: _____

Disaster Preparedness:

In case of disaster/evacuation, I authorize my child to be released to the following adults:

Any adult my child knows Any adult relatives of my child Parent or Guardian only

The following adults only:

1: _____ 2: _____ 3: _____ 4: _____

Legal Issues:

Legal issues, such as, custody, restraining orders, etc. (Please attach copy of court orders.) _____

Consent for Medical Treatment:

In the event of an emergency, accident or illness, District staff will attempt to contact the parent, or a person designated by the parent, to care for the child and arrange for any necessary medical care. In the event that the parent, guardian or person designated by the parent is not available, I authorize the Orangevale Recreation and Park District to request assistance from 911 Emergency Services and consent to any emergency treatment which is necessary to preserve life, limb, or well being of my dependent. It is understood that I will be responsible for all costs involved in treatment of this dependent.

Parent and/or Guardian Signature

Date