



ORANGEVALE RECREATION & PARK DISTRICT

Orangevale Recreation & Park District Child Emergency Information

Please PRINT and complete a separate form for each child

CHILD & FAMILY INFORMATION

Child's Name: _____ Gender: _____
(Last Name) (First Name)

Birth Date: ___ / ___ / ___ Address: _____ City: _____

Email Address: _____

Parent/Guardian (primary contact): _____

Relationship to Child: _____ Does child primarily reside with this parent/guardian? _____

If no, where does child primarily reside? _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian (secondary contact): _____

Relationship to Child: _____ Does child primarily reside with this parent/guardian? _____

If no, where does child primarily reside? _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Are there any custody or visitation restrictions? If so, describe and attach a copy of the said agreement: _____

Emergency Contacts: Individuals *other than* parent or legal guardian who can be contacted in an emergency.

Emergency Contact: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

CHILD RELEASE AUTHORIZATIONS

Dismissal Authorizations: Every day at dismissal time the Parent/Guardian or Authorized Alternate picking up the child MUST SIGN EACH CHILD OUT. No child will be permitted to leave OVparks programs with persons other than the primary/secondary guardian, those listed in the emergency contact section, and those listed below. *Please be prepared to show photo identification every time you pick up your child.*

Alternate (1): _____ Phone: _____ Relation to Child: _____

Alternate (2): _____ Phone: _____ Relation to Child: _____

Alternate (3): _____ Phone: _____ Relation to Child: _____

In case of disaster/evacuation, I authorize my child to be released to the following adults (18+):

Any adult my child knows Parent or Guardian only Only the authorized adults listed above

MEDICAL INFORMATION AND HEALTH HISTORY

NOTE: The purpose of this section of the District’s form is to authorize adult employees of the Orangevale Recreation & Park District to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for (child) _____ .This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Physician’s Name _____ Telephone _____

Insurance Carrier _____ ID _____

Dentist’s Name _____ Telephone _____

Insurance Carrier _____ ID _____

Date of Last Tetanus Shot _____

Allergies: Hay Fever ____ Poison Ivy ____ Insect Stings ____ Foods* ____ Medications ____

Identify/Other: (Latex, Hand Sanitizer, Etc.) _____

*Please Identify any dietary allergies or preferences: _____

Chronic or recurring health conditions or concerns: _____

Does your child need to take medication during program hours? YES NO

If yes, please list all medications that your child will be bringing _____

A copy of a Doctor’s note for medication and the Reasonable Accommodation Request Form must be submitted to allow the medication to be taken during OVparks programs. All medications must be labeled.

CONSENT TO TREATMENT

ORANGEVALE RECREATION & PARK DISTRICT, AUTHORIZATION BY PARENT OR LEGAL GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR.

THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of (child) _____ hereby authorizes any adult staff member of the ORANGEVALE RECREATION & PARK DISTRICT, into whose care the above named minor child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the Orangevale Recreation & Park District neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the name minor child in a program or programs conducted by the Orangevale Recreation & Park District.

I give consent to treatment of the said minor. I do not consent to treatment of the said minor.

*If parent/guardian does not give consent to treatment **no** first aid will be rendered by District Staff.*

Parent or Legal Guardian Name _____ Date: _____

Parent or Legal Guardian Signature _____

SUNSCREEN RELEASE

Sunscreen must be supplied by the child’s parent or legal guardian and must be labeled with the child’s name in effort to reduce exposure to allergens. By signing below you are agreeing to apply sunscreen to your child before bringing them to OVparks and give your child permission to apply additional sunscreen to themselves while in programs, as others are not permitted to apply sunscreen. A signature states that you understand it is not the District’s responsibility if sunscreen is used improperly; that your child may be exposed to the sun for an extended period of time due to certain activities and it is the child/guardian’s responsibility to avoid sunburn by various protections.

I will provide my child with sunscreen and an explanation on how to apply it. _____ **Please Initial**

ACKNOWLEDGEMENT OF REFUND POLICY/PHOTO & VIDEO RELEASE/MOVIE RELEASE

I understand the refund policy that has been established for this program. I also understand that photographs/videos of recreational programs may be used by the District for promoting programs, classes and or events. I further understand that by signing below I am authorizing OVparks to show G and PG rated movies during my child(ren)’s participation in OVparks programming.

Parent or Legal Guardian Signature _____ **Date:** _____

REASONABLE ACCOMODATIONS

Below are some questions to help us learn more about your child so that we can make their experience as positive as possible at OVparks. We will always do our best to fulfill the needs of all children, but for official accommodation requests please fill out a Reasonable Accommodation Request Form, found on our website or emailed on request.

Are there any coping mechanisms that work well for your child when they are upset or angry?

Are there any strategies that you have noticed work well to motivate your child to participate in activities? *(ex. My child has a lot of social anxiety and engages better in activities if she is not put on the spot in front of her peers.)*

Is there anything that you would like us to know about your child? Are there any tools that you use to help your child succeed in these areas? *(ex. My child is a visual learner. If they are struggling with direction try giving a visual example.)*

Is there anything that upsets/scares your child that we should be made aware of? *(ex. popping balloons)*

What are some of your child’s strengths?

Is there anything that you are working with your child to improve that you would like us to be made aware of?

Will your child require any type of accomodation during his/her participation at OVparks? YES NO

If yes, please fill out a Reasonable Accommodation Request form included on page 4.



Orangevale Recreation & Park District

6826 Hazel Avenue

Orangevale, CA 95662

Phone: (916) 988-4373 Fax: (916)988-3496 info@ovparks.com

Reasonable Accommodation Request Form

Please Print Legibly

I am requesting an accommodation that will allow me or my child to participate in an Orangevale Recreation & Park District offered program, activity, or service. For program purposes OVparks requires a copy of your child's local school SEP/IEP or Special/Individual Education Plan. (Please note that OVparks requests a two week notice to ensure your accommodation can be met.)

Date: _____

Name of participant in need of accommodation: _____

Parent/Guardian's Name: _____

Address: _____

Street

Apt#

City

State

Zip

Email: _____ Cell Phone: _____

Program Name: _____

My specific functional limitation is: _____

Describe the accommodation being requested: _____

Describe how the accommodation will assist you in participating in the activity, program or service offered by the Orangevale Recreation & Park District: _____

Signature

Date