City of Torrance Community Services Department • Recreation Services Division
310/618-2930 • www.Recreation.TorranceCA.Gov
"Creating and Enriching Community through People, Programs and Partnerships"

EXCURSION PARTICIPANT EMERGENCY INFORMATION

1. GENERAL INFORMATION

PARTICIPANT'S NAME:_____ BIRTHDATE:_____ GENDER:_____

ADDRESS:_____ CITY:_____ ZIP:_____

PARENT'S/GUARDIAN'S NAME(S):_____

HOME PHONE: _____ WORK:_____ CELL:_____

PLEASE CHECK WHICH PHONE NUMBER TO CALL FIRST: _____ HOME _____ WORK _____ CELL

EMAIL ADDRESS:_____

EMERGENCY CONTACT:_____ PHONE NUMBER:_____

2. ADDITIONAL INFORMATION

Do you permit photographs to be taken of your child to promote our Department programs? _____ YES _____ NO

We encourage daily application of sunscreen prior to arrival of excursion. Do you authorize staff to assist your child with the application of sunscreen? _____ YES _____ NO

3. AUTHORIZED PICK UP INFORMATION

IN ADDITION TO THE PARENT'S/GUARDIAN'S NAMES LISTED ABOVE, THE FOLLOWING PEOPLE ARE AGE 18 AND OVER AND ARE AUTHORIZED TO PICK UP MY CHILD FROM THE EXCURSION. I UNDERSTAND THAT MY CHILD WILL BE ALLOWED TO LEAVE WITH THESE INDIVIDUALS ONLY:

AUTHORIZED PERSON'S NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

NAME OF PERSONS NOT ALLOWED TO PICK UP MY CHILD (APPROPRIATE CUSTODY PAPERS OR RESTRAINING ORDERS SHALL BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP A CHILD):

_____

4. ALLERGIES INFORMATION

MEDICAL ALLERGIES (LIST)	DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

FOOD ALLERGIES (LIST)

OTHER ALLERGIES (LIST) INCLUDE INSECT STINGS, HAY FEVER, ANIMAL DANDER, ETC.

5. MEDICAL INFORMATION

PLEASE LIST ALL MEDICATION TAKEN ROUTINELY, INCLUDING OVER-THE-COUNTER AND NON-PRESCRIPTION DRUGS.

_____

FAMILY PHYSICIAN:_____ PHONE:_____

Does your child have any physical conditions which would limit participation in recreation activities?

_____ NO _____ YES If yes, please explain:_____

Is your child subject to seizures? _____ YES _____ NO

If yes, please describe assistance usually given:_____

6. MEDICATION POLICY

The City of Torrance Community Services Department Student Medication Policy is for parents/guardians, participants and staff to follow when a participant needs to take medication during the program. This policy is for students that are able to administer their own medication. A definition for a "Severe Allergy" has been established by the Department. It is defined as an allergy that would pose a life threatening danger without immediate assistance. "Immediate" is defined as the need for assistance in less time than it would take for the paramedics to arrive. Copies of the Student Medication Policies are available at the Recreation Division Office. Parents/guardians will need to submit the completed forms PRIOR to the child's first day in the program.

7. CONSENT FOR EMERGENCY MEDICAL TREATMENT

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event I cannot be reached or time does not permit, I give permission to the employed staff of the City of Torrance Community Services Department to obtain and administer such medical aid or assistance as might be required for the immediate care of my child in the event such help of any emergency nature becomes necessary.

It is further understood that such permission will include the administration of such medicines or treatment as might be ordered by or administered by a duly licensed medical doctor. In no event will the City of Torrance and its employees be held liable for any first aid rendered or treatment or surgical procedures performed or drugs or medicine administered pursuant to this consent.

Print Parent/Guardian Name:_____

Signature:_____Date:_____

8. WAIVER FORM/PERMISSION SLIP

We (I), _____ hereby permit_____
(Parent or Guardian) (Child's Full Name)

to participate in, Various Field Trips/Activities at Various Locations inclusive dates: 6/23/14 to 8/29/14

Departure Time: During Program Hours Return Time: 4:30 p.m. (unless otherwise stated)

We hereby release and discharge the City of Torrance Community Services Department and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity or the transportation in connection therewith.

Print Parent/Guardian Name: _____

Signature:_____Date:_____

9. ADDITIONAL INFORMATION

Please use this space to provide any additional information about the participant's behavior, physical, emotional or mental health which camp staff should be aware of:

_____

_____

_____