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

RECREATION SERVICES EMERGENCY AND DISASTER INFORMATION FORM

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

FAMILY PHYSICIAN: _____ **PHONE:** _____

MEDICATION(S) TAKEN: _____

ALLERGIES TO MEDICINE OR FOOD: _____

1. **In the event of accidents, injury or illness, where can parent/guardian be reached if not at home?**

   PARENT/GUARDIAN: _____ **CELL/WORK PHONE:** _____

   PARENT/GUARDIAN: _____ **CELL/WORK PHONE:** _____

2. **Who should the Community Services staff contact if parent/guardian cannot be reached?**

   NAME **ADDRESS** **PHONE** **RELATIONSHIP**

   _____

   _____

3. **Family out-of-state telephone contact to be used in case of natural disaster:**

   NAME: _____ **PHONE: ( )** _____

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PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby represent that I am the parent and/or legal guardian of the above-named minor child. I request that my child be allowed to participate in the _____ program of the City of Torrance Community Services Department (CITY).

I give permission to the CITY to obtain on my child's behalf, at my expense, any emergency medical treatment as deemed necessary in the sole discretion of CITY in case of sickness, accident, or injury.

In consideration of the request to participate in the program, I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD, TO RELEASE AND FOREVER DISCHARGE THE CITY OF TORRANCE, ITS COUNCIL MEMBERS, OFFICERS, EMPLOYEES AND AGENTS from any and all liability arising from CITY providing emergency medical treatment to my child.

I have authority to enter into this authorization and hereby do so, on behalf of myself, my child and all parents and/or legal guardians of the child.

_____ _____

Signature of Parent/Guardian **Date**

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