

STARLIGHT CAMP EMERGENCY FORM

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____
 PARENTS/GUARDIAN NAME: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 FAMILY PHYSICIAN: _____ PHONE: _____
 MEDICATION TAKEN: _____

Does she/he have any physical conditions which would limit participation in recreation activities?
 YES _____ NO _____ If yes, please explain: _____

Any allergies? _____

Is she/he subject to seizures? YES _____ NO _____ If yes, please describe assistance usually given : _____

The City of Torrance Community Services Department Student Medication Policy for parents/guardians, participants and staff to follow when a participant needs to take medication during camp. This policy is for students that are able to administer their own medication. The Department has established a separate "Severe Allergy" 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 will need to submit the completed forms PRIOR to the child's first day in the Camp.

In the event of accidents, injury or illness, where can parents/guardian be reached if not at home?
 PARENT/GUARDIAN _____ WK PHONE _____ EXT _____
 PARENT/GUARDIAN _____ WK PHONE _____ EXT _____

In the event that the parent/guardian cannot be reached who should be contacted?

PARENTS 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.

Date

Signature of Parent/Guardian

PLEASE NOTE: BRING THIS FORM THE FIRST DAY OF CAMP!

Over

City of Torrance Community Services Department ● (310) 618-2930

WAIVER FORM/ PERMISSION SLIP

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

to participate in, Summer Fun Camp Activities at Cultural Arts Center inclusive dates: _____

Departure Time: During Program Hours *Return Time: 4:00 p.m.(unless otherwise stated).

We hereby release and discharge the City of Torrance Community Services Department and each and all 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.

Signed _____ Phone _____
(Parent or Guardian)

Address _____

City _____ Zip Code _____

ADDITIONAL INFORMATION:

Do you permit photographs to be taken of your son/daughter to promote our Departmental programs? YES _____ NO _____

We encourage daily application of sunscreen prior to arrival of camp. Staff members are required to re-apply sun block to participants mid-day during plunge and water excursions only. Do you permit our staff to re-apply sun block (provided by parent or guardian) on your son/daughter? YES _____ NO _____

Please list the name of person(s) who will drop off, and/or pick-up child other than parent/guardian.

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____
4. _____ Phone # _____

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