

EARLY CHILDHOOD EDUCATION PROGRAM

Waiver Form (Parent Permission Slip)

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

to participate in, VARIOUS FIELD TRIPS AND ACTIVITIES

Date (or inclusive dates of activity) September 2019 - September 2020

Departure Time: during program hours Return Time: during program hours

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 that 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:

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

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

4. _____ Phone # _____

“Creating and Enriching Community through People, Programs and Partnerships”





EARLY CHILDHOOD EDUCATION PROGRAM
2019-2020 EMERGENCY AND DISASTER INFORMATION

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

PARENTS/GUARDIAN NAME: _____ HOME PHONE _____

ADDRESS: _____ CITY: _____ ZIP: _____

FAMILY PHYSICIAN: _____ PHONE: _____

MEDICATION TAKEN: _____

ALLERGIES TO MEDICINE OR FOOD: _____

Does she/he have any physical conditions, which would limit participation in recreation activities?

Yes _____ No _____ If yes, please explain: _____

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

Do you permit photographs to be taken of your son/daughter to promote our Departmental programs?

Yes _____ No _____

1. 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 _____

2. In case of emergency, please list two individuals Community Services Department Staff should contact other than parent/guardian.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
(A) _____	_____	_____	_____
(B) _____	_____	_____	_____

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

NAME: _____ PHONE: () _____

PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

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.

SIGNATURE OF PARENT/GUARDIAN

Date: _____