



# EMERGENCY FORM

**PROGRAM:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **SITE:** \_\_\_\_\_

The below information must be filled out completely with current information and returned to City or program staff before the first day of the program. **ALL SECTIONS MUST BE COMPLETED.**

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

*(If different) Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## HEALTH AND EMERGENCY INFORMATION

Medical Conditions: None  Allergy  Asthma  Diabetes  Seizures  Other: \_\_\_\_\_

Limitations/Restrictions/Disabilities: \_\_\_\_\_  
*(Activity or Diet)*

Identify any behavioral concerns and how to address them: \_\_\_\_\_

Is the participant taking medication? YES  NO  Please list: \_\_\_\_\_

Will medication be taken during program hours? YES  NO  Dosage and time: \_\_\_\_\_

**NEWPORTBEACHCA.GOV/RECREATION**

Newport Beach Recreation & Senior Services Department

949-644-3151 | recreation@newportbeachca.gov

**NOTE: STAFF WILL NOT ADMINISTER MEDICATION.** ALL MEDICATION MUST BE STORED WITH THE PARTICIPANTS BELONGINGS IN A LOCATION THE INSTRUCTOR HAS BEEN MADE AWARE OF AND BE SELF ADMINISTERED OR DONE SO BY AN AIDE OR PERSON LISTED ON THIS FORM.

**HEALTH AND EMERGENCY INFORMATION (CONTINUED)**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

*(Other than Parent/Guardian)*

**PICK-UP AUTHORIZATION**

\_\_\_\_\_ Child's Name

I, \_\_\_\_\_ parent/guardian of authorize my child to be released by the instructor at the end of camp/class so that they may use the following alternative transportation:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ Participant may walk or bike home.

*(Initials)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_