

YOUTH PROGRAM EMERGENCY INFORMATION & CONSENT TO TREAT

Child/Children's Name(s) _____

Birthdate _____ Age _____ Grade Fall 2008 _____

Mailing Address _____

Physical Address if different _____

Guardian's Name: _____ Home Phone #: _____ Work #: _____

email address: _____ Cell #: _____ relationship to child: _____

Guardian's Name: _____ Home Phone #: _____ Work #: _____

email address: _____ Cell #: _____ relationship to child: _____

Last Tetanus _____ Food/Drug Allergies _____

Special Instructions _____

Physician's Name _____ Phone Number _____

Emergency Contacts _____ Phone Number _____

Emergency Contacts _____ Phone Number _____

Other than emergency contacts/parents, people who are authorized to pick child(ren) up from the program:

Name _____ Phone Number _____

Name _____ Phone Number _____

CONSENT TO TREAT

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature _____ Date _____

TRAVEL/FIELD TRIP PERMISSION

I give my permission for my child(ren) to accompany the program(s) listed on the other side of this form on local and out of town field trips, either walking, or in District Vehicles. I am aware that travel and/or transportation may be a part of the program(s), and schedules of any such trips are available in advance.

Parent Signature _____ Date _____

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during camp programs. I give Truckee-Donner Recreation & Park District permission to use any such photos for advertising or in promotional materials.

Parent Signature _____ Date _____