



BABYSITTER PREPAREDNESS COURSE EMERGENCY INFORMATION

1. GENERAL INFORMATION

PARTICIPANT'S NAME: _____ BIRTHDATE: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT'S/GUARDIAN'S NAME(S): _____

HOME PHONE: _____ WORK: _____ CELL: _____

PARENT'S/GUARDIAN'S NAME(S): _____

HOME PHONE: _____ WORK: _____ CELL: _____

2. ADDITIONAL INFORMATION

Do you permit photographs to be taken of your child to promote our department programs? YES | NO

3. AUTHORIZED PICK UP AND EMERGENCY CONTACT INFORMATION

IN ADDITION TO THE PARENT'S/GUARDIAN'S NAMES LISTED ABOVE, THE FOLLOWING PEOPLE ARE AGE 18 AND OVER AND ARE AUTHORIZED TO PICK UP MY CHILD FROM THE ATTIC. I UNDERSTAND THAT MY CHILD WILL BE ALLOWED TO LEAVE WITH THESE INDIVIDUALS ONLY:

AUTHORIZED PERSON'S NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF PERSONS NOT ALLOWED TO PICK UP MY CHILD (APPROPRIATE CUSTODY PAPERS OR RESTRAINING ORDERS SHALL BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP A CHILD):

4. ALLERGIES INFORMATION

MEDICAL ALLERGIES (LIST) _____ DESCRIBE REACTION AND MANAGEMENT OF THE REACTION _____

FOOD ALLERGIES (LIST) _____

OTHER ALLERGIES (LIST) INCLUDE INSECT STINGS, HAY FEVER, ANIMAL DANDER, ETC.

5. MEDICAL INFORMATION

PLEASE LIST ALL MEDICATION TAKEN ROUTINELY, INCLUDING OVER-THE-COUNTER AND NON-PRESCRIPTION DRUGS.

FAMILY PHYSICIAN: _____ PHONE: _____

Does your child have any physical, mental or emotional conditions which would limit participation in recreation activities? YES | NO

If yes, please explain: _____

Is your child subject to seizures? YES | NO

If yes, please describe assistance usually given: _____

6. CONSENT FOR EMERGENCY MEDICAL TREATMENT

PARENT/GUARDIAN 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.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

7. ADDITIONAL INFORMATION

Please use this space to provide any additional information about the participant's behavior, physical, emotional or mental health which staff should be aware of:

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

8. LIABILITY RELEASE FORM

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Torrance harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with participation in this activity. I also agree, as participant/parent/guardian of any paid or free event, class, activity, or program, to grant full permission to the City of Torrance to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion without obligation or liability to me. I verify that all the above information is true and accurate.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____