



AFTER SCHOOL CLUB EMERGENCY INFORMATION

1. GENERAL INFORMATION

After School Club Site: _____

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 AFTER SCHOOL CLUB PROGRAM. 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. MEDICATION POLICY

The City of Torrance Community Services Department Student Medication Policy is for parents/guardians, participants and staff to follow when a participant needs to take medication during the program. This policy is for participants who are able to administer their own medication. A definition for a "Severe Allergy" has been established by the Department. It 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 program and at www.TorranceCA.Gov/DayAfterSchool. Parents/Guardians will need to submit the completed forms PRIOR to the child's first day in the program.

7. 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: _____

8. 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:

9. PROGRAM WAIVER

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

to participate in scheduled After School Club activities at After School Club locations during the following time period: 8/22/24 to 6/11/25 during program hours.

We 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.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

AFTER SCHOOL CLUB PROGRAM PARENT/GUARDIAN AND PARTICIPANT AGREEMENT

We, have read, discussed and understand the After School Club Parent/Guardian and Participant Handbook. By signing this Participant Agreement, we agree to adhere to all policies and procedures detailed in the After School Club Program Handbook.

As a parent/guardian, I agree to:

- Read the posted calendar, memos, notices and other important information that is distributed.
- Keep staff informed about a change of my phone number or address for myself and the people listed on my emergency form.
- Allow time for staff to talk to me about my child when I pick them up at the end of the day.
- Inform the staff if something is unsatisfactory or concerning.
- Give suggestions of effective means of dealing with my child's negative behavior at the site.
- Identify relevant situations that my child may share with me (the parent/guardian), but didn't share with After School Club staff.
- Inform staff of any special considerations regarding my child and provide appropriate forms as needed (custody paperwork, restraining orders, Medication Form, Severe Medication Form, etc.)
- To not display any abrasive behavior towards any staff member, another parent/guardian or a child. Abrasive behavior may result in suspension or expulsion from the program. Parents/Guardians may not discipline children who are not their own.

As a participant, I agree to:

- Have fun at the After School Club.
- Give staff ideas about fun things I want to do at the After School Club.
- Tell staff if I am having problems with another participant immediately.
- Tell staff if I get hurt or don't feel well.
- Follow all After School Club rules (After School Club rules are listed on page 9.)
- Be fully responsible for my actions and understand that irresponsible behavior will result in disciplinary action, suspension and up to expulsion.

Child's Printed Name

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Please turn in this page on the first day of the program.

