



EMERGENCY & HEALTH INFORMATION

TEEN CENTERS, FRIDAY NIGHT OUT & DESTEENATION CAMP

RECREATION SERVICES



We rely on this information for your child's safety and well being. Please take the time to complete the entire form and promptly notify our office of any changes. **Bring completed form to the first day of program. One form required per program/camp.**

In compliance with the Americans with Disabilities Act (ADA), the Town of Danville encourages those with disabilities and special needs to participate in our programs. If your child requires specific accommodations so they can fully enjoy the program/camp, please contact the Danville Community Center at (925) 314-3400.

PARTICIPANT INFORMATION

FAMILY INFORMATION

Child's Full Name: _____ Prefers to be called: _____

Parent/Guardian (1): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____ City/State/Zip: _____

Parent/Guardian (2): _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____ City/State/Zip: _____

ADDITIONAL EMERGENCY CONTACT

Contact Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____ City/State/Zip: _____

SIGN OUT RELEASE

Participants in the Middle School Teen Center program are required to sign themselves in and out of the program. After signing out of the program, students are required to leave the school campus.

Teens registered in DesTEENation summer and school break camps may sign themselves in and out of camp with parent permission. Please indicate your preference:

____ A person listed in the Release Authorization below must sign my child in and out of camp each day.

____ My child has my permission walk/bike to/from home and sign themselves in and out of camp.

RELEASE AUTHORIZATION

Please list all persons who are authorized to pick up your child. Town of Danville staff may ask for a government-issued identification (e.g. California Driver's License) before the child is released to an individual below.

	Name (please print)	Relationship	Phone (home/cell)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CARE PRODUCT UTILIZATION RELEASE

Town of Danville staff may use the items listed below for preventative care or first aid response. Brand names may be substituted with similar products. Check any items you **do not** wish to have used on your child:

- Antiseptic/Cleansing Wipes
- Insect Bite/Sting Relief Wipes
- Triple Antibiotic Ointment
- Hand Sanitizer
- Sunscreen SPF 15 or higher

PARTICIPANT HEALTH HISTORY

*This information is confidential and will only be viewed by appropriate staff members.
We encourage you to speak to the Program Coordinator regarding any issues prior to the start of camp.*

Child's Full Name: _____ DOB: _____ M F

Does your child have any food, medication, insect bite or sting allergies that we should be aware of?*

Yes No

If yes, please explain.* _____

* For life threatening allergies, please complete additional EAP (Emergency Action Plan) for Allergies Form.

Does your child have any behavior, emotional, physical, or mental health concerns or diagnoses that we should be aware of?

Yes No

If yes, please explain.* _____

Are there any program/camp activities from which your child should be exempted for health or other reasons?

Yes No

If yes, please explain.* _____

Are your child's immunizations current for the State of California school requirements? Yes No

Has your child had a tetanus shot? Yes No Date of last tetanus shot? _____

Additional health related information for program/camp personnel: _____

Name of Physician: _____ Phone: _____

Physician Address: _____ City/State/Zip: _____

Medical Insurance Carrier: _____ Group/Medical #: _____

Name of Dentist/Orthodontist: _____ Phone: _____

Dentist Address: _____ City/State/Zip: _____

Dental Insurance Carrier: _____ Group/Medical #: _____

PLEASE READ AND SIGN BELOW

To the best of my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed program/camp activities except as noted. Should a medical emergency arise, Town staff will attempt to notify the parent/guardian immediately. If the undersigned is unavailable for consultation, permission is granted for the Town of Danville staff to obtain medical treatment as deemed necessary.

I, the undersigned parent/guardian of _____ do hereby consent to any examinations, x-rays, medications and anesthetics and surgical treatments that may be rendered based on the recommendations that may be made by the physicians on duty.

Signature of parent/guardian: _____ Date: _____