



PROGRAM/CAMP NAME: _____

EMERGENCY & HEALTH INFORMATION YOUTH & TEEN PROGRAMS/CAMPS

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 SCHOOL YEAR/SUMMER.

In compliance with the Americans with Disabilities Act (ADA), Pleasant Hill Recreation encourages those with disabilities to participate in our programs. If you have any special needs that require specific accommodations so you can fully enjoy our classes and programs, please contact the Admin office at (925) 682-0896.

PARTICIPANT INFORMATION

FAMILY INFORMATION

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

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

Cell Phone: _____ Work Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

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

Cell Phone: _____ Work Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

ADDITIONAL EMERGENCY CONTACT

Contact Name: _____ Home Phone: _____

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

Address: _____ City/State/Zip: _____

SIGN OUT RELEASE (TEEN PROGRAM ONLY)

Teens registered in the After School program are required to sign themselves in upon arrival. Signing themselves out is based on parent permission. Once a student has been signed out of program, they will not be granted access back into the program on the same day unless accompanied by written permission by a parent.

Participants in the Teen Afterschool program, Xtreme summer and school break camps may sign themselves out of the program 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 each day.

MOVIE RELEASE (TEEN PROGRAM ONLY)

The Teen Center will on occasion show movies. These movies will be rate PG-13 or below. Selected movies will avoid crude or sexual humor, extreme violence, sexual content, and pervasive profanity.

If you choose to not let your child view PG-13 movies, alternate activities will be available. (*Chose One*)

My child is **IS** permitted to view PG-13 movies at the Teen Center Initial _____

My child **IS NOT** permitted to view PG-13 movies at the Teen Center Initial _____

RELEASE AUTHORIZATION

Please list all persons who are authorized to pick up your child. PHR&PD 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.	_____	_____	_____

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 program.*

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 meet with staff to complete action plan.

Does your child have any behavior, emotional, physical, or mental health problems 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, staff will attempt to notify the parent/guardian immediately. If the undersigned is unavailable for consultation, permission is granted for the Pleasant Hill Recreation 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: _____