



Emergency Card 2019-2020



TEAM # _____

Camper's Last Name: _____ **First Name:** _____ **DOB:** _____

Address: _____ City: _____ Zip: _____

Mom Cell: (_____) _____ Dad Cell: (_____) _____

Parent's Name: _____ Work #: (_____) _____

Parent's Name: _____ Work #: (_____) _____

Emergency Contact: _____ Relation: _____ Phone: _____

MEDICAL INFORMATION

Insurance. Provider _____ Policy #: _____

Name of medication taken: _____

Amount to be distributed at Camp: _____

Parent signature authorizing medication distribution : _____

Allergies/conditions to be aware of: _____

Dietary Restrictions: Kosher Gluten-Free Lactose Intolerant Peanut Free Other _____



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Address: _____ City: _____ Zip: _____

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Please read thoroughly and sign in the pertinent place. Children will not be permitted to participate in QUEEN ANNE RECREATION CENTER Camp Whatever unless the form is filled out completely and signed.

AUTHORIZATION TO PARTICIPATE & MEDICAL RELEASE POLICIES

My child, print name _____, a minor, has my authorization to participate in the QUEEN ANNE RECREATION CENTER Camp Whatever and all activities therein including chartered bus trips. I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, it's officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent.

I have read and understand the Authorization to participate and Medical Release Policies.

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____

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