

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS  
**CLASS PARKS TEEN PROGRAM**

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**EMERGENCY INFORMATION**

Youth's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Youth's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medical Plan (insurance): \_\_\_\_\_ Allergies and/or medication: \_\_\_\_\_  
Please list any medical conditions or restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If parents are not available, other authorized adults to call in an emergency:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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**PARENT/GUARDIAN PERMISSION**

I hereby authorize my son/daughter \_\_\_\_\_ to travel (bus, van or walking) to any field trip/outing in association with CLASS Parks. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

**DATE:** \_\_\_\_\_ **PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

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**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT**

(I), (We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the **Directors and staff of the CLASS Parks program** as agent(s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

**THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).**

**DATE:** \_\_\_\_\_ **PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_