

## **City of Palo Alto - Community Services Department**

## **Emergency Information**

- Completed emergency form needed for each camp session, including pre/post
- Feel free to make photocopies
- Please bring to the first day of camp
- Information will be kept confidential
- Thank you!!

Child's Name:	First	t	M.	Date of birth
Home address			City/Zip	
Parent/Legal Guardian				
Home Phone	Work#			Cell/Pager#
Parent/Legal Guardian				
Home Phone	Work#	#		Cell/Pager#
Name:	Phone:		Relation	nship:
Name:	1 none		Kelatioi	isiiip
Child's Medical Coverage				
Child's Medical Identification Number				
Is your child allergic to any medications?	YES or NO (Circle one)			
Is your child taking any medications?	YES or NO (Circle one)	If yes, please list		

## **Authorization of Consent to Treatment of a Minor**

(Signed) (Pr	rinted Name) (Date)
Signature of Parent or Legal Guardian:	
I give permission for and supervised by City of Palo Alto Staff.	to participate in the planned swimming activities conducted
Any comments or information pertaining to swimming at	nd water skills
<ul><li>All children will be tested for their swim level b</li><li>Swimming will be supervised by a trained lifegu</li></ul>	
Swim Permission Slip	<b>p</b> (for children enrolled in Post Care at the Girl Scout House)
<ul> <li>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</li></ul>	• • • • • • • • • • • • • • • • • • •
** (i.e. Friends of the Junior Museum & Zoo, Art Center	No
Print name:  Note whether or not photos may be posted on the City of	f Palo Alto's web site and/or those of authorized affiliated entities**
Signature of parent or legal guardian:	
my child(ren) in classes or camps offered by the City of I media, flyers, and brochures.	ad/or authorized affiliated entities**, to use photographs taken of me and/or Palo Alto. Photos may be used for publication including newsletters, press
	Photo Waiver
	• • • • • • • • • • • • • • • • • • • •
Signature of Parent or Legal Guardian	Date
service will be accepted by me.	te me or the above named, the uninsured responsibility and expense of this
Name:	Phone:
·	(same person as signature below) OR the following person:
at:	
emergency medical and/or surgical care at Stanford Univ	versity Hospital or
	portation in case of accident or acute illness and to arrange for possible
Completion of this section enables parent(s) to authorize	emergency treatment for their child.