



Child Emergency & Health History Forms

Child's Name: _____ Gender: _____ Birth Date: _____ Age: _____

Parent/Guardian: _____ Parent/Guardian _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact: _____ Alternative Contact: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Dentist: _____ Hospital Desired: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH HISTORY:

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

| YES | NO | ILLNESS | DATE |
|-----|----|------------------|------|
| | | Asthma | |
| | | Diabetes | |
| | | Chicken Pox | |
| | | Epilepsy | |
| | | Hay Fever | |
| | | Measles (3 days) | |

| YES | NO | ILLNESS | DATE |
|-----|----|-------------------|------|
| | | Measles (10 days) | |
| | | Mumps | |
| | | Poliomyelitis | |
| | | Rheumatic Fever | |
| | | Whooping Cough | |
| | | | |

2. Infectious Diseases? No ___ Yes ___ (If yes, please explain)

3. Other Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

4. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

5. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain)

6. What is your overall evaluation of your child's health?

7. Does your child tire easily? No ___ Yes ___ (If yes, please explain)

8. How does your child get along with parents, siblings, and other children?

9. How does your child handle group experiences?

10. Does your child have any special problems (fears, etc.)? No ___ Yes ___ (If yes, please explain)

11. Does your child have any disabilities? No ___ Yes ___ (If yes, please explain)

12. What is your overall evaluation of your child's personality?

13. Comments?

Carmichael Recreation and Park District

Program: Kids Hang out **Dates:** August 7th 2023 – June 7th 2024

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO and LIABILITY RELEASE: By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor’s participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date