

Cypress Recreation and Community Services - Emergency Information

CHILD'S NAME: _____ **PRIMARY PHONE:** _____ Home Mobile
DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____ **OTHER PHONE:** _____ Home Mobile
 Child resides with: Parent / Guardian 1 Both Parent / Guardian 2
 (Check one)

PARENT or GUARDIAN #1 _____ **PRIMARY PHONE** Home Mobile

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP Code** _____ **OTHER PHONE** Home Mobile

PARENT or GUARDIAN #2 _____ **PRIMARY PHONE** Home Mobile

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP Code** _____ **OTHER PHONE** Home Mobile

MEDICAL INFORMATION / ALLERGIES / MEDICATIONS

LIST OF CHILD'S ALLERGIES AND EXISTING MEDICAL CONDITIONS

LIST CURRENT MEDICATIONS

CHILD'S PHYSICIAN'S NAME _____ CHILD'S PHYSICIAN'S PHONE _____

MEDICAL INSURANCE CO. _____ POLICY/GROUP NUMBER _____

CONSENT FOR MEDICAL TREATMENT: In the event of a dental or medical emergency, City of Cypress Recreation and Community Services staff will first attempt to reach a parent for instructions unless staff determines that emergency medical services should be called immediately. Staff members are certified in First Aid and CPR. As the parent or Legal Guardian, I hereby give consent to the Cypress Recreation and Park District to provide all emergency medical or dental care prescribed 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. I will be responsible for all expenses incurred for such treatment.

Signature of Parent or Legal Guardian **Date**

CERTIFICATION OF PARENT or LEGAL GUARDIAN - By signing this document and the "Waiver, Release and Indemnity Agreement", I hereby authorize the City of Cypress Recreation and Community Services division to take my child on excursions. I certify that the information provided is true and complete. I will notify staff immediately of any changes. I have read and agree to the City of Cypress Recreation and Community Services Policies and Procedures.

Signature of Parent or Legal Guardian **Date**

NAME(S) OF ANY PERSONS THAT THE CHILD IS NOT TO BE RELEASED TO:

Do you have a Court Order? YES NO

PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER AND TO BE CALLED IN CASE OF EMERGENCY

1) NAME AND RELATIONSHIP TO CHILD

PRIMARY PHONE Home Mobile OTHER PHONE Home Mobile

2) NAME AND RELATIONSHIP TO CHILD

PRIMARY PHONE Home Mobile OTHER PHONE Home Mobile

3) NAME AND RELATIONSHIP TO CHILD

PRIMARY PHONE Home Mobile OTHER PHONE Home Mobile

4) NAME AND RELATIONSHIP TO CHILD

PRIMARY PHONE Home Mobile OTHER PHONE Home Mobile