

JCSD Summer Camp Emergency Information Form

Child's First & Last Name: _____ Grade: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ - _____ Can Swim? YES or NO

Address: _____ City/State: _____ Zip Code: _____

Health Information: Does your child have any medical conditions (diabetes, ADHD, asthma, etc.)?

Does your child have any allergies? Please include both food and medication allergies.

Physician's Name: _____ Currently Under Physician's Care: YES or NO

Phone#:(____) _____ - _____ Medical need being treated: _____

Hospital _____

Emergency Contact Information

Parent/Guardian's Name: _____ Contact First

Parent/Guardian's Cell#: (____) _____ - _____ Parent/Guardian's Work#: (____) _____ - _____

Parent/Guardian's Name: _____ Contact First

Parent/Guardian's Cell#: (____) _____ - _____ Parent/Guardian's Work#: (____) _____ - _____

Authorization to Pick Up

The individuals listed here must be over the age of 18 and provide valid photo identification when signing out the participant. In case of an emergency and parents/guardians cannot be reached, these individuals will be called in the order listed.

**Note: Only the following individuals and those named parent/guardian on this emergency information will be allowed to pick up the participant.*

Name: _____ Relationship: _____ Phone#:(____) _____ - _____

Name: _____ Relationship: _____ Phone#:(____) _____ - _____

Name: _____ Relationship: _____ Phone#:(____) _____ - _____

Name: _____ Relationship: _____ Phone#:(____) _____ - _____

Medical Release

I do hereby give permission for any certified emergency personnel, or health care professional to administer any type of medical treatment he/she deems necessary to the above-named child in case of emergency in the event that I cannot be contacted. I understand that Jurupa Community Services District, its agents, and employees assume no financial obligation or liability for immediate medical treatment.

Signature of Parent/Guardian

Date

Acknowledgment of Receipt and Summer Camp Parent Agreement

I have received a copy of the JCSD Parks and Recreation Department Summer Camp Parent Handbook. By signing below, I attest that I have read these policies, procedures, suggestions, and other important information and agree to follow them.

- No Refunds, No Exceptions
- Participants must be enrolled in **48 hours** in advance
- Camp closes at 6:00 pm- **Large Charges** will apply after that time
- My child(ren) must abide by safety and disciplinary rules at all times. Failure to do so may result in suspension **without a REFUND**
- Parent is **required** to show ID upon pick up
- Electronics devices are **not allowed** unless specified on the camp day checklist
- Cellphone use is not allowed during the program. JCSD is not responsible for lost, stolen, or damaged items during camp hours

Furthermore, I understand that it is my responsibility to explain the rules and policies to my child(ren) enrolled in the Summer Camp Program so that they are aware of their importance. I also understand that it is my responsibility to complete the JCSD Medical Treatment Form, if necessary, for my child.

Participant Name- printed

Date

Parent Name- printed

Date

Participant Name- printed

Date

Parent Name- printed

Date
