



**City of Commerce Parks and Recreation
HEALTH AND EMERGENCY CARD**

Class Room # _____

IT IS THE PARENT'S RESPONSIBILITY TO REPORT TO THE City of Commerce Parks and Recreation Program ANY CHANGES OF ADDRESS OR TELEPHONE NUMBER AT HOME OR AT WORK.
ES LA RESPONSABILIDAD DE LOS PADRES AVISAR AL PROGRAMA DE LA CIUDAD DE COMMERCE DECUALQUIER CAMBIO DE DOMICILIO O DE NUMEROS TELEFÓNICOS DE SU CASA O SU EMPLEO.

Child's Information / Información de niño/niña:

_____	_____	_____	(____) _____
Child's Name/Nombre	Age/Edad	Date of Birth/ Fecha de nacimiento	Home Phone/Teléfono de Casa
_____			_____
Address/Domicillo	City/Ciudad	Zip Code/Código Postal	

Parent or Guardian Contact Information / Información para contactar al Padre o Tutor:

_____	_____
Parent or Guardian's Name/ Nombre de Padre o Guardián legal	Parent or Guardian's Name/ Nombre de Padre o Guardián legal
(____) _____	(____) _____
Cell Phone/ Teléfono celular	Cell Phone/ Teléfono celular
(____) _____	(____) _____
Work Phone/Teléfono del Trabajo	Work Phone/Teléfono del Trabajo
_____	_____
E- Mail/Correo Electronico	E- Mail/Correo Electronico

The following people are authorized to pick up my child from the City of Commerce program / Las siguientes personas están autorizadas para recoger de a mi hijo/a del programa de la ciudad de Commerce:

The City of Commerce program will not release your child to anyone except the individuals listed below. You can add additional people throughout program. El Programa de la ciudad de Commerce no dejará ir a su hijo/a con nadie más excepto con las personas en la lista. Usted puede agregar personas a la lista durante el programa.

Name/Nombre	Relationship/Parentesco	City/Ciudad	Day Phone/Teléfono de Día
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Medication / Medicamento

Does the participant take any medication at the present time?
 Toma algun medicamento el participante?
 Yes/Si No
 Medication/Medicamento _____
 Dosage/Dosis _____
 Time Schedule/Horario _____

Allergies / Alergias

If the participant has any allergic reactions to any of the following, please list: Si el participante tiene reaccion alergica a las siguientes cosas, por favor indique:
 Food/Comida _____
 Medications/Medicamentos _____
 Other/Otras: _____

Head Injuries

Head injuries could be reported to Emergency Personnel. Parent/Guardians will be notified once emergency personnel has been called. *Accidentes de cabeza pueden ser reportados al personal de emergencia. Padres/tutores serán notificados despues del personal de emergencia.*

Medical or Special Needs / Necesidades Médicas o Especiales

Does your child have any medical or special needs / Requiere su hijo/a de alguna atención médica o especial?
Yes No If yes, please explain / Si la respuesta es afirmativa por favor explíquelo:

Medical Consent & Release

In case of emergency or illness involving a CITY OF COMMERCE program participant every effort will be made to contact the minor child's parent(s) or guardian(s). In the event that contact cannot be made, I hereby grant permission for an adult staff member of the CITY OF COMMERCE program as my agent to seek and authorize emergency medical attention or treatment, and health services and care by any licensed physician or surgeon or at any licensed hospital for my minor child whenever such treatment or care is required for any condition which endangers the life and/or limb of my minor child. I understand and agree that I will be responsible for all costs and expenses for such medical services, including reimbursement to the City for any medical costs and expenses incurred in the care of my child.

En caso de una emergencia o enfermedad que involucre a un participante del programa, se hará todo lo posible para comunicarse con los padres o tutores del niño/a. En el caso de que no se pueda establecer contacto, por la presente concedo, doy permiso para que un miembro del programa busque y autorice la atención médica de emergencia o el tratamiento y la atención por cualquier médico con licencia, cirujano o en cualquier hospital con licencia para mi hijo/a siempre que se requiera dicho tratamiento o atención para cualquier condición que ponga en peligro la vida y / o la extremidad de mi hijo/a. Entiendo y acepto que seré responsable de todos los costos y gastos de dichos servicios médicos, incluido el reembolso a la ciudad de Commerce por cualquier costo y gasto médico incurrido en el cuidado de mi hijo.

Signature of Parent or Legal Guardian: _____ **Date:** _____
Firma de Padre/Madre o Guardián legal Fecha

Print Name of Parent or Legal Guardian: _____
Escriba nombre de Padre o Tutor Legal

Camp Program Parent Agreement

I have read, discussed and understand the City of Commerce Parent/Guardian and Participant Handbook. By signing this Participant Agreement, we agree to adhere to all rules, policies and procedures detailed in the Handbook.

As a parent/guardian, I agree to:

- Read the newsletter, memos, and any other important information that is distributed or posted.
- Keep staff informed about a change to my phone number or e-mail for myself and the people listed on the Participant Emergency Form.
- Allow time for staff to talk to me about my child when I pick them up at the end of the day.
- Give suggestions of effective means of working through my child's behavior.
- Inform staff of any additional needs regarding my child.
- Agree not to display any abrasive or threatening behavior towards any staff member, another parent/guardian or a child. Abrasive behavior may result in suspension or expulsion from the program. Parents/Guardians may not discipline children who are not their own.
- Agree to drop off/pick up my child on time to avoid late fees.
- Follow the instructions provided by the program and supervising staff.
- Sign my child in and out each day. All sign in and out sheets for the participants will be kept in a file that is easily accessible to parents and guardians.
- When required, all parents/guardians must have a face covering on while interacting with fellow participants, parents/guardians, and city staff.
- Parents will conduct a health screening and temperature check prior to their child entering the program each day. Child will not be allowed in if displaying signs of illness upon entry.

Parents/guardians are required to review and sign this handbook and all waivers before your children will be allowed in the program.

Child's Printed Name

Date

Parent/Guardian Printed Name

Parent/Guardian Signature