

NIPOMO RECREATION  
ASSOCIATION  
261 West Dana Street  
Nipomo CA 93444  
(805) 929-KIDS (5437)

# KIDS CLUB

## Emergency Information Form

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	School Attends

*Physician Name & #:* \_\_\_\_\_ *Dentist Name & #* \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  EOC  Other (please list): \_\_\_\_\_

**EMERGENCY CONTACTS** (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED ADULT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Any specific activities to avoid?  Yes  No If YES, what and why \_\_\_\_\_

Are there any behaviors/concerns/Special Needs/fears the staff should be aware \_\_\_\_\_

Does your child have any allergies which the staff should be aware of?  Yes  No

No If YES, please describe \_\_\_\_\_

Other significant information about your child such as past injuries or illnesses? \_\_\_\_\_

**Parent's Authorization**

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child. I give permission for NARA staff to apply  sunscreen, as needed for my child.

**MEDICAL AND LIABILITY RELEASE** *Please read carefully before signing:*  
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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