

PRESENT MEDICAL CARE

Food Allergies? _____

Recent Illnesses? _____

Bee Sting Allergies? _____

List all medications presently taking: _____

List all reactions to any medications: _____

I give permission for Staff to administer prescribed medication listed below to _____ CHILD'S NAME

Medication _____ Medication _____

Dosage _____ Dosage _____

Time to be given _____ Time to be given _____

Reason for medication _____ Reason for medication _____

Parent signature _____

Authorization For Medical/Surgical Treatment

I hereby give permission to the medical personnel selected by program staff to order x-rays, routine tests, treatment, and necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization, for my child as named above.

Transportation Release

The Mt. Diablo Unified School District/City of Concord Community & Recreation Services/Ambrose Recreation & Park District/Bay Area Community Resources staff has my permission to release my child at (time) _____ to walk, ride a bike or use public transportation. Once my child is so released, I agree that the Mt. Diablo Unified School District/City of Concord Community & Recreation Services/Ambrose Recreation & Park District/Bay Area Community Resources staff and there agencies are no longer responsible for my child.

Photo Release

During your child's attendance, he/she may be participating in an activity that is being photographed. Occasionally, these photographs may be used for promotional purposes. My child may may not be photographed by the summer program for possible promotional purposes.

I understand that this is a public program operated by the Mt. Diablo Unified School District/City of Concord/Ambrose Recreation & Park District. Under Civil Code 3344 I understand that my prior consent is not required for the use of my or my minor child's name, voice, signature, photograph or likeness in connection with any news, public affairs or sports broadcast or account, or any political campaign.

Program Evaluation Release

I understand that the Mt. Diablo Unified School District, the City of Concord/Ambrose Recreation & Park District conduct evaluations to assess the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only persons connected with the Mt. Diablo Unified School District, and the City of Concord/Ambrose Recreation & Park District and the evaluation will have access to this information.

Liability Release

I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the activities at the programs except as noted. I further understand that the programs are physically active. Injuries and exposure to cold temperature are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I agree to assume full responsibility for any injuries or damages incurred or caused by him/her in connection with his/her attendance at the programs as regards the Mt. Diablo Unified School District/City of Concord/Ambrose Recreation & Park District. This application is correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____

Other pertinent information: _____

Additional children in the program:

1. Name _____ Grade entering in August 2010 _____

2. Name _____ Grade entering in August 2010 _____

3. Name _____ Grade entering in August 2010 _____

4. Name _____ Grade entering in August 2010 _____