



CAMPER EMERGENCY CARD

Submit completed form to
OrindaParksandRec@CityofOrinda.org
or bring a printed copy to the first day of camp.
ONE EMERGENCY CARD PER CAMPER.

Save for future use

This card is for internal purposes only.

CAMPER		Last Name	First Name	Nickname
Home Address			City	Zip
Age	Date of Birth	Gender F M X		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GUARDIAN (1) First & Last Name		GUARDIAN (2) First & Last Name	
Email		Email	
Preferred Phone #	Secondary Phone #	Preferred Phone #	Secondary Phone #

CAMPER SELF CHECK-IN / OUT *(Optional)*

My child, _____, has permission to check-in and out from camp each day. My child will arrive no earlier than 10 minutes prior to the start for the program and will leave no later than 10 minutes after the conclusion every day. I give permission for my child to arrive and leave camp on their own each day.

No Yes, guardian signature: _____

ADDITIONAL AUTHORIZED PICK-UPS			
The contacts identified below have permission to pick up the Camper listed above. Photo I.D. will be required at pick-up. Camper will not be allowed to be picked up by any other person without written authorization from guardian.			
First Name	Last Name	Relationship	Phone #
First Name	Last Name	Relationship	Phone #
First Name	Last Name	Relationship	Phone #

CONTACTS IN CASE OF EMERGENCY			
The additional contacts identified below will be used if staff cannot reach Guardian 1 or Guardian 2.			
First Name	Last Name	Relationship	Phone #
First Name	Last Name	Relationship	Phone #
First Name	Last Name	Relationship	Phone #

SOURCE OF MEDICAL CARE / PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY		
Doctor's Name	Phone #	Kaiser or Medical Plan #
Dentist's Name	Phone #	Medical Plan #
If Physician cannot be reached, what action should be taken? <input type="checkbox"/> Call Emergency Hospital <input type="checkbox"/> Other, Explain:		

**CAMPER MEDICAL AND
SOCIAL/EMOTIONAL/BEHAVIORAL INFORMATION**

CAMPER MEDICAL INFORMATION

Y N Does your child have a LIFE THREATENING CONDITION and/or require medication?
If checked yes, please complete the remaining medical information.

Y N Medical condition?
If checked yes, what should we be aware of? _____

Y N Allergies?
If checked yes, what allergies should we be aware of (Note severity, food restrictions etc.)? _____

Allergic actions – Signs or symptoms we need to look for? _____

Y N Medications?
If checked yes, list all medications: _____
 Keep on site Brought daily in child's bag

Medication:

Medication:

Dosage:

Dosage:

Time to be given:

Time to be given:

Reason for medication:

Reason for medication:

All medication, prescriptions and over the counter, must be provided to City employees, staff members or volunteers in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons, or other instruments for the medication's administration. The medication dosage must be completed below in the Instructions section. If additional instructions required, please attach another sheet.

Instructions: Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms for a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staff's assistance with the medical treatments of your child.

I give permission for Parks and Recreation staff to administer prescribed medications listed above to camper identified on this form.

Legal Guardian Signature

Date

CAMPER SOCIAL/EMOTIONAL/BEHAVIORAL INFORMATION

Y N Does your child need additional social or emotional support at camp?

Describe any behavior(s) staff should be aware of?

What methods or tools have you used at home that may be helpful for camp staff?

Extra Space if needed to complete any information asked and identified above:

MEDICAL AUTHORIZATION, WAIVER, AND RELEASE

I give consent for my minor child to participate in Orinda Parks & Recreation activities. I take full responsibility for any injuries incurred. In case of emergency, call the numbers I have provided. If I cannot be reached, I authorize you to call our family physician or Fire Department.

In case of an injury, I authorize the staff of The City of Orinda to render first aid and/or to obtain whatever medical treatment deems necessary for the welfare of my child listed on this application.

I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees. I understand that insurance will not be furnished by the City of Orinda.

I understand that at the discretion of the camp supervisor and staff my child may be dismissed from camp, without refund, for inappropriate behavior. I also understand that my child may be served food and beverages. I agree to hold harmless the City of Orinda, its agents, officers, instructors, counselors, and independent contractors from any claim that may arise against them for bodily injury or property damage loss due to accident or occurrences arising out of my child's participation during Orinda Parks & Recreation activities.

Legal Guardian Signature

Date

MEDICATION AUTHORIZATION, WAIVER, AND RELEASE

I authorize any City of Orinda employee, staff member or volunteer to perform emergency procedures, including assisting with self-administered medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury.

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child. Such risks include, but are not limited to, failing to properly administer the medications, failing to observe side effects, failing to assess and recognize and adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize City of Orinda employees, staff members or volunteers to assist my child in the self-administration of medication on my behalf (e.g., use of the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.)

I acknowledge the assistance in administration of medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Orinda, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Orinda, its officials, officers, employees, staff or volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child.

I also give my permission to the City of Orinda employees, and contracted staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible to payment of any and all medical and emergency services rendered to my child.

Legal Guardian Signature

Date

REMINDERS

1. Campers are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the camper to safely self-administer their medications.
2. Medical monitoring of blood sugar levels must be done by guardians prior to attending the program each day, to ensure that they are within their target range.
3. Staff will not be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the camper in checking blood sugar levels with proper training provided by parents or guardians.
4. Guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
5. Campers and guardians shall be advised and reminded that it is the camper's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
6. It is the responsibility of guardian to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.