

**City of Downey – Camp Program
HEALTH AND EMERGENCY CARD 2024**

IT IS THE PARENT'S RESPONSIBILITY TO REPORT TO THE City of Downey Camp 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 DOWNEY CAMP 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/Domicilio | 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 Downey Camp program / Las siguientes personas están autorizadas para recoger de a mi hijo/a del programa de la ciudad de Downey Camp:

The City of Downey Camp 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 Downey Camp 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. _____ | _____ | _____ | _____ |

| | |
|---|--|
| <p align="center"><u>Medication / Medicamento</u></p> <p>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 _____</p> <p align="center"><u>Allergies / Alergias</u></p> <p>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: _____</p> | <p align="center"><u>Head Injuries</u></p> <p>Head injuries could be reported to Emergency Personnel. Parent/Guardians will be notified once emergency personnel has been called. <i>Accidentes de cabeza pueden ser reportados al personal de emergencia. Padres/tutores serán notificados despues del personal de emergencia.</i></p> <hr/> <p align="center"><u>Medical or Special Needs / Necesidades Médicas o Especiales</u></p> <p>Does your child have any medical or special needs / Requiere su hijo/a de alguna atención médica o especial? Yes ____ No ____</p> <p>If yes, please explain / Si la respuesta es afirmativa por favor explíquelo:</p> |
|---|--|

**Waiver, Release, Assumption of the Risk & Indemnification Agreement
City of Downey Department of Parks & Recreation**

In consideration for being permitted by the City of Downey Department of Parks & Recreation (City) to participate in Department Program(s), I, on behalf of my minor child/myself, hereby waive, release, and discharge any and all claims for damages for personal injury, death, communicable diseases, illness, virus, or property damage which my minor child/myself has, or which may hereafter accrue to my minor child/myself, as a result of participation in said Program(s). This release is intended to discharge in advance City, and City's officers, employees, volunteers and agents from any and all liability arising out of or connected in any way with my minor child's/myself participation in Department Program(s), even though that liability may arise out of active or passive negligence or carelessness on the part of the City, and/or the City's officers, employees, volunteers, agents and other participants of program. It is understood that the Department Program(s) involves or may involve an element of risk and danger of accidents to my minor child/myself, and knowing those risks I hereby assume those risks on behalf of my minor child/myself. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, successors and assigns.

I further agree for myself, my heirs, administrators, executors and assigns to indemnify, defend and hold harmless City and City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense which each of them may incur as a result of any injury, death or property damage that any third party may sustain as a result of the negligence or willful misconduct of my minor child/myself while participating in the Department Program(s).

I hereby consent that my son/daughter/myself participate in the above named Department Program(s), and I hereby execute this Waiver, Release, Assumption of the Risk & Indemnification Agreement on his/her/my behalf. I state that the minor/myself named on this form is physically able to participate in said Department Program(s). I hereby agree to indemnify, defend and hold harmless the City, and/or City's officers, employees, volunteers and agents from any loss, liability, damage, cost, or expense, which each of them may incur as a result of any injury, communicable disease, illness, virus, death or property damage that said minor/myself may sustain while participating in the Department Program(s).

I HAVE CAREFULLY READ THIS WAIVER, RELEASE, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF THE RISK & INDEMNIFICATION AGREEMENT BETWEEN ME AND THE CITY OF DOWNEY AND I SIGN IT FREELY AND VOLUNTARILY.

Photo Release

I understand that city representative may photograph or video record activities at City Recreation Programs and/or events and participants. By registering and/or attending City recreation classes and events, you are authoring the City of Downey to use or publish any photographs or videos taken by the City showing your participation or your child/children's to promote classes and/or events on the City's website, future publications for Discover Downey and/or flyers unless you otherwise decline.

COVID—19 Related Information

Camp Downey follows the Los Angeles County Department of Public Health guidelines. Information is subject to change.

Medical Release

In the event of an emergency, I, _____, hereby designate an adult leader of the City of Downey Department of Parks & Recreation as my agent with full authority to authorize emergency medical attention or treatment and health services and care by any licensed physician or surgeon or any licensed hospital for my minor child/myself whenever such treatment or care is required for any condition which endangers the life and/or limb of my minor child/myself. (Please provide the medical/health insurance information below):

Family Physician: _____ Telephone: _____

Medical Insurance Company: _____ Policy No. _____

Do you/your minor child have any medical conditions or allergies to medication(s)? If yes, what?

Camp Downey Parent Agreement

The parent handbook can be found on the camps website www.downeyca.org/camps. Parents/ guardians are required to review this handbook with their child before attending camp. By signing, I have read, discussed and understand the City of Downey Camp Parent/Guardian and Participant Handbook. My child and I agree to adhere to all rules, policies and procedures detailed in the Camp Handbook.

Child's Printed Name

Printed Name of Adult Participant or Parent/Legal Guardian

Signature of Adult Participant or Parent/Legal Guardian

Date