CITY OF PALO ALTO
Community Services Department

Summer 2023 Emergency Information Form

- Completed and signed emergency form needed for each camp participant.
- Information will be kept confidential and made only available to leadership staff.

Name of Camp: _____ **Session Attending:** _____

Participant's Name: _____
Last First M. Date of Birth

Parent/Legal Guardian #1 Name: _____ **Email:** _____

Home Address: _____ City/Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Parent/Legal Guardian #2 Name: _____ **Email:** _____

Home Address (if different): _____ City/Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Adults (other than those named above) to call in case of emergency:

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Participant's Medical Information

Medical Coverage: _____

Medical Identification Number: _____

Allergies: Does your participant have any allergies that we should be aware of (**foods/medications/other**)?

◯YES◯NO
If yes, please list allergies and severity: _____

_____

Medications: Is your participant taking any medications?

◯YES◯NO
If yes, please list: _____

_____

Additional Information: Does your participant have any medical conditions or special needs we should know about to better support their experience at camp? If No, please indicate "N/A". If Yes, please briefly describe them, and let us know how we can best support your participant's success at camp. We will contact you if we have additional questions.

_____

_____

_____

Authorization of Consent to Treatment of a Minor

Completion of this section enables Parent(s)/Legal Guardian(s) to authorize emergency treatment for their participant.

I authorize staff of the City of Palo Alto to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University Hospital or at:

_____

It is understood that an effort will be made to notify me (same person as signature below) OR the following person:

Name: _____ Phone: _____

If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

_____

Signature of Parent or Legal Guardian Date

Please list all AUTHORIZED persons allowed to pick-up your participant:

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Photo/Video Release Statement

I hereby give permission to The City of Palo Alto, Community Services Department to use my (or additionally listed) name and photograph in all forms and media for advertising, trade, and any other lawful purposes.

◯YES◯NO

If yes, signature: _____ Date: _____