

Staff Use Only:

REV. MARCH 2017

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Allergies _____

Special Conditions _____

Meds on site _____ Court Orders _____

ALLERGIC TO BEES _____

NOT ALLERGIC TO BEES _____

Reaction to bees. _____

Minor Wavier _____:

Can sign out for themselves & others _____

FILE under MW _____:

Needs MW 2 sign them out _____

BARONA RECREATION CENTER – EMERGENCY INFORMATION

Last Name/ First Name of Child

Birth Date & Age

Sex

Home Number

School

Street Address

City & Zip Code

Email Address

The following information is required so that we can contact a responsible person in case of emergency.

1st Parent (Guardian) Student resides with?

Yes No

Employer/ Work Telephone

Cell

2nd Parent (Guardian) Student resides with?

Yes No

Employer/ Work Telephone

Cell

Language Spoken at home (if other than English): _____

List the names, addresses and phone numbers of two responsible area residents who know your child and who you, authorize to pick up in emergencies. Your child will be released only to those persons listed below & on the registration forms.

1

Name

Relationship

Address (including city)

Telephone

2

Name

Relationship

Address (including city)

Telephone

Physician

Insurance

Telephone

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW:

Wears glasses: Yes No

Hearing difficulty: Yes No

Date of last examination: _____

Date of last examination: _____

State of dental health: _____

Remarks: _____

GENERAL HEALTH: *(Please note special conditions)*

Asthma: _____

Allergies: _____

Drug sensitivity (specify): _____

Seizures/ epilepsy: _____

Rheumatic Fever: _____

Heart Disease: _____

Last tetanus shot (date): _____

Other: _____

Limitation on physical activities: _____

Continuing daily medication: Type _____

Prescribing Physician _____

NOTE: IN THE EVENT OF MEDICAL EMERGENCY, THE BARONA FIRE DEPARTMENT WILL BE DIRECTED TO TRANSPORT YOUR CHILD TO THE NEAREST HOSPITAL THAT IS ABLE TO PROVIDE THE NECESSARY EMERGENCY CARE. **YOUR SIGNATURE SATISFIES YOUR REQUIREMENT:** 1) BARONA'S AUTHORIZATION TO SEEK NECESSARY MEDICAL ATTENTION FOR YOUR CHILD IN AN EMERGENCY; 2) CONFIRMS THAT YOUR STATEMENTS ON THIS CARD ARE TRUE; 3) ACKNOWLEDGES THAT YOU HAVE RECEIVED STATEMENTS REGARDING YOUR RIGHTS, RESPONSIBILITIES, AND PROTECTIONS (ANNUAL NOTIFICATION); AND ACKNOWLEDGES THAT YOU HAVE DISCUSSED ARRANGEMENTS WITH YOUR CHILD REGARDING MEDICAL & FAMILY EMERGENCIES AND PROCEDURES THAT ARE TO BE FOLLOWED IF YOUR CHILD WERE TO BE SENT HOME DURING AN EVACUATION OF THE CENTER.

Date: _____

Signature: _____