



**City of Commerce Camp Program
HEALTH AND EMERGENCY CARD 2022**

Grade: _____
Teacher: _____
**(FOR MIDDLE SCHOOL STUDENTS
PLEASE LIST THEIR LAST PERIOD
TEACHER**

IT IS THE PARENT'S RESPONSIBILITY TO REPORT TO THE City of Commerce Day 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 COMMERCE DAY 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/Domicillo | | 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 Commerce Day Camp program / Las siguientes están autorizadas para recoger de a mi hijo/a del programa de la ciudad de Commerce Day Camp:

The City of Commerce Day 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 Commerce Day 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</p> <p>Medication/Medicamento _____</p> <p>Dosage/Dosis _____</p> <p>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:</p> <p>Food/Comida _____</p> <p>Medications/Medicamentos _____</p> <p>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> <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?</p> <p>Yes No If yes, please explain / Si la respuesta es afirmativa por favor explíquelo:</p> |
|--|---|

Medical Consent & Release

In case of emergency or illness involving a CITY OF COMMERCE DAY CAMP program participant every effort will be made to contact the minor child's parent(s) or guardian(s). In the event that contact cannot be made, I hereby grant permission for an adult staff member of the CITY OF COMMERCE DAY CAMP program as my agent to seek and authorize emergency medical attention or treatment, and health services and care by any licensed physician or surgeon or at any licensed hospital for my minor child whenever such treatment or care is required for any condition which endangers the life and/or limb of my minor child. I understand and agree that I will be responsible for all costs and expenses for such medical services, including reimbursement to the City for any medical costs and expenses incurred in the care of my child.

En caso de una emergencia o enfermedad que involucre a un participante del programa, se hará todo lo posible para comunicarse con los padres o tutores del niño/a. En el caso de que no se pueda establecer contacto, por la presente concedo, doy permiso para que un miembro del programa busque y autorice la atención médica de emergencia o el tratamiento y la atención por cualquier médico con licencia, cirujano o en cualquier hospital con licencia para mi hijo/a siempre que se requiera dicho tratamiento o atención para cualquier condición que ponga en peligro la vida y / o la extremidad de mi hijo/a. Entiendo y acepto que seré responsable de todos los costos y gastos de dichos servicios médicos, incluido el reembolso a la ciudad de Commerce por cualquier costo y gasto médico incurrido en el cuidado de mi hijo.

Signature of Parent or Legal Guardian: _____ **Date:** _____
Firma de Padre/Madre o Guardián legal Fecha

Print Name of Parent or Legal Guardian: _____
Escriba nombre de Padre o Tutor Legal

Camp Program Parent Agreement

I have read, discussed and understand the City of Commerce Day Camp Parent/Guardian and Participant Handbook. By signing this Participant Agreement, we agree to adhere to all rules, policies and procedures detailed in the Camp Handbook.

As a parent/guardian, I agree to:

- Read the newsletter, memos, and any other important information that is distributed or posted.
- Keep staff informed about a change to my phone number or e-mail for myself and the people listed on the Participant Emergency Form.
- Allow time for staff to talk to me about my child when I pick them up at the end of the day.
- Give suggestions of effective means of working through my child's behavior.
- Inform staff of any additional needs regarding my child.
- Agree not to display any abrasive or threatening behavior towards any staff member, another parent/guardian or a child. Abrasive behavior may result in suspension or expulsion from the program. Parents/Guardians may not discipline children who are not their own.
- Agree to drop off/pick up my child on time to avoid late fees.
- Follow the instructions provided by the program and supervising staff.
- Sign my child in and out each day. All sign in and out sheets for the participants will be kept in a file that is easily accessible to parents and guardians.
- When required, all participants must provide their own face covering for the program. All participants must have a face covering on while in the program and interacting with fellow participants and city staff.
- When required, all parents/guardians must have a face covering on while interacting with fellow participants, parents/guardians, and city staff.

Parents/guardians are required to review and sign this handbook and all waivers before your children will be allowed in the program.

Child's Printed Name

Date

Grade: _____
Teacher: _____
(FOR MIDDLE SCHOOL STUDENTS
PLEASE LIST THEIR LAST PERIOD
TEACHER

Parent/Guardian Printed Name

Parent/Guardian Signature