



# EMERGENCY & HEALTH INFORMATION

## KIDS' NIGHT OUT, YOUTH CAMPS (LITTLE PEANUTS & ACORN, DANVILLE DAY & JR, PLAY 'N' SPORTS, DESTINATION JR)

### RECREATION SERVICES



We rely on this information for your child's safety and well being. Please take the time to complete the entire form and promptly notify our office of any changes. **Bring completed form to the first day of program. One form required per school year/summer.**

In compliance with the Americans with Disabilities Act (ADA), the Town of Danville encourages those with disabilities and special needs to participate in our programs. If your child requires specific accommodations so they can fully enjoy the program/camp, please contact the Danville Community Center at (925) 314-3400.

### PARTICIPANT INFORMATION

#### FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

#### ADDITIONAL EMERGENCY CONTACT

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

#### RELEASE AUTHORIZATION

Please list all persons who are authorized to pick up your child. Town of Danville staff may ask for a government-issued identification (e.g. California Driver's License) before the child is released to an individual below.

Name (please print)	Relationship	Phone (home/cell)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

#### CARE PRODUCT UTILIZATION RELEASE

Town of Danville staff may use the items listed below for preventative care or first aid response. Brand names may be substituted with similar products. Check any items you **do not** wish to have used on your child:

- Antiseptic/Cleansing Wipes     
  Insect Bite/Sting Relief Wipes     
  Triple Antibiotic Ointment  
 Hand Sanitizer     
  Sunscreen SPF 15 or higher

#### CHILD'S SWIMMING LEVEL (SUMMER CAMPS)

*For Danville Day, Play 'n' Sports, and DesTEENation Jr. Camps only (Danville Day Junior campers do not go to the pool.)*

NOTE: Campers must pass a swim test in order to swim in deep water.

- Non Swimmer:** not water safe; may not swim in pool (Campers at this swim level may opt for a water play day at the camp site instead of going to the pool.)  
 **Beginner:** Not to leave shallow water (4-5 ft.) unless with staff; cannot go in deep end or diving board unless with staff  
 **Intermediate:** Feels most comfortable in shallow water but can move to deep water; confident swimmer at all pool levels but still improving strokes; can use diving board without direct supervision other than Lifeguards  
 **Advanced:** OK for all aquatic activities; on swim team or very strong swimmer

**PARTICIPANT HEALTH HISTORY**

*This information is confidential and will only be viewed by appropriate staff members.  
We encourage you to speak to the Program Coordinator regarding any issues prior to the start of camp.*

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Does your child have any food, medication, insect bite or sting allergies that we should be aware of?\*

Yes  No  
If yes, please explain.\* \_\_\_\_\_

\* For life threatening allergies, please complete additional EAP (Emergency Action Plan) for Allergies Form.

Does your child have any behavior, emotional, physical, or mental health concerns or diagnoses that we should be aware of?

Yes  No  
If yes, please explain.\* \_\_\_\_\_

Are there any camp activities from which your child should be exempted for health or other reasons?

Yes  No  
If yes, please explain.\* \_\_\_\_\_

Are your child's immunizations current for the State of California school requirements?  Yes  No

Has your child had a tetanus shot?  Yes  No Date of last tetanus shot? \_\_\_\_\_

Additional health related information for camp personnel: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group/Medical #: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ Group/Medical #: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

To the best of my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed program/camp activities except as noted. Should a medical emergency arise, Town staff will attempt to notify the parent/guardian immediately. If the undersigned is unavailable for consultation, permission is granted for the Town of Danville staff to obtain medical treatment as deemed necessary.

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby consent to any examinations, x-rays, medications and anesthetics and surgical treatments that may be rendered based on the recommendations that may be made by the physicians on duty.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_