



2019 Spring Camp Emergency Form

Must be completed by Parent or Guardian

Child's Name: _____
Last First Middle Nickname

Home Address: _____
Address City Zip

Child's Info: _____
Age Male/Female Grade Birth date

Father's Info: _____
Last First Home # Cell # Work #

Mother's Info: _____
Last First Home # Cell # Work #

Authorized Adults to pick up child from program site

Name: _____
Last First Relationship Home Phone Work Phone

Name: _____
Last First Relationship Home Phone Work Phone

Name: _____
Last First Relationship Home Phone Work Phone

Physician/Dentist to be called in an emergency

Physician's Info: _____
Name Medical Plan Insurance Number Office Phone

Dentist's Info: _____
Name Medical Plan Insurance Number Office Phone

If Physician cannot be reached, what action should be taken?

Allergies, limitations, medications, dietary restrictions or special needs

Procedure

- I hereby agree to indemnify and hold the City of Lodi its officers and employees, harmless, and any community organization cosponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child, arising out of or in any way connected with participation in the program named above.
- I recognize and understand that there may be risks of injury to my child as a participant in this program and I agree to accept those risks in registering my child as a participant. My signature below indicates that I am aware of and understand the policy and procedures of the Summer Safari Program.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

