

# TEEN CITY

**The San Dimas Student Union—a safe, supportive and fun  
teen center where teens can discover positive  
experiences and build lasting friendships.**



## TEEN CITY Summer 2009

June 15 - August 21

City of San Dimas  
Parks & Recreation Department  
(909) 394-6230

# "TEEN CITY"

Teen City is a Day Club for youth in grades 6 through 9.

For the 2009 Summer Session, Teen City will be conducted at :

Student Union  
990 W. Covina Blvd.  
San Dimas  
909-592-6675  
Located within the San Dimas Swim and Racquet Club

The program hours are Monday through Friday 7:00 a.m. - 12:00 p.m. on the following dates:

June 15 – August 21  
(No Teen City July 3)

The Student Union FREE drop-in program hours are 12:00 – 6:00 p.m. for the same dates.

The Teen City enrollment fee is \$35.00 per week plus a \$10.00 fee per club shirt. One shirt is required, but additional shirts may be ordered.

Enrollment in Teen City begins on **May 12 for residents and May 13 for non-residents** at San Dimas City Hall, beginning at **7:30 a.m.** The following forms must be completed in order for enrollment to be complete:

1. Program Registration Form
2. Family Identification Form
3. Payment Agreement Form
4. Identification and Emergency Information Form
5. Student Union Code of Conduct
6. Consent for Medical Treatment
7. Permission Slips for optional excursions

## ***ACTIVITIES***

Teen City is supervised by trained Recreation Leaders who will provide activities including crafts, games, and sports. The room, games, and program supplies belong to all program participants. Proper care and clean up are part of our program. Cooperation is needed for clean up; putting things away, returning games, supplies and equipment when finished and before leaving.

## ***FIELD TRIPS***

There will be many field trips offered over the course of the Summer Break. A parent signature is required on a permission slip specific for each trip. Field trip transportation is provided by chartered bus or City van. A fee will be charged for the trip. See Program Registration Form for the list of trips offered.

## ***MEALS***

A morning snack will be provided. Club members may bring their lunch if staying for the afternoon program. Please plan nutritious lunches and limit the use of candy.

## ***DROP OFF/PICK UP POLICY***

**All youth must be signed in and out of Teen City by an authorized person.** Participants will be released only to persons indicated on the Identification and Emergency form. All youth must be picked up by closing time (6:00 p.m.).

Parents will be charged \$5.00 for every five minutes past closing (\$60.00 per hour), unless you have waived the sign-out procedure (please see Sign-Out Waiver Form). If you know you will be late, make arrangements for one of the authorized persons to pick up your child and then contact the staff to inform them.

When participants arrive, it is expected that he/she will be rested, clean and appropriately dressed for the weather and daily activities.

If your child is absent from the program, please contact the Teen City staff or the Parks and Recreation staff at San Dimas City Hall. It is important that infectious diseases, such as strep throat, chicken pox, etc. be reported to staff so that others may be notified of their exposure.

### ***HEALTH AND ILLNESS***

- A. Do not send your child to Teen City if there is evidence of any type of illness, or infectious or communicable disease.
- B. If a child should become ill while at Teen City, the staff will contact the parents or others authorized on the emergency form. It is expected that the child will be picked up immediately. The child will be excluded from activities with other children until he/she is picked up. The child will rest in a "quiet area".
- C. Children with an infectious or communicable disease will be excluded from the program. They may return to the program with written proof from a doctor that they no longer pose a health hazard
- D. It is the responsibility of parents to inform Teen City staff in writing of special medical conditions, including allergies, relative to any child participating in the program.
- E. Suspected cases of child abuse or neglect will be reported to the appropriate authorities by staff. Reportable cases include a parent who is intoxicated when picking up a child from Teen City.

### ***MEDICATION***

If a child is prescribed oral or surface medication which must be taken during Teen City hours, parents must notify the staff in writing. The medication must be in the original container, properly labeled with the child's name, date, amount and frequency of dosage. Written permission must be given even to administer such medicine as cough syrup or aspirin.

### ***PERSONAL BELONGINGS***

The San Dimas Parks and Recreation Department is not responsible for lost or stolen items. Space will be provided for your child's coat or sweater. It is advised that children do not bring valuables to the program. If they do, it is at their own risk. All items and belongings should be labeled with child's name.

### ***DISCIPLINE***

Staff will provide and maintain clear, reasonable limits for children's behavior. Positive behaviors will be reinforced and negative behaviors identified and redirected.

Children will be helped to recognize and identify their feelings as valid and acceptable. Staff members will intercede if a child's behavior is harmful to him/herself or others. Staff will plan ahead to try and prevent problems.

Your child(ren) will be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.

The Teen City program is a quality experience for most children. We reserve the right to ask any child to leave the program for his or her own betterment or the welfare of the group. The following are steps that will be taken as a result of abusive behavior:

Abusive behavior is defined as:

- A. Physical abuse - That which does harm to another's person or possession (i.e. hitting, biting, kicking, pushing, spitting), includes also victimless and disruptive behavior.
- B. Verbal abuse - that which is offensive and/or degrading to another individual (i.e. name calling, swearing).

The following steps will be taken as a result of abusive behavior:

- 1. Time Out - Child is placed in the designated "quiet corner" for a period of no longer than ten minutes. Child is not allowed to communicate with other children or staff. They must remain quiet.
- 2. Parent is called - Staff will explain the situation and the steps taken prior to the call. Parents will be asked to speak with their child and calm them down.
- 3. The parent is called and must remove the child from the program immediately.

### ***TERMINATION POLICY***

***NOTE: No money will be refunded upon suspension or dismissal by Recreation Department.***

Participation in Teen City may be terminated for the following reasons:

- 1. The Recreation Coordinator and/or Recreation Services Manager decides that the program is not able to effectively serve the needs of a child or cope with a child's behavior patterns.
- 2. Chronic late pick up of child by parents or other persons given such responsibility.
- 3. Failure to provide current information.

# TEEN CITY PAYMENT SCHEDULE

## Summer 2009

TC Week #:	Date:	Payment Due at Rec. Dept:
1	June 15-19	Due at Registration
2	June 22-26	Due at Registration
3	June 29- July 2 (No camp 7/3)	5:00 p.m. on <b>June 15</b>
4	July 6-10	5:00 p.m. on <b>June 22</b>
5	July 13-17	5:00 p.m. on <b>June 29</b>
6	July 20-24	5:00 p.m. on <b>July 6</b>
7	July 27-31	5:00 p.m. on <b>July 13</b>
8	August 3-7	5:00 p.m. on <b>July 20</b>
9	August 10-14	5:00 p.m. on <b>July 27</b>
10	August 17-21	5:00 p.m. on <b>August 3</b>

Fees for the first two weeks of Teen City reserved are due at the time of registration.

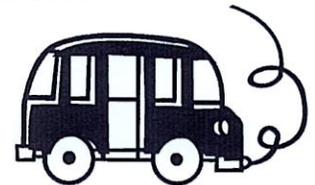
A non-refundable reservation fee of \$5.00 (per week of camp reserved) is due at the time of registration. The reservation fee will be applied to tuition.

1. Fees are based on enrollment not attendance. There will be no refund for absences, vacation or illness.
2. Fees must be paid at least two weeks in advance. Registrations not paid in full by due date will be released to children on the waiting list.
3. Failure on the part of the parent to keep payments current will lead to the termination of Teen City services.
4. Any bank service charge for returned checks will be due and payable by the parents within one week of notification. All further payments must be made by cash or money order.
5. Parents will be charged \$5.00 for every 5 minutes past 6:00 pm. A child will not be allowed to return to the program until the fee has been paid.
6. No money will be refunded upon suspension or dismissal from the Teen City by the Recreation Department.
7. **Please keep your receipts for tax purposes. The City of San Dimas Tax I.D. No. is 95-2104508.**
8. Parents must provide a sack lunch for their child daily, if they are remaining after 12:00 p.m..

## PARENTS PLEASE NOTE ...

### ...ABOUT OUR EXCURSIONS

- **Would you like to attend an excursion with your child?** You are always welcome to do so. It's best to sign-up as early as possible to guarantee that you will have a space. We can take your registration for excursions at the same time that you reserve for your child (see registration form attached).
- **All Kids Fun Club and Teen City participants are eligible to go on the excursions, regardless of age.** All Kids Fun Club participants are supervised by a trained Recreation Leader on all excursions.
- **As a participant in Kids Fun Club and Teen City, your child is given first priority for excursions at the time of Kids Fun Club/Teen City Registration.** If you do not enroll your child for an excursion at registration, space is not guaranteed if you decide to enroll them at a later date.
- **If you need to withdraw your child from an excursion, refunds must be requested 7 days prior to the excursion.** There will be a \$5.00 service charge for withdrawal from each excursion.
- **Completed permission slips are required for each excursion.**
- **Please be sure your child is at the camp site at least 30 minutes before scheduled departure.**



# Kids Fun Club/Teen City Excursion Registration for Parents



Participant \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Excursion: \_\_\_\_\_

Parent of \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Patient medical history (epilepsy, diabetes, allergies, etc.) \_\_\_\_\_

Emergency numbers (other than parents) 1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

## **Liability Waiver (must be signed by participant or by parent/guardian):**

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



_____	Week 2 (June 22-June 26)	_____	Wed.	6/24	<i>Los Angeles Zoo</i> 9:30am-5:00pm \$17 ages 13 and older \$14 ages 2-12 years Bring extra \$\$ for lunch.
_____	Week 2 (June 22 - June 26)	_____	Thurs.	6/25	<i>Balboa Beach</i> 10:00am - 6:00pm \$5.00 per person bring your lunch
_____	Week 3 (June 29 - July 3)	_____	Wed.	7/1	<i>Knott's Berry Farm</i> 9:30am-5:30pm \$36 per person, Lunch is included
_____	Week 3 (June 29 - July 2) No Camp July 3	_____	Thurs.	7/2	<i>4<sup>th</sup> of July Bar-B-Que</i> 1:00-4:00pm \$3.00 per person Includes lunch and swimming.
_____	Week 4 (July 6 - 10)	_____	Wed.	7/8	<i>Long Beach Aquarium</i> 9:30am-4:30pm \$33 ages 12 and older \$21 ages 3-11 Lunch is included
_____	Week 4 (July 6 - July 10) No Camp July 3	_____	Thurs.	7/9	<i>Teen Travel Club- Knott's Berry Farm</i> 9:00am - 5:00pm \$35 per person
_____	Week 5 (July 13 - 17)	_____	Wed.	7/15	<i>Balboa Beach</i> 9:30am-4:00pm \$5.00 per person Bring your lunch
_____	Week 5 (July 13 - 17)	_____	Thurs	7/16	<i>Teen Travel Club- Speed Zone</i> 10:30am-4pm \$ 30 (includes unlimited playing card, miniature golf and lunch.)
_____	Week 6 (July 20 - July 24)	_____	Wed.	7/22	<i>Ringling Brother and Barnum and Bailey Circus</i> 11:30am-4:30pm \$23 per person Bring extra \$\$ for lunch.

_____	Week 6 (July 20 - 24)	_____	Thurs	7/23	Teen Travel Club- Magic Mountain Hurricane Harbor 11am-6pm \$25 bring \$ for snacks
_____	Week 7 (July 27-July 31)	_____	Wed.	7/29	<i>Angels vs. Indians</i> ( <i>Camp Angel Day</i> ) 11:00am - end of game (approximately 5:00pm) \$25.00 per person, includes hot dog and a soda
_____	Week 7 (July 27-31)	_____	Thurs.	7/30	Teen Travel Club- LA Zoo 9:30am-5pm \$15 Bring a lunch
_____	Week 8 (August 3 - 7)	_____	Tues.	8/4	Youth Battle of the Boards 1:00-3:00pm \$10.00 per person, Includes lunch and all activities.
_____	Week 8 (August 3 - 7)	_____	Friday	8/7	SU Sleepover Skate Express & Laser Quest Fri 5:00pm -Sat 9:00am \$15.00 per person
_____	Week 9 (August 10-14)	_____	Thurs.	8/13	<i>Teen Travel Club</i> <i>Castle Park Amusement Park</i> 11am - 5:30pm \$30.00 per person includes lunch, unlimited ride use and 1 round of golf
_____	Week 10 (August 17-21)	_____	Tues.	8/18	<i>Intergenerational Talent Show</i> Sr Citizen/Community Center 2:30-4:00pm \$3.00, includes refreshments

CITY OF SAN DIMAS  
PARKS AND RECREATION DEPARTMENT

**TEEN CITY**

***FAMILY IDENTIFICATION FORM***

A. Name(s) of child(ren) enrolling in Teen City:

Last	First	Middle	School Attending	Grade
Last	First	Middle	School Attending	Grade
Last	First	Middle	School Attending	Grade

B. Name(s) of Parent(s) or Guardian(s):

Last	First	Middle	Phone	Home /	Work
Last	First	Middle	Phone	Home /	Work

Address:

Street	City	Zip Code
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C. Name(s) of child(ren) in household:

Last	First	Middle	Age	Birth date
Last	First	Middle	Age	Birth date
Last	First	Middle	Age	Birth date

D. Name(s) of other household member(s):

Last	First	Middle	Relationship to child(ren)
Last	First	Middle	Relationship to child(ren)

E. Parent(s) Employment Information:

Mother

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Father

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

F. Approximate hours child(ren) will attend Teen City:

		Time In	Time Out
Weekly	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Information Submitted By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



**City of San Dimas Parks and Recreation Department  
San Dimas Student Union  
BEHAVIORAL CONTRACT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**The Teen Center and its activities are a PRIVILEGE and the rules of conduct must be observed by all participants. Rules and regulations are as follows:**

- Teen Center sign in is required to enter the facility
- Participants must be in grades 6<sup>th</sup>-12<sup>th</sup>
- Follow the same dress code rules that are expected at school(no gang attire, no mid drift showing etc)
- Weapons, drugs, alcohol and tobacco products will not be allowed in or around the Teen Center
- Harassment of any kind will not be tolerated
- Participant is responsible for his/her own property
- Food and drinks are allowed in designated areas Only!
- Fighting is prohibited
- Profanity is prohibited
- Equipment must be used properly
- Participants must keep their hands and feet to themselves
- Defacing facility or equipment is prohibited
- Respect the personal property of others
- Disrespect of any staff member will result in disciplinary action
- No skateboarding, scooter or bike riding is allowed in or in front of the center

**I have read and understand the above rules and I am aware that any violation of these rules may result in suspension and/or expulsion from any currant and/or future Teen Center privileges.**

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**City of San Dimas Parks and Recreation Department  
San Dimas Student Union  
Movie & Television Consent Form**

The City of San Dimas provides its members with an opportunity to view movies during various programs held at the Teen Lounge. Due to some of the movies' content the ratings may range from PG to PG-13. The movies viewed may include mature themes, strong language, mild violence or comedic violence. Staff will attempt to avoid any movies that contain inappropriate material, such as excessive profane language, graphic violence and explicit sexual content.

Teen members may also be given the opportunity to view television programs on local stations or basic cable channels, but not premium or pay-per-view channels. Staff will try to avoid the viewing of inappropriate programming where possible.

I have read this document, and I hereby grant my consent for my child to participate in the following activities checked below during various programs held at the Teen Center:

- View movies selected by Student Union staff, which are rated G, PG or PG-13
- View television programs aired over basic cable channels, and not including premium or pay-per-view channels.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of San Dimas  
Parks and Recreation Department

**"TEEN CITY"**

**SIGN-OUT WAIVER FORM**

***PARENTS: SIGN THIS FORM ONLY IF YOU WISH TO WAIVE  
THE SIGN-OUT PROCEDURE***

All youth must be signed in and out of Teen City by an authorized person. Participants will be released only to persons indicated on the Identification and Emergency form. All youth must be picked up by closing time (6:00 p.m.). Parents will be charged \$5.00 for every 5 minutes past 6:00 p.m. The participant will not be allowed to return to the program until the fee has been paid.

In some cases, parents may wish to permit their teens to leave Teen City during the drop-in afternoon hours. *If you wish your teen to be able to leave Teen City without being signed out by an authorized person*, please sign below.

I have legal authority to sign agreements for and as parent or legal guardian of

\_\_\_\_\_, age \_\_\_\_\_,  
(Name of Child)

waive the sign-out procedure and permit my child(ren) to leave Teen City without the signature of an authorized person. I hereby release and hold harmless the City of San Dimas, their employees and any volunteers who may assist, from any and all liability which may occur as a result of their release.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

City of San Dimas  
Parks and Recreation Department

**"TEEN CITY"**

**Parent Signature Sheet**

**PAYMENT AGREEMENT FORM**

This will acknowledge that I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
(Name of Child)

have legal authority to sign agreements for the above-named child, and have received a copy of the Teen City Payment Agreement form, and the Teen City Packet. I have read and understand the Payment Agreement Form and the Teen City Packet, and will be responsible for compliance with all policies and procedures.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

-----  
**PARENT PERMISSION FORM**

I have legal authority to sign agreement for and as parent or legal guardian of

\_\_\_\_\_, age \_\_\_\_\_,  
(Name of Child)

permit my child(ren) to participate in walking field trips to be held as part of the Teen City Program.

In consideration of the above participation, I hereby release and hold harmless the City of San Dimas, their employees, any volunteers who may assist in said direction, from any and all liability which may occur by reason of their participation.

I understand that the Teen City program has certain risks and hazards inherent with the mode of travel and the places to which my child will travel. I certify that, to the best of my knowledge, my child is physically, mentally, and emotionally capable to participate in this program. I further agree to direct my child to conform to the fullest with the instructions of the recreation leaders in charge.

Signed: \_\_\_\_\_  
(Parent /Guardian)

\_\_\_\_\_  
(Date)

**CITY OF SAN DIMAS  
PARKS AND RECREATION DEPARTMENT - 909-394-6230**

***PERMISSION SLIP FOR EXCURSIONS AND SPECIAL EVENTS 2009***

***Teen City***

Excursion	Initials	Excursion	Initials
Teen Rock N Bowl, 6/18 2:30-5:30pm		Teen-LA Zoo, 7/30, 9:30am-5:00pm	
Teen -Knott's Berry Farm 7/9, 9am-5pm		<b>Special Events</b>	
Teen-Speed Zone, 7/16, 10:30am-4:00pm		SU Sleepover 8/7 5pm- 8/8 9am	
Teen- Hurricane Harbor, 7/23, 11am-6pm		Inter. Gen Talent, 8/18, 2:30-4:00pm	

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Activity: **As Indicated Above**  
 Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Patient medical history (epilepsy, diabetes, allergies, etc.) \_\_\_\_\_

Emergency numbers (other than parents)  
 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Waiver (must be signed by participant or by parent/guardian):**

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

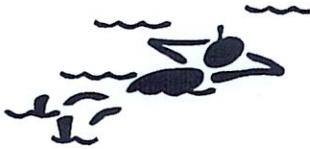
I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Participant Signature or Parent/Guardian if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

I would like my child to remain with a Recreation Leader throughout the entire excursion.

# TEEN RECREATION SWIM

DAILY: June 15 - August 21  
AT THE SAN DIMAS SWIM AND RACQUET CLUB  
1:00- 3:45 P.M. \$1.00 PER DAY, 6<sup>TH</sup> GRADE AND UP



*Teen City/Student Union*

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Activity: **As Indicated Above**  
Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Patient medical history (epilepsy, diabetes, allergies, etc.) \_\_\_\_\_

Emergency numbers 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
(other than parents)  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Waiver (must be signed by participant or by parent/guardian):**

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

\_\_\_\_\_  
Participant Signature or Parent/Guardian if under age 18

\_\_\_\_\_  
Date

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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