

CITY OF ROSEVILLE
SPECIALTY CAMP EMERGENCY AUTHORIZATION FORM

Participant _____

Male _____ Female _____ Non-Binary _____

D.O.B. ____ / ____ / ____ Age _____ Grade in the Fall _____

Home Address _____

City _____ Zip _____

Parent/Guardian:

Name _____

Employer _____

Telephone (Work) _____ (Cell) _____

Name _____

Employer _____

Telephone (Work) _____ (Cell) _____

Approved individuals for camper pick-up

Individuals listed below must be 16 years or older and must show ID.

Name _____

Relationship to camper _____

Telephone (Work) _____ (Cell) _____

Name _____

Relationship to camper _____

Telephone (Work) _____ (Cell) _____

Medical Information and Health History

NOTE: The purpose of this section of the City's form is to authorize adult employees of the Roseville Parks, Recreation & Libraries Department to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for

(child) _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Physician's Name _____ Telephone _____

Insurance Carrier _____ ID _____

Dentist's Name _____ Telephone _____

Insurance Carrier _____ ID _____

Allergies: Hay Fever ____ Poison Ivy ____ Insect Stings ____ Foods ____ Drugs ____

Identify/Other _____

NOTE: If City program hours include meal times (including but not limited to snacks and lunch), and your child has food allergies, the child's parent/guardian must provide meals for the child to bring to the program to prevent exposure to food allergens. The City of Roseville and its Parks, Recreation & Libraries Department staff will not be responsible for ensuring that participants are not exposed to food allergens.

Parent/Guardian Initials: _____

Chronic or Recurring Illness:

Is your child taking any medications? Yes ____ No ____ If yes, which medications?

Behavior/Medical Information

Are there any behavioral challenges or medical information that staff need to know?

My child has signs/symptoms of:

- ADD
- Anxiety
- ADHD
- Autism Spectrum
- ODD
- Visual/Hearing Impairments
- Other: _____

Consent for Medical Treatment

CITY OF ROSEVILLE, AUTHORIZATION BY PARENT OR GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR.

THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of _____ hereby authorizes any adult staff member of THE PARKS, RECREATION & LIBRARIES DEPARTMENT of the City of Roseville, into whose care the above named minor child has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Roseville neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization.

This authorization is given in consideration of participation of the named minor child in a program or programs conducted by the Parks, Recreation & Libraries Department.

Parent /Legal Guardian Signature: _____

Date: _____

Administration of Medication

NOTE:

- All medication should be administered to children by the parent or legal guardian outside of program hours, to the extent possible.
- If it is necessary for your child to take any medication during program hours, the form entitled "Consent for Administration of Medication and Medication Chart" shall be completed by the child's parent or legal guardian and the child's physician, and delivered to City Parks, Recreation & Libraries staff on the first day of the program or prior to any administration of medication by City staff.
- Administration or facilitation of nebulizers/inhalers, epinephrine and blood glucose testing requires the completion of additional forms by the child's parent or legal guardian and the child's physician.
- Please note that directions must be specific. All medication must be in the original prescription bottle/packaging, delivered directly by the parent/legal guardian to the City of Parks, Recreation & Libraries staff, and dosages must match the dosage identified on the prescription bottle/packaging and the information provided by the child's physician on the completed forms.
- Medications will not be administered by City of Roseville Parks, Recreation & Libraries staff absent strict adherence to the foregoing.
- The City of Roseville and its Parks, Recreation & Libraries Department staff will not be responsible for any claims, losses, action, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "CLAIMS") directly or indirectly arising out of the City's administration and/or facilitation of medication to program participants.

Program Waiver

In consideration of the permission by the City of Roseville (CITY) to accept the below named participants in the class/activity listed above, sponsored by the CITY, the undersigned hereby releases the CITY from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration was submitted, and voluntarily and knowingly assumes the risks of engaging in the activity.

The undersigned acknowledges the potential of exposure to COVID-19 and other illnesses while participating in or attending meetings, practices and/or competitions, and that this potential exposure carries a risk of infection, serious illness or death for the participants and household members. The undersigned is voluntarily participating in the class/activity, and agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

NOTE: By signing this agreement, you are agreeing to relieve the City of liability for personal injury, wrongful death or property damage to the fullest extent permitted by law, including injuries caused by the passive or active negligence of the City and/or any of its employees, agents, contractors, or representatives. The City of Roseville Parks, Recreation & Libraries staff

reserves the right to photograph or videotape facilities, activities and program participants for potential future use. By signing this agreement, you are also agreeing to release any and all photo or video rights you may have. All photos and videos will remain the property of the City of Roseville.

Photo/Video Waiver

I understand that the City of Roseville (City) staff reserves the right to photograph and/or record facilities, activities and program participants for potential future use. I hereby grant permission to the City to use my or my participant's photograph and/or audio/video recording for any lawful purpose, including for example such purposes as print and online advertising. I understand that I will not be paid or receive anything related to the City's use of my/my participant's photograph and/or recording. I understand that all photographs and recordings will remain the property of the City and I acknowledge the City's right to alter or edit any photographs and/or recordings at its discretion. I agree to release the City from any and all legal claims I or a third party may have arising from the use of my/my participant's photograph and/or audio/video recording.

Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____