



Today's Date:

City of Rancho Palos Verdes
30940 Hawthorne Boulevard Rancho Palos Verdes, CA 90275 (310)544-5260

Emergency Contact and Medical Information

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
() _____ Primary Contact Number	() _____ Secondary Contact Number	() _____ Primary Contact Number	() _____ Secondary Contact Number		
_____ Address		_____ Address			
_____ City, State, Zip Code		_____ City, State, Zip Code			

Alternate Emergency Contacts

_____ Alternate Primary Emergency Contact	() _____ Cell phone	() _____ Home phone
_____ Address	_____ City, State, Zip Code	

Medical Information

Allergies/Special Health Considerations

Please List any Medications

Consent To Treat

We, as the parents/guardians of the minor (dependent) child listed above, consent to any x-ray, examinations, anesthetics, medical or surgical diagnostic or treatment procedures deemed necessary for his/her treatment by our physician,

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
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Or by the emergency physician on duty at a licensed hospital. It is further permitted for the Recreation and Parks personnel in charge of the activity in which the above name participant is attending to administer any first-aid treatment deemed necessary and proper for the safety and well-being until qualified medical help may be summoned. It is understood that this consent is given in advance of a specific diagnostic procedure or treatment being required, but is given to encourage said personnel and physician to exercise their best judgment as to the requirements of such first-aid or medical diagnosis of treatment. This consent shall remain effective for a period of two (2) years unless revoked sooner in writing and delivered to the City of Rancho Palos Verdes Department of Recreation and Parks, 30940 Hawthorne Boulevard, Rancho Palos Verdes, CA 90275.

_____ Parent's/Guardian's Signature	_____ Date
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_____ Witness Signature	_____ Date
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