CITY OF NEWPORT BEACH
RECREATION & SENIOR SERVICES DEPARTMENT

A.C.E. PROGRAM EMERGENCY FORM

PROGRAM: _____ **YEAR:** _____ **SITE:** _____

This information must be filled out completely with current information City staff before the first day of class. **ALL SECTIONS MUST BE COMPLETED**.

PARTICIPANT INFORMATION

Participant's Name: _____ DOB: _____ Age: _____ Gender: _____

School Attending: _____ Grade: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____
(If different) *Street Address* *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

HEALTH AND EMERGENCY INFORMATION

Medical Conditions: None ☐ Allergy ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: _____

Limitations/Restrictions/Disabilities: _____
(Activity or Diet)

Identify any behavioral concerns and how to address them: _____

Is the participant taking medication? YES ☐ NO ☐ Please list: _____

Will medication be taken during program hours? YES ☐ NO ☐ Dosage and time: _____

NOTE: STAFF WILL NOT ADMINISTER MEDICATION. ALL MEDICATION MUST BE STORED WITH THE PARTICIPANTS BELONGINGS IN A LOCATION THE INSTRUCTOR HAS BEEN MADE AWARE OF AND BE SELF ADMINISTERED OR DONE SO BY AND AIDE OR PERSON LISTED ON THIS FORM.

HEALTH AND EMERGENCY INFORMATION (CONTINUED)

Physician's Name: _____ Phone Number: _____

Health Insurance: _____ Group #: _____ Preferred Hospital: _____

Emergency Contact: _____ Phone number: _____
(Other than Parent/Guardian)

PICK-UP AUTHORIZATION

_____
Child's Name

I, _____parent/guardian of authorize my child to be released by the instructor at the end of camp/class so that they may use the following alternative transportation:

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

_____Participant may walk or bike home.
(Initials)

Parent/Guardian Signature: _____ Date: _____