



CAMP NEWPORT EMERGENCY FORM

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

The below information must be filled out completely with current information and returned to City or Camp staff before the first day of camp. **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: _____

NEWPORTBEACHCA.GOV/RECREATION

Newport Beach Recreation & Senior Services Department: After Class Enrichment (A.C.E.) Programs

949-644-3151 | recreation@newportbeachca.gov

