



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

949-644-3151 | recreation@newportbeachca.gov

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 AN 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 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: _____

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

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