



Today's Date _____

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

Emergency Contact and Medical Information

_____		_____		M	F
Child's Name		Date of Birth		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

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

Witness Signature

Date