# CITY OF BALDWIN PARK
# DEPARTMENT OF RECREATION & COMMUNITY SERVICES

## BEFORE & AFTER SCHOOL CARE and DAY CAMP
## REGISTRATION & EMERGENCY FORM

| | | | | |
|---|---|---|---|---|
| CHILD'S NAME<br>LAST: | FIRST: | M.I: | HOME<br>PHONE: ( ) | |
| ADDRESS: | CITY: | | | ZIP: |
| AGE: BIRTHDAY: | GRADE: | RM#: | TEACHER: | |
| FATHER'S NAME: | | Page/Cell: | | |
| ADDRESS (IF DIFFERENT FROM ABOVE): | CITY: | ZIP: | WORK PHONE:<br>( ) | |
| MOTHER'S NAME: | | Page/Cell: | | |
| ADDRESS (IF DIFFERENT FROM ABOVE): | CITY: | ZIP: | WORK PHONE:<br>( ) | |
| PERSON RESPONSIBLE FOR CHILD: | | | | |

PERSONS ALLOWED TO BE CALLED IN AN EMERGENCY AND AUTHORIZED TO TAKE CHILD FROM FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

| NAME | RELATIONSHIP | TELEPHONE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

I, _____CERTIFY THAT MY CHILD _____IS IN GOOD HEALTH, HAS NO PHYSICAL DISABILITIES OTHER IMPEDIMENTS WHICH WOULD ENDANGER MY CHILD WHILE PARTICIPATING IN THE ABOVE MENTIONED PROGRAM. I, HEREBY, GIVE CONSENT TO MY CHILD'S PARTICIPATION THEREIN.

A MINOR CANNOT RECEIVE MEDICAL TREATMENT WITHOUT PARENTAL PERMISSION, THIS CREATES DIFFICULTIES IN AN EMERGENCY SITUATIONS. BY SIGNING THE FOLLOWING FORM, YOUR CHILD COULD RECEIVE MEDICAL ATTENTION IMMEDIATELY IN THE EVENT OF AN ACCIDENT, WITHOUT OBTAINING PERMISSION AGAIN FROM YOU AT THE TIME OF THE EMERGENCY, OF COURSE, EVERY ATTEMPT WOULD BE MADE TO NOTIFY YOU AS SOON AS POSSIBLE. THEREFORE, SHOULD WE BE UNABLE TO REACH YOU OR ANOTHER DESIGNATED PERSON, YOUR CHILD WILL RECEIVE IMMEDIATE CARE.

**IN CASE OF MEDICAL EMERGENCY,** I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT PARENTS OR GUARDIANS OF STUDENTS. IN THE EVENT I CANNOT BE REACHED I, HEREBY, GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY THE TEACHER TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD NAMED ABOVE. I ALSO AGREE THAT THE SCHOOL NURSES OR PARAMEDIC CAN ADMINISTER NON-PRESCRIPTION MEDICATION, IF NECESSARY.

_____ _____
DATE SIGNATURE

| | | | | |
|---|---|---|---|---|
| **OFFICE USE ONLY DAY CARE SITE:** | **BURSCH** | **CENTRAL** | **DEANZA** | **ELWIN** |
| | **FOSTER** | **GEDDES** | **HEATH** | **KENMORE** |
| | **PLEASANT VIEW** | **SANTA FE/HOLLAND** | **TRACY** | **VINELAND** |
| | **WALNUT** | | | |
| **DAY CAMP:** | **WINTER** | **SPRING** | **SUMMER** | |

# CITY OF BALDWIN PARK
# DEPARTMENT OF RECREATION & COMMUNITY SERVICES

## BEFORE & AFTER SCHOOL CARE and DAY CAMP
## HEALTH QUESTIONNAIRE

(PLEASE PRINT)
NAME OF
CHILD:_____
LAST FIRST M.I.

SEX: [ ]Male [ ]Female AGE:_____ D.O.B:_____/_____/_____ PHONE:( )_____

ADDRESS:_____

CITY:_____ ZIP:_____

PARENT/GUARDIAN:_____

1. HAS YOUR CHILD HAD A RECENT CHECK-UP WITH YOUR FAMILY HEALTH ADVISOR? [ ] YES [ ] NO

2. DATE OF MOST RECENT PHYSICAL EXAMINATION?_____

3. DOES YOUR CHILD HAVE A HEALTH PROBLEM? [ ] YES [ ] NO IF YES, PLEASE EXPLAIN:_____

_____

_____

4. HAS YOUR CHILD HAD A SERIOUS ILLNESS, OPERATION OR PROBLEM? [ ] YES [ ] NO

5. DOES YOUR CHILD HAVE ANY DISABILITIES OR CHRONIC RECURRING ILLNESSES? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: _____

_____

6. IS YOUR CHILD ALLERGIC OR SUBJECT TO ANY OF THE FOLLOWING?

[ ] FOODS _____
[ ] ANTIBIOTICS _____
[ ] OTHER_____
[ ] FAINTING SPELLS
[ ] INSECT BITES
[ ] EAR INFECTIONS
[ ] POISON OAK

7. WHILE ATTENDING DAY CARE/DAY CAMP, WILL YOUR CHILD HAVE ANY SPECIAL NEEDS? [ ] YES [ ] NO IF YES, PLEASE

EXPLAIN:_____

_____

8. WHAT ACTIVITIES AT DAY CARE/DAY CAMP, ARE RESTRICTED FOR YOUR CHILD?_____

_____

9. HEALTH HISTORY (CHECK AS MANY AS NECESSARY)

| | | | DATES |
|---|---|---|---|
| [ ] HEART DEFECTS | [ ] ASTHMA | [ ] MUMPS | _____ |
| [ ] CONVULSIONS | [ ] BLEEDING | [ ] MONONUCLEOSIS | _____ |
| [ ] DIABETES | [ ] MEASLES | [ ] GERMAN MEASLES | _____ |
| [ ] HAY FEVER | [ ] CHICKEN POX | [ ] OTHER_____ | _____ |

**EMERGENCY TREATMENT**
NAME OF DOCTOR: _____ PHONE # : ( )_____
_____

TYPE OF INSURANCE:_____ POLICY # :_____

PLEASE LIST BELOW ANY HEALTH CONDITION THAT MIGHT AFFECT YOUR CHILD'S PARTICIPATION IN OUR DAY CARE/DAY CAMP.

_____

_____