

**AUTHORIZATION FOR EMERGENCY TREATMENT**

Name of Participant: Minor Adult Medically-Conserved Adult

As the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of my dependent.

It is understood that efforts shall be made to contact the undersigned in the event of a medical emergency, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**THE INFORMATION BELOW IS OFFERED VOLUNTARILY FOR THE BENEFIT OF MYSELF OR MY DEPENDENT AND IS NOT PROTECTED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA):**

BIRTHDATE: DISABILITY DIAGNOSIS:

MEDICATIONS:

LAST TETANUS/DIPHTHERIA: (DPT) BOOSTERS:

LIST ANY RESTRICTIONS:

INDIVIDUAL SAFETY CONSIDERATIONS (check all that apply and provide further information below):

Medical condition	Dangerous allergy or allergies	Seizures <small>(additional form required)</small>
No sense of danger	Aggression / destructive behavior	Wandering / elopement <small>(additional form required)</small>
Easily chokes	Inability to swim / no water safety	Other:

OTHER MEDICALLY-PERTINENT INFORMATION:

**NAME OF LEGALLY RESPONSIBLE ADULT(S):**

Full Name: Relationship to Participant:

Place of Employment:

Home Address:

Cell Phone: Work Phone: Home Phone:

Full Name: Relationship to Participant:

Place of Employment:

Home Address:

Cell Phone: Work Phone: Home Phone:

**MEDICAL INSURANCE INFORMATION:**

Primary Provider:	Policy Number:
Name of Policy Holder:	Group Number:
Secondary Provider:	Policy Number:
Name of Policy Holder:	Group Number:
Primary Care Physician:	Phone Number:

**RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY (other than parent or legal guardian):**

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

**ADDITIONAL ADULTS AUTHORIZED TO PICK-UP:**

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

I hereby certify that the above information is accurate to the best of my knowledge and agree to the terms outlined above.

Name of Adult Patron or Guardian	Signature of Adult Patron or Guardian	Date Signed
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**FOR STAFF USE ONLY:**

Seizure Information on-file, dated:  
 Elopement Information on-file, dated:  
 Other Information on-file, dated:

DATE STAMP