



**City of Santa Clarita Recreation and Community Services Department**  
**2020 Kidz Care Health History Form**

**PARTICIPANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender (circle one): Male / Female Parent/guardian email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: AUTHORIZED TO DROP OFF, PICK UP, AND OBTAIN/CHANGE REGISTRATION INFORMATION**

Check here if address is the same as participant

**Father/Guardian** (Full Name): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Check here if address is the same as participant

**Mother/Guardian** (Full Name): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**PROGRAM INFORMATION**

Location:  Canyon Country Park  Newhall Park  North Oaks Park  Valencia Meadows Park  
 Santa Clarita Park  Valencia Glen Park  The Centre

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO DROP OFF/PICK UP MY CHILD (other than parents, must be at least 16 years of age):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

The information you provide here will be held in the strictest confidence.

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Allergies** Yes  No  If yes, please list the allergies and describe the severity of the reaction (medication, seasonal, food, etc.)

**Will your child need to take medication during the program?** Yes  No

Any medication dispensed to your child must be brought to the program in its original prescription container and a **separate form** must be completed.

**INSURANCE INFORMATION**

Carrier/Plan Name \_\_\_\_\_ Group # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

\*We reserve the right to request proof of age at any time.

**PERMISSION TO PARTICIPATE / KIDZ CARE POLICIES AND PROCEDURES**

I have the authority and voluntarily agree for my child to participate in City operated activities or programs, or any extension thereof.

I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims or property damage which may arise in connection with such activities or programs, against the Supervisors, City of Santa Clarita, and its elected and appointed officials, agents, and employees. As a parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my child(ren)'s photographs as they see fit for promotional purposes. I understand the photographs belong to the City and I will not receive payment of any kind.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_