



2023 - 2024
 MT. DIABLO UNIFIED SCHOOL DISTRICT CARES Expanded Learning Program
 (Collaboration for Academics, Recreation and Enrichment for Students)
 PARTICIPANT EMERGENCY CARD
 (PLEASE PRINT)



Student Name	Last	First	Middle	Nickname
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Address	City	Zip
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Age	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone ()
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Child's School	Grade	Student ID #
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Program Location - PLEASE CHECK ONE: <input type="checkbox"/> Bel Air <input type="checkbox"/> Cambridge <input type="checkbox"/> Delta View <input type="checkbox"/> El Dorado <input type="checkbox"/> El Monte <input type="checkbox"/> Fair Oaks <input type="checkbox"/> Gregory Gardens <input type="checkbox"/> Hidden Valley <input type="checkbox"/> Holbrook <input type="checkbox"/> Meadow Homes <input type="checkbox"/> Monte Gardens <input type="checkbox"/> Oak Grove <input type="checkbox"/> Rio Vista <input type="checkbox"/> Riverview <input type="checkbox"/> Silverwood <input type="checkbox"/> Shore Acres <input type="checkbox"/> Sun Terrace <input type="checkbox"/> Westwood <input type="checkbox"/> Woodside <input type="checkbox"/> Wren Avenue <input type="checkbox"/> Ygnacio Valley Elem. <input type="checkbox"/> Mt. Diablo High <input type="checkbox"/> Ygnacio Valley High	At the end of program, my child will... <input type="checkbox"/> Walk (4th – 8th Grade only) <input type="checkbox"/> Will be picked up Is this student eligible for free or reduced price lunch meals? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Mother or Guardian's Name	First	Last	Father or Guardian's Name	First	Last
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Home Address	Home Address
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City	Zip	City	Zip
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Employer	Employer
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Home Phone ()	Business Phone	Home Phone ()	Business Phone
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Person Responsible for Child

CONTACT IN CASE OF EMERGENCY MUST BE AT LEAST 18 YEARS OF AGE

Name	Address	City/Zip	Relationship	Home Phone ()
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Name	Address	City/Zip	Relationship	Home Phone ()
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Name	Address	City/Zip	Relationship	Home Phone ()
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OUT OF STATE- EMERGENCY CONTACT
 Please designate an out of state contact. This contact will be utilized only if all communications in the Bay Area are unavailable.

Name	Address	City/Zip	Relationship	Phone ()
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PERSONS OTHER THAN PARENT WHO MAY PICK UP CHILD/MUST BE 18 YEARS OLD WITH VALID ID

First and Last Name	Relationship	Phone ()
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First and Last Name	Relationship	Phone ()
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First and Last Name	Relationship	Phone ()
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SOURCE OF MEDICAL CARE/PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Doctor's Name	Phone ()
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Address	City	Zip	Medical Plan Number
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Dentist's Name	Phone ()
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Address	City	Zip	Medical Plan Number
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If physician cannot be reached what action should be taken? <input type="checkbox"/> Call Emergency Hospital <input type="checkbox"/> Other, please explain:

PRESENT MEDICAL CARE

Please check box if your child has an allergy or health problem we should know about. Explain on the form.

Food Allergies? _____

Recent illness? no yes If yes, please explain: _____

Bee sting allergies? _____

List all medications presently taking: _____

List all reactions to any medications: _____

Authorization for Medical/Surgical Treatment

I hereby give permission to the medical personnel selected by program staff to order x-rays, routine test, treatments, and necessary related transportation to my child in the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization, for my child as named above.

Transportation Release

The Mt. Diablo Unified School District/ Bay Area Community Resources staff has my permission to release my child, who is marked as a student who walks (4th – 8th grade only) at 5:00 PM to walk, ride a bike or use public transportation. Once my child is released, I agree that the Mt. Diablo Unified School District/ Bay Area Community Resources staff and there agency are no longer responsible for my child.

Photo Release

During your child's attendance, he/she may be participating in an activity that is being photographed. Occasionally, these photographs may be used for promotional purposes.

The program may photograph my child for possible promotional purposes.

Yes

No

I understand that this is a public program operated by the Mt. Diablo Unified School District/ Bay Area Community Resource. Under civil code 3344 I understand that my prior consent is not required for the use of me or my minor child's name, voice, signature, photograph or likeness in connection with any news, public affairs or sports broadcast, or any political campaign.

Program Evaluation Release

I understand that Mt. Diablo Unified School District/ Bay Area Community Resource may conduct evaluations to assess the quality of program. I give permission for my child to be a part of this program evaluation. I also understand that the data collected about my child will be confidential and that only persons connected with the Mt. Diablo Unified School District, Bay Area Resource and the evaluator will have access to this information.

Liability Release

I, the undersigned, certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the activities at the programs except as noted. I further understand that the programs are physically active; injuries and exposure to cold/hot temperatures are potential dangers. Proper clothing and equipment are required. I further acknowledge that potential injuries include strains, sprains, cuts, abrasions, broken limbs and even accidental death. I agree to assume full responsibility for any injuries or damages incurred or caused by him/her in connection with his/her attendance at the programs as regard the Mt. Diablo Unified School District/ Bay Area Community Resources. I understand that any person picking my child up from the program is an adult of at least 18 years of age with a valid identification card. This application is correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date: _____

Other pertinent information: _____

Additional children in the program:

1. Name _____ Current Grade _____

2. Name _____ Current Grade _____

3. Name _____ Current Grade _____

4. Name _____ Current Grade _____