2026-2027
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

Address	City	Zip

Age	Birthdate	Sex ☐ Male ☐ Female	Home Phone ( )

Child's School	Grade ☐ IEP ☐ 504	Student ID #

Program Location - PLEASE CHECK ONE:

☐ Bel Air ☐ Cambridge ☐ Delta View ☐ El Dorado ☐ El Monte ☐ Fair Oaks ☐ Gregory Gardens
☐ Hidden Valley ☐ Holbrook ☐ Meadow Homes ☐ Monte Gardens ☐ Oak Grove ☐ Rio Vista
☐ Riverview ☐ Silverwood ☐ Shore Acres ☐ Sun Terrace ☐ Westwood ☐ Woodside ☐ Wren Avenue
☐ Ygnacio Valley Elem. ☐ Mt. Diablo High ☐ Ygnacio Valley High

At the end of program, my child will….
☐ Walk (4th – 8th Grade only) ☐ Will be picked up

Is this student eligible for free or reduced price lunch meals?
☐ Yes ☐ No

Mother or Guardian's Name First Last	Father or Guardian's Name First Last

Home Address	Home Address

City	Zip	City	Zip

Employer	Employer

Home Phone ( )	Business Phone	Home Phone ( )	Business Phone

Person Responsible for Child

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

Name	Address	City/Zip	Relationship	Home Phone ( )
Name	Address	City/Zip	Relationship	Home Phone ( )
Name	Address	City/Zip	Relationship	Home Phone ( )

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 ( )

PERSONS OTHER THAN PARENT WHO MAY PICK UP CHILD/MUST BE 18 YEARS OLD WITH VALID ID

First and Last Name	Relationship	Phone ( )
First and Last Name	Relationship	Phone ( )
First and Last Name	Relationship	Phone ( )

SOURCE OF MEDICAL CARE/PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Doctor's Name			Phone ( )

Address	City	Zip	Medical Plan Number

Dentist's Name			Phone ( )

Address	City	Zip	Medical Plan Number

If physician cannot be reached what action should be taken?
☐ Call Emergency Hospital ☐ 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 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 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. 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 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 and the evaluator will have access to this information.

Liability Release

To the best of my knowledge, my child is in good physical condition and fully able to participate in the CARES program. I am fully aware of the risks and hazards connected with the participation in this class, including physical injury or even death, and hereby elect to allow my child to participate in the CARES program, knowing that the associated physical activity may be hazardous to her/him. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may bevsustained by my child, or loss or damage to property owned by me, as a result of participation in the CARES program.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Mt. Diablo Unified School District, its officers, servants, agents, and employees, and INSTRUCTORS ADDITIONS (hereinafter referred to as RELEASEES) from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the CARES program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of California.

In signing this release, I acknowledge and represent that I HAVD READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the orefgoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

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 _____