



Culver CITY

PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT

4117 OVERLAND AVE., CULVER CITY, CALIFORNIA 90230



(310) 253-6650
www.culvercity.org

AUTHORIZATION TO DISPENSE MEDICINE

I authorize the City of Culver City Staff to administer the following medicine(s) to my child:

Camper Name: _____

Name of Medicine(s): _____

Dosage: _____

At the following times: _____

Parent Name: _____

Parent Name (Print) and Signature: _____

Doctors Name, Signature or stamp: _____

Doctors Contact Information: _____

Medications that must be administered daily are the responsibility of the parent. The child must have on file with the Recreation Registration Office a "Medication Release" form signed by the parent specifically for the medication the child requires. EpiPen or insulin is the responsibility of the parent to administer. No medication will be administered unless it is in a prescription container or original container with the child's name and specific dosage directions on it. The medicine must not be expired. Please do not allow your child to keep medications in their lunch box or backpack as these can easily get in the hands of other campers. All medications both over the counter and prescription must be turned in to staff and will be kept in the Camper Medication box inside of the Camp Director's office.

WAIVER AND CONSENT TO TREAT

CAMPER(S) NAMES: _____

ACTIVITY: _____

CONSENT TO MEDICAL TREATMENT OF MINOR

"In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of Culver City – Parks, Recreation & Community Services Department and their representatives, agents or assignees, when neither parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code, s25.8, for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California."

SIGNATURE OF PARENT/GUARDIAN

DATE

Family Physician: _____ Telephone: _____

Medical Insurance Company: _____ Policy Number: _____

Emergency Contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Camp session. Please circle the one that applies: Summer Winter Spring



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AUTHORIZATION TO TRANSPORT

Child's First/Last Name: _____ **Child's Date of Birth:** _____

My child requires a booster seat: **Yes** **No** *(All children under 8 years of age are required to be in a booster seat)*

I authorize City of Culver City to transport my minor child in a company Bus or Van, driven by an individual authorized by City of Culver City/ I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program. I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge City of Culver City and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Signature: _____ Date Signed _____

Camp session. Please circle the one that applies: Summer Winter Spring