



Please download and save form before beginning the application process.

Tahoe City Public Utility District Recreation Department

401 W. Lake Blvd., Tahoe City, CA 96145

(530) 583-3440, recreation@tcpud.org

CHILDCARE EMERGENCY CONTACT AND MEDICAL INFORMATION

Date: _____

Child's Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Age: _____

Guardian's Name: _____ Relationship to Child: _____

Telephone #: _____ Alternate Phone #: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Guardian's Name: _____ Relationship to Child: _____

Telephone #: _____ Alternate Phone #: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

IN CASE OF AN EMERGENCY CONTACT:

1) Name & Relationship: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alternate Phone #: _____

2) Name & Relationship: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alternate Phone #: _____

Others Authorized to Pick-Up Child (Other than Guardians):

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

MEDICAL INFORMATION:

Is your child allergic to anything? If yes, please list all allergies and use of inhaler, EpiPen, etc. and any special instructions:

Does your child have any medical/mobility/mental health concerns of which we should be aware? If yes, please list:



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Does your child take any medication we should be aware of? If yes, please list all medications:

Physician's Name: _____ **Phone Number:** _____

Parent/Legal Guardian Consent and Agreement for Emergencies: **Yes** **No**

As parent / legal guardian, I give consent to have my child receive first aid by the childcare staff and receive first aid and emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

Travel/Field Trip Permission: **Yes** **No**

I give my permission for my child to accompany Tahoe City Public Utility District (TCPUD) Recreation Staff on local walking field trips (if applicable). I am aware that walking field trips may be part of the program, and schedules and notifications of any such trips will be made available in advance.

Photographic Release: **Yes** **No**

I understand that photographs may be taken of my child during TCPUD programs or events. I give TCPUD Recreation permission to use any such photos for advertising or in promotional materials.

Guardian Signature: _____ **Date:** _____