

## EMERGENCY CONTACTS - MEDICAL INFORMATION

<b>CHILD</b> Name:
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<b>PARENT</b> Name:
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Address:
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Cell Phone:	Home Phone:	Work Phone:
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Email:
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<b>PARENT</b> Name:
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Address:
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Cell Phone:	Home Phone:	Work Phone:
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Email:
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**AUTHORIZED persons (other than parent/guardian) to contact in case of emergency or to take child from facility:  
(Child will not be allowed to leave without this written authorization from parent/guardian)**

Name:	Phone:	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name:	Phone:	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name:	Phone:	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name:	Phone:	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up

**MEDICAL INFORMATION:**

<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Medications: _____ If medication needs to be administered by staff, please fill out a Physician's Request for Administration of Medicine form. Form can be found on website: <a href="http://cityofbrea.net/tinytots">cityofbrea.net/tinytots</a>
<input type="checkbox"/> Other medical or behavioral diagnoses we should be aware of: _____
<input type="checkbox"/> None

### WAIVER, RELEASE AND DISCHARGE OF LIABILITY

In consideration of my minor child/children being permitted to enroll in Kid Care Solutions, I hereby agree to indemnify and hold harmless the City of Brea and any of their officers, agents or employees from any liability of claim or action for damages from or in any way arising out of participation in this program by the person(s) registered, except for illness or injury resulting from gross negligence or willful misconduct on the part of the City of Brea or their officers, agents or employees. In case of injury, accident or other emergency, employees of the City of Brea and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury to the participant. I further agree to pay any and all costs incurred as a result of said treatment. I give permission to the City of Brea to photograph me and/or my children in these programs, and I agree to release such photographs to publicize City programs. Furthermore, I agree that I will not receive any compensation for such use.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(OVER)



# PARTICIPANT WAIVER

City of Brea

1 Civic Center Circle, Brea, CA 92821-5732

(714) 990-7600

**Important!**  
**Waiver must be read and signed.**

**PLEASE READ CAREFULLY**

## **LIABILITY RELEASE AND ASSUMPTION OF RISK INCLUDING CORONAVIRUS/COVID-19**

\_\_\_\_\_  
*Print Minor Participant's Name*

The City of Brea ("City") has implemented preventative measures to protect participants in its child-care, drop-in, camp, and recreational programs from the risk of infection with COVID-19 which is known to cause serious illness, disability, and/or death. In spite of those measures, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a program could increase your risk and your child's risk of contracting COVID-19 and suffering serious illness, disability, or death.

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. By signing this Liability Release and Assumption of Risk, I acknowledge the contagious and dangerous nature of COVID-19 described above, the risk that my child and I may be exposed to or infected by COVID-19 by attending a program, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a program may result from the actions, omissions, or negligence of myself and others, including the City, its officers, volunteers, contractors, agents, or employees, and/or other program participants and/or their families.

With full knowledge thereof, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, injury, and/or damage that may occur to me or my child relating to my child's attendance at any program. On behalf of myself, my child, and our heirs and successors in interest, and to the fullest extent permitted by law, I hereby release, covenant not to sue, discharge, and hold harmless the City, its elected officials, officers, agents, volunteers, and employees ("City Parties") from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating to my child's attendance at any program ("Claims"). I understand and agree that this Liability Release and Assumption of Risk includes any Claims based on the actions, omissions, or negligence, whether passive or active, of the City Parties and irrespective of whether a COVID-19 infection occurs before, during, or after my child's attendance at any program.

**I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF BREA AND ALL OTHER CITY PARTIES WITH RESPECT TO ALL POSSIBLE LIABILITY FOR INJURY, ILLNESS, DISABILITY, AND/OR DEATH, EVEN IF CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE CITY PARTIES, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THE SAME I AM GIVING UP IMPORTANT LEGAL RIGHTS.**

\_\_\_\_\_  
Print Parent/Guardian's **Name**

\_\_\_\_\_  
Parent/Guardian's **Signature**

\_\_\_\_\_  
**Date**