

Roseville Parks, Recreation & Libraries Department  
 Sports/Aquatics Division  
**Roseville Sugarbears Swim Team**  
**EMERGENCY INFORMATION FORM**  
 (Please Print)

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother \_\_\_\_\_ Work # \_\_\_\_\_ cell# \_\_\_\_\_  
 Father \_\_\_\_\_ Work # \_\_\_\_\_ cell# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Are there any medical problems, physical disabilities, or injuries that the coaching staff should be aware of? YES \_\_\_ NO \_\_\_

If you answered yes, please explain below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In case of an emergency if a parent can not be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Record Number \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY, REPRESENTATIVE, OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO ANY ADULT EMPLOYEE OF THE CITY OF ROSEVILLE TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY ADULT LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S) FOR \_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB. OR WELL BEING OF MY DEPENDENT.

My child has allergic reactions to the following medications:

\_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Parent/Agency Representative/Guardian Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

CITY OF ROSEVILLE AUTHORIZATION BY PARENT OR GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR. THE UNDERSIGNED, who is the parent or the legal guardian of \_\_\_\_\_ hereby authorizes any adult employee of THE PARKS, RECREATION, AND LIBRARIES DEPARTMENT of the CITY OF ROSEVILLE, into whose care the above named child has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Roseville neither assumes or admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the named child in a program conducted by the Parks, Recreation, and Libraries Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE TO PARENTS: This form is not a waiver of any of your rights. Its purpose is to authorize adult employees of the Roseville Parks, Recreation, and Libraries Department to obtain medical, surgical, or dental aid for you child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.