



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:*



**Tahoe City Public Utility District Recreation Department**

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

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

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