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2 ju	<u>s</u>

CARES

OUSD / CENTERS for AFTERSCHOOL RECREATION, ENRICHMENT & SAFETY IDENTIFICATION AND EMERGENCY INFORMATION

Childs	
Picture	
Here	

(Please Print / One Form	n Per Child)						(circle one)
Child's Name:							M F
	Last	First	Middle	Grade		Date of Birth	Gender
Address:				0.1	0.1		
Number	<i>,</i> ,	Street	Apt. #	City	State	Zip	
Home Phone #:	()		Child's Hor	ne School:			
Student resides with:	Both Pa	arents Moth	ner Father	n Nati	ural parent + Step ı	parent	Other
1. List below the nam persons without pare		vho may be contacted	d & to whom the stude	nt may be released	. Students will n	ot be released t	o other
Father/Guardian:							
	Last Name	First Name	Employer	City	Phone #	Cell #	
Mother/Guardian:							
	Last Name	First Name	Employer	City	Phone #	Cell #	
If the above person	(s) cannot be re	ached, school perse	onnel may contact a	nd/or release stu	idents to <u>(mus</u>	t be 18 years o	of age).
Relative / Friend:	_						
	Name	Address		Daytime Phone #	Other Ph	ine #	
Relative / Friend:	Name	Address		Daytime Phone #	Other Ph	one #	
Relative / Friend:							
	Name	Address		Daytime Phone #	Other Ph	one #	
2. Please list any he	ealth concerns st	taff should be aware	e of:				
3. Does the studen	t currently have	an Individual Healtl	h Plan (IHP) YES	NO			
4. To allow CARES	staff to access IH	P information, sign	here:				
	k		LETE BOTH SIDES		л *		
					1 *		
		*******	f use only below this *******************	**********			******
Emergency / Disaste	er Release	(For school use only	y – to be signed only	at the time of an	actual emerge	тсу)	
school should be damage	ged, students will be	transported as a group	a community or a school to a safe location. Individ nt. When conditions in th	dual students may be	released to paren	ts, others designa	ted on this
Released to:			0		A.M. P.M Phon	e #·	
			Date	Time	F.M 1101		
Address:							
CHILD ALER	Т						
MEDICAL							
	ER						

WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10

CARES

PARENT REQUEST FOR STUDENT FIELD TRIP AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

NAME OF STUDENT:

Please Print Clearly

Field Trips will be a planned part of the CARES Camp program. This will include taking district busses to scheduled trips in the community. Visitation to nearby parks and school may be made by walking.

I have reviewed the CARES Camp calendar and give consent for my son/daughter to participate in all field trips. As stated in California Education Code Section 35330: All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. I understand and I hold the Orange Unified School District, its officers, agents, employees, and volunteers harmless from any/all claims, which may arise out of or in connection with my child's participation in this activity.

If I cannot be reached in case of an emergency, I authorize medical or surgical examination, diagnosis and care, including x-rays, anesthetic, treatment, and hospital care to be rendered to the above-named minor under the supervision and on the advice of a duly licensed physician or surgeon. When, on any occasion, emergency transportation or such medical attention becomes necessary, it is hereby authorized within the above provisions. Further, I agree to hold harmless and indemnify the Orange Unified School District in causing the aforementioned medical treatment to be rendered to my minor child. I agree to assume the financial responsibility for such care as the doctor may consider necessary.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent and/or guardian.

Any student riding the school bus to an activity shall return by bus. Any deviation from this rule must be approved by a CARES supervisor prior to the event.

Signature	of Parent of	or Guardian

Date

PHOTOGRAPH / MEDIA RELEASE – OUSD has my permission to take photographs and/or provide information pertaining to my son/daughter to be used for publicity purposes in various media, including school flyers, newspapers, computer communications, radio and television. I realize that no commercial use will be made of the photographs or information.

	YES				
Signature of Parent or Guardian			Date		
* PLEASE COMPLETE BOTH SIDES OF THIS FORM *					