

It's that time ...

KINGSBURG SUMMER RECREATION PROGRAM

TK – 8th Grade

Program begins:

Monday, June 11th

12:30PM to 5:30PM

Monday thru Friday

@ the Kingsburg High School

Room 84 & 85

Cost:

\$230.00/summer/child or

\$130.00 per month

Registration begins:

Tuesday, May 15th @

Kingsburg City Hall

Activities include: arts & crafts, movies, field trips,
swimming, snack & much more!

Summer Lunch Program provided by

Fresno County EOC

For more information, please call 897-5328



Kingsburg Summer Recreation Registration Form

Program Begins: Monday, June 11, 2018

Name of Participant: _____ Age: _____

PLEASE PRINT

Mother's Name: _____ Father's Name: _____

Residence Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Mother's Work #: _____

Father's Work #: _____ Mother's Cell #: _____

Father's Cell #: _____ Additional #: _____

e-mail (father) _____ e-mail (mother) _____

EMERGENCY CONTACT PERSON (Someone other than parent):

Name: _____

Phone #'s: _____

Relationship to Participant: _____

I/We, the parents of the above named child, hereby give my/our approval of his/her participation in the above identified Program. I/We are fully aware and understand that the City of Kingsburg will not provide any insurance coverage for our child during his/her participation in the Program. I/We will be responsible to provide all insurance including, without limitation, liability, accident or health insurance and assume all risk and hazards incidental to our child's participation in the Program and all activities associated with the Program, including, without limitation, transportation to and from the Program.

For and in consideration of permitting our child to participate in the Program and the activities associated therewith, the undersigned(s), on behalf of myself/ourselves and my/our minor child hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to our child arising as a result of observing, participating or engaging in the Program or any activities, operations or functions incidental or related thereto, wherever or however the same may occur and for whatever period the Program and activities, operations and functions related thereto may continue and I/we do for myself/ourselves and our child and our and the child's respective heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for myself/ourselves or our child or our respective estate and agree that under no circumstances will we or our heirs, executors, administrators or assigns or our child's heirs, executors, administrators or assigns prosecute or present

any claim for personal injury, property damage or wrongful death against the City of Kingsburg or any of its officers, officials, agents, employees or volunteers for any cause of action whether the same shall be for the negligence of any said persons or otherwise. I/We for myself/ourselves and our heirs, executors, administrators and assigns and our child's heirs, executors, administrators and assigns agree that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the City of Kingsburg, or any of its officers, officials, agents, employees or volunteers, I/we shall indemnify and save harmless the City of Kingsburg, or any of its officers, officials, agents, employees or volunteers from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death. I/We acknowledge that I/we have read the foregoing waiver, release and indemnity agreement and fully understand and know the content thereof.

Parent/Guardian Signature

Date

MY SON/DAUGHTER HAS MY PERMISSION TO:

_____ Walk home at any time

_____ Be picked up by the following persons:

1. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

2. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

3. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

**CITY OF KINGSBURG
COMMUNITY SERVICES DEPARTMENT
HEALTH HISTORY**

Child's Name: _____ **Date of Birth:** _____

Address: _____ **Phone#:** _____

Parent/Guardian Name: _____ **Phone#:** _____

Recent Exposure to Contagious Disease: _____ **YES** _____ **NO**

If yes, give name of disease: _____ **Date of Exposure:** _____

Is there a history of any of the following illnesses or allergies? Check those that apply:

- | | | | |
|-----------------------------|--------------------------|----------------------|------------------------|
| _____ Asthma* | _____ Fainting Spells* | _____ Convulsions* | _____ Nose Bleeds* |
| _____ Epilepsy* | _____ Upset Stomach | _____ Heart Trouble* | _____ Plant Allergies* |
| _____ Medication Allergies* | _____ Food Allergies* | _____ Kidney Trouble | _____ Cramps |
| _____ Rheumatic Fever | _____ Behavior Problems* | _____ Diabetes* | _____ Sinus Infections |
| _____ Insect Bites | _____ Headaches* | | |

***Explain problem and give details on how to handle:** _____

Is the child taking medication, which must be taken every day? _____ **YES** _____ **NO**

If yes, explain fully the dosage, time to be taken and reason for the medication:

PLEASE NOTE THAT ALL MEDICATIONS ARE TO BE LISTED REGARDLESS OF WHEN THEY ARE ADMINISTERED.

MEDICATION/DOSAGE	TIME TO BE TAKEN	REASON FOR MEDICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF FAMILY PHYSICIAN

Name: _____ **Phone#:** _____

Consent is hereby given for either person in charge of the activity, or if required, to the attending physician to perform first aid or take any other emergency action deemed necessary to protect the health and safety of the above named child.

Parent/Guardian Signature: _____ **Date:** _____



City of Kingsburg

1401 Draper Street
Kingsburg, CA 93631
559-897-5328
www.cityofkingsburg-ca.gov

ADVERTISING PHOTO RELEASE

Permission is hereby granted for the City of Kingsburg or its agents to use my picture for advertising purposes. The use of this picture by the City of Kingsburg or its agents does not in any way obligate the company or any third party to me.

Child's name: _____

Address: _____
Number Street City State Zip

NOTE: CHILDREN'S PHOTOGRAPHS

As parent or guardian of the above named person, I give my consent to the above release in full.

Printed Name: _____ Relationship: _____

Signature: _____

Address: _____
Number Street City State Zip



PLEASE READ THIS LETTER CAREFULLY

April 30, 2018

Re: New consent form for participant medications

Dear Recreation Parents:

The City of Kingsburg is a member of the San Joaquin Valley Risk Management Authority (CSJVRMA). This group helps protect the City and other cities like us from lawsuits. It has recently been brought to their attention that city programs around the valley are allowing children to take medications while they are on the city's program site.

As you know, the City of Kingsburg requires participants to have a completed Health History Form before they can start with the Kingsburg Recreation Program. The CSJVRMA would like us to have a more in depth form completed by the parents or guardians of participants that take medications or take medications on site.

Having this information on site is very important for staff to have. If for any reason there is an emergency, EMS would need to know specific information about any medications or allergies your child may have.

If your child is on any medications or if they take any medications at the Recreation Program, you are now required to complete this form in addition to the Health History Form. I have attached a copy the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form. Please complete the form and review the policy. It is very important that you review and understand the verbiage that is provided in this document.

If at any time your child begins taking any kind of medication, even temporarily, you will need to complete this form.

AUTHORIZATION, WAIVER AND RELEASE

I authorize the City of Kingsburg employees to perform emergency procedures, including assisting with the administration of Epi-Pens, injections or self-administered medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury that my dependant may experience.

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child or dependent. Such risks include, but not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize the City of Kingsburg employees to assist in the administration of medication on my behalf or allow my dependent to self-administer (if permitted by me dependents physician) the lawfully prescribed Epi-Pen or other medications in the event of an allergic reaction by my dependent.

I acknowledge the assistance in the administration of the Epi-Pen or other medication to my dependent by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Kingsburg, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration or failure to administer or attempt to administer any medication to my dependent. I further agree to protect, indemnify, defend and hold harmless the City of Kingsburg, its officers, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in administration, failure to administer or attempt to administer medication to my dependent.

I also give my permission to the City of Kingsburg staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible to payment of any and all medical and emergency services rendered to my dependent.

Signature of Parent/Guardian

Date

Printed name

Relationship

REMINDERS:

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, backup medications, and any other equipment necessary for the participant to safely self-administer their medications.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the program each day, to ensure that they are within their target range.
- Staff will not be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parents or guardians.
- Parents/guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
- Participants and parents/guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parent/guardian to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.

IF YOUR CHILD DOES NOT TAKE MEDICATION

If your child does not have a medical condition and does not take any prescribed or over the counter medication on a regular basis, please sign the bottom and return to City Hall.

If you have any questions, please feel free to contact me by phone at (559) 897-5328 or by email at acastaneda@cityofkingsburg-ca.gov.

Sincerely,

Adam Castaneda
Community Services Director
City of Kingsburg

I, _____ (name) have read the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form. I have reviewed it and understand all it entails.

At this time, my child _____ (child's full name) does not have any medical conditions and does not take any prescription or over the counter drugs.

I understand that if my child were to become ill and need to be placed on any medications, even temporarily, I would have to come in and complete the City of Kingsburg Parental/Guardian Consent & Direction to Staff for the Self-Administration of Medicines form.

Signature

Date

Printed name

Relationship

Kingsburg High School

1900 18th Avenue Phone (559) 897-5156
 Kingsburg, CA 93631 Fax (559) 897-7759

Home of the



Vikings

Map Key

- RC Responsibility Center
 - RR Restroom
 - Food Snack Bar
 - KIT Kitchen
- *Rm 58 is wrestling room



YoungLife

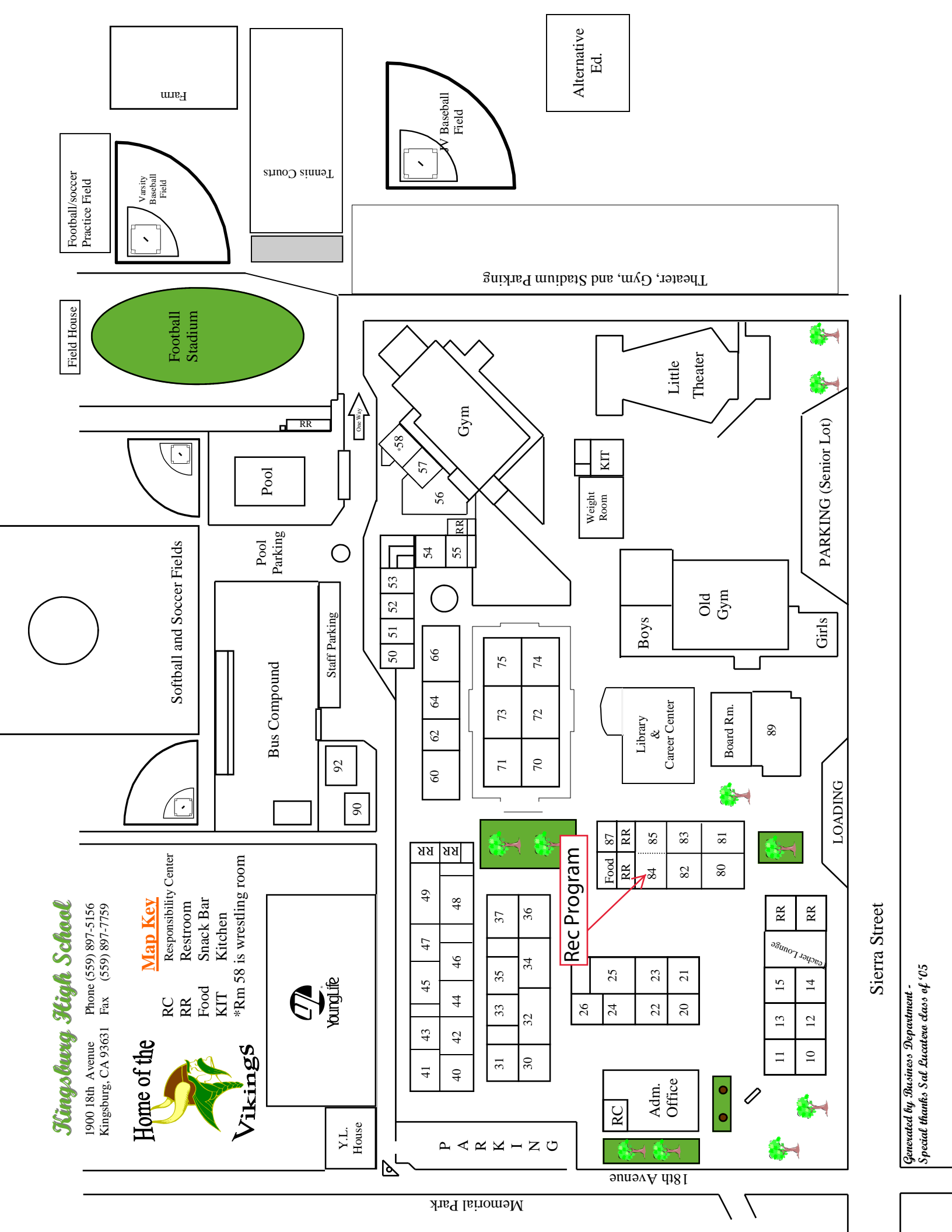
Y.L. House

Memorial Park

18th Avenue

Sierra Street

Generated by Business Department -
 Special thanks Sal Lucatena class of '05



Child's Name _____

CITY OF KINGSBURG AFTER SCHOOL & SUMMER RECREATION PICK UP POLICY

Children must be picked up no later than 5:30pm.

- a. 1st time late - Written Warning, Signature
- b. 2nd time late - Written Warning, Signature
- c. 3rd time late - Child may be removed from the program

I have read and understand the policy and consequences for picking a child up from the After School & Summer Recreation Program.

Parent Signature: _____ **Date:** _____

1st Warning Parent Signature: _____ **Date:** _____

Leader Signature: _____ **Time:** _____

2nd Warning Parent Signature: _____ **Date:** _____

Leader Signature: _____ **Time:** _____

3rd Warning: Reported to Community Services Director

Date: _____ **Time:** _____

Community Services Director decision:

