

EMERGENCY CONTACTS - MEDICAL INFORMATION - IMAGE RELEASE

CHILD Name: _____

PARENT Name: _____		
Address / City / Zip: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

PARENT Name: _____		
Address / City / Zip: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

**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: cityofbrea.gov/tinytots
<input type="checkbox"/> Other medical or behavioral diagnoses we should be aware of: _____
<input type="checkbox"/> None

CITY OF BREA – IMAGE RELEASE

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

CHILD'S NAME: _____

SIGNATURE OF PARENT or guardian if minor: _____ **DATE:** _____

SHOT DESCRIPTION: 2025 / 2026 Tiny Tots