



City of Edmonds Parks, Recreation & Cultural Services Department

MEDICAL INFORMATION & AUTHORIZATION

Please fill out and bring to first day of camp. Copies of this form are acceptable.

(Please print)

Program Name _____ Program Date(s) _____

Participant's Name _____

Home Phone _____ Birth Date _____ Age _____

Email Address _____

Address _____ City/Zip _____

Parent/Guardian 1 _____ Work Phone _____

Parent/Guardian 2 _____ Work Phone _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Doctor/Hospital _____ Phone _____

Special Information: Behavior, Medication, Allergies (bee sting, foods, etc.), Limitations, etc. ☐ None

Waiver of Liability: Should an emergency occur, for which I cannot be contacted, I will allow my child to be treated by a hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I further understand that City staff is not permitted to safeguard or administer prescription or non-prescription medication to children, including Tylenol, cough medicine, EpiPen, allergy medicine, sunscreen, etc. If this child takes medication regularly or for a temporary condition, any medication will be brought in the original container and be clearly labeled with the child's name, description of medication, physician and dosage. I further understand that children must be in possession of their own medication and/or sunscreen and must be able to administer it themselves, and that, for medical emergencies, City staff will call 911 and provide emergency first aid under the direction of the 911 emergency medical communications operator. I hereby agree, individually and on behalf of the above-named child and his/her/our heirs, executors and administrators, to release and hold harmless the City of Edmonds, its officials, employees and agents and agree to waive any right of recovery that we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I hereby authorize the use of photos/video of above listed participant.

If you do not want the above listed participant's photos or videos published, please check the box, and give this form to the instructor on the first day of class. ☐

Parent/Guardian Signature: _____ Date: _____