



OLYMPIA
PARKS • ARTS • RECREATION

Adult Medical Information/Emergency Treatment Form

Activity: _____ Date: _____

Name: _____ Sex: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

PERSON TO BE NOTIFIED INCASE OF AN EMERGENCY:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

If above person cannot be reached, please notify:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Significant illness/operations we should be aware of: _____

Allergies (food, bee stings, etc.): _____

Will participant be taking medication during program? Yes ____ No ____

If yes, please specify: _____

Special Needs/A.D.A. Recommendations: _____

Date of last tetanus shot: _____

Participant's regular medical care provider: _____

Address: _____ Phone: _____

Waiver for Participant

In consideration for the City of Olympia Parks, Arts and Recreation Department accepting my and/or my child's entry into this camp/program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. I release photographic images to be used for promotional purposes of events and programs. I do further release, absolve and waive any right to bring a claim, action suit, or other proceeding against the City of Olympia; the Olympia Parks, Arts and Recreation Department; Olympia School District No. 111; the organizers and sponsors of the program; or instructors of the program for damages due to any injuries suffered as a result of participation in the program except for the sole negligence of the City. In requesting a refund, I understand I will be charged a \$5.00 administrative fee for each class or program from which I withdraw.

Name of Participant

Signature of Participant or Parent/Legal Guardian

Date

Note: Parks & Recreation employees and volunteers cannot administer medications

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby freely and voluntarily authorize the City of Olympia Parks, Recreation & Cultural Services Department to request and obtain emergency medical care at my expense for myself from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

Signature

Date