



SEATTLE DEPARTMENT OF PARKS AND RECREATION
MEDICAL HISTORY AND AUTHORIZATION



Name of Participant \_\_\_\_\_

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance and the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

\*Sign here \_\_\_\_\_ Date \_\_\_\_\_

\*Parent/Guardian signature required.

I understand that the City of Seattle, its Department of Parks & Recreation, Advisory Council, the Community Center, and their officers, employees and volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against the City of Seattle, its Department of Parks & Recreation, the Advisory Council, the Community Center, or their officers, employees and volunteers arising out of related to my child's participation in Parks department programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

\*Sign here \_\_\_\_\_ Date \_\_\_\_\_

\*Parent/Guardian signature required.

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

First person to contact in an emergency:

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Alternate person to contact in an emergency:

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Physician \_\_\_\_\_

Name Phone Address

Health Insurance Co. \_\_\_\_\_ Medical Policy # \_\_\_\_\_

Asthma Yes \_\_\_\_\_ NO \_\_\_\_\_ Does your child carry an inhaler? \_\_\_\_\_

Usual cause of asthma occurrence \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Diabetes Yes \_\_\_\_\_ NO \_\_\_\_\_ Frequency of dosage and type of Insulin \_\_\_\_\_

May Sunscreen be applied? YES NO

My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation, Advisory Council publications. YES NO

Medical Concerns \_\_\_\_\_

Limitations on Activities (be specific about reason for limitation, i.e. injured knee, as well as what activities your child can and cannot do and timeline for recovery) \_\_\_\_\_

\_\_\_\_\_