

Fayette County Parks & Recreation Department

Medical Release Form

Participant's Name _____

Being fully aware of bodily injury, the undersigned does further that the participant assumes the risk of danger involved in the program. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned program, do hereby authorize the Fayette County Parks & Recreation Department to act in the following matters in behalf, place and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility: by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art:
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the Fayette County Board of Commissioners are hereby released from any claim for damage or suit by reason of any injury, illness or damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the in or no to file a claim or bring suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian or Caregiver of the above specified minor. I have read and fully understand the provisions of the above release and have explained them to the said minor. I hereby agree that I and said minor will be bound thereby. The Fayette County Parks & Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its program or activities.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Medical Information

In case of emergency call: _____ Phone: _____

Does participant need a modification (due to disability) to enjoy this program?

Yes _____ No _____ If yes, please explain: _____

Does Participant have any allergies? Yes _____ No _____

Allergies (food, medication, etc): _____

Doctor or Physician: _____ Phone Number: _____

Participant covered under a health insurance plan? Yes _____ No _____

Name of major health insurance company: _____ Policy #: _____

List any current injury/illness or medical condition that staff needs to be made aware of: _____

Medication Information Form

List any medications participant is taking: _____

Will Camp Staff need to administer medication to camps during camp hours? Yes _____ No _____

Doctor's name and number: _____

Name of Medication(s)-this should match prescribed container: _____

Time medication should be taken: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Staff Int. _____ Staff Int. _____ Staff Int. _____ Staff Int. _____ Staff Int. _____

Directions for Camp Staff to be made aware of: _____

Adverse reactions Camp Staff should know: _____

All medication should be brought in its original container with participants name on it. The prescribed medication will not be not accepted if it is brought in any other type of container.

I give permission for all medical information to be made available to staff (including lead instructors). _____

Initial

I give permission for administration of medication to staff and lead instructors. _____

Initial

Name

Date

Childs Name _____

Camper Information Sheet

Pick Up Authorization:

The following people (**18 years or older**) are authorized to pick up my child from the Fayette County Parks & Recreation Department program. I understand my child will be allowed to leave with these individuals only. **Identification will be required.** Pick up authorization must be made in writing.

**** Parents and Guardians, please include yourselves. ****

Name of Authorized Person	Phone Number(s)	Address	Relationship

Transportation Waiver

The camper(s) listed above has/have permission to ride in a county vehicle for Fayette County Parks and Recreation Department programs (required for all Fire/EMS Camp and Summer Sports Camp Participants).: Yes _____ No _____

Signature of a Parent/Guardian

Date