

Summer of Fun Medical Information and Release/Waivers

The information required below is essential to our Day Camp Personnel. Please be specific.
(You may attach an additional sheet of paper if needed)

- 1) List any known allergies (e.g., bees, milk (any other foods), antibiotics, etc.):

- 2) List any and all medication participant is taking (include dosage and times):

- 3) List any current injury/illnesses:

- 4) List any hospitalizations within the last 6 (six) months:

- 5) Please list participant's disabilities, if any, identifying primary and secondary disabilities (e.g., spina-bifida, cerebral palsy, mental retardation, behavioral disabilities, etc.) and level of disability if known (moderate, severe, etc.):

- 6) Does participant have any speech, hearing, or vision problems? YES _____ NO _____ If yes, please list and describe (e.g., what signs used, hearing devices, glasses needed, tubes in ears, etc.):

- 7) Please describe, if any, participant's special needs or medical problems in detail. Please note this and any limitations or special care that needs to be given:

- 8) Does participant use any mobility aids (e.g., braces, wheelchair, crutches, etc.)? YES _____ NO _____ If yes, please specify and list any special care needs.

- 9) Does the participant have seizures? YES _____ NO _____ If yes, please describe in detail. Give date of most recent seizure, all types including symptoms leading up to the seizure and following the seizure, and any known causes of seizures:

Medical Release Form

Participant's Name _____

Being fully aware of the risk of bodily injury, the undersigned does further agree that the Participant assumes the risk of danger involved in the program. Being desirous of arranging for medical care and treatment of (my child's) during his/her participation in the Summer of Fun, do hereby authorize the Clinton Parks and 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 care 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 Clinton Parks and Recreation Department are hereby released, acquitted, and discharged from any claim for damage or suit by reason of injury, illness, 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 minor not to file a claim or bring a 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 releases and have explained them to said minor. I hereby agree that said minor and I will bind thereby. The Clinton Parks and Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

Print Name _____

Signature _____ Date _____

Medication Authorization

I, the undersigned, hereby **authorize** the organizers, directors, agents, or employees of the Clinton Parks and Recreation Department to **administer any aforementioned prescribed medications to my minor child**. I hereby **promise to provide** the Clinton Parks and Recreation Department with a **prescription-labeled bottle* of the medications which will correctly bear the minor child's name and the dosage and timing of said medications**.

***Only those medications prescribed by a doctor, in an original dated container, or an over the counter medication with a doctor's note prescribing the dosage will be permitted to be administered during camp hours. No exceptions.**

Parent/ Guardian Signature _____ Date _____

**Clinton Parks and Recreation Department
Travel & Photo Waiver/Release Form**

I, _____, hereby grant permission for my child _____ (herein after referred to as "my child") to participate in Clinton Parks and Recreation Department programs. I hereby, for myself, my child, my heirs, executors, administrators, waive and release any and all rights and claims for damages my child may have against the Clinton Parks and Recreation Department its representatives, successors, and assigns for any and all injuries suffered by my child riding in a city or rented vehicle for Clinton Parks and Recreation Department programs.

Signature _____ Date _____

Furthermore, I hereby, for myself, my child, my heirs, executors, administrators, grant permission for (my child) to appear in still or motion pictures using (my)(my child's) name for educational, promotional or other proper purposes only.

Signature _____ Date _____

I have received a copy of and read the Clinton Parks and Recreation's Summer of Fun Guidelines and Information.

Signature _____ Date _____