

Farmington Parks and Recreation Department Medical Information Form

Please print clearly in ink and one form per person:

Participant Name: _____ Date of Birth: _____
Street Address: _____ Age: _____ Male / Female
City, State, Zip: _____ Home Phone: _____
E-Mail Address: _____

Parent/Guardian/Contact Person Name 1: _____ Daytime Phone: _____

Parent/Guardian/Contact Person Name 2: _____ Daytime Phone: _____

Name and phone # of **person to be contacted when a parent/guardian is unavailable** in event of an emergency:

Name: _____ Phone: _____

Allergies - Food, insect, bees, medication, other - please list : _____ none

Medications - Please list any current medications and the condition for which they are taken (including medications taken during the school year): _____ none

Past Pertinent History – Heart, Diabetes, Epilepsy, Asthma, etc. - please list below: _____ none

Physical Conditions - Are there any physical conditions, injuries, or disabilities, which might limit physical activities? _____ none

Primary Physician - Please provide name, address, phone number and hospital preferences:

Hospital Preference _____

Insurance Carrier _____ Policy# _____

Name of minor child: (if applicable), _____

Name of Parent/Legal Guardian: _____

By signing below I do hereby authorize the Farmington Parks and Recreation Department and its representatives and employees, to obtain necessary information, evaluation and treatment of the above named, as it be necessary to assist the participant. I certify that this document is true and accurate and I agree to advise the Farmington Parks and Recreation Department, in writing, of any change in the medical condition of the above person. I understand that unless the Farmington Parks and Recreation Department hears from me otherwise, they will assume that all medical information is unchanged from the date of this agreement. I understand that I am responsible for payment for any medical injuries, if I am not insured or my insurance company does not pay the entire bill in full.

Signature of Person/Parent/Legal Guardian: _____ Date: _____

Date:

Last Name:

First Name:

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Permission to Dispense Medication – Waiver and Release of All Claims

The Farmington Recreation Department will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by the participant/parent or guardian.

I _____ the parent/guardian/other participant of _____
(Print Name) (Print Name) **If older than 18 yrs of age leave blank**

give permission to the staff of the Farmington Parks and Recreation Department to administer to me or my child or other participant:

_____. Date: _____
(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in the individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information all medications will be documented by department staff:

Participant's Name: _____

Name of Medicine and completed dosage instructions: _____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medications there is an adverse reaction, I give my permission to the Farmington Recreation Department to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. **In consideration of the Farmington Recreation Department administering medication to my minor child, I do hereby fully release or discharge the Farmington Recreation Department, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, and arising out of, connected with, incidental to, or in any way associated with the administering of medication.**

Signature of Parent or Guardian

Date

This Section is only for participants under 18 yrs of age and must be signed by a parent/guardian

I/We, _____ am/are the person/parent(s) or guardian(s) of _____, a minor, who desires to participate in any Farmington Parks and Recreation Department Program.

I/We acknowledge that I/We have been informed as to the nature of any programs and that this activity has risks of injury associated for those who participate, including transportation on a school bus to and from various attractions.

I/We acknowledge that the Farmington Parks and Recreation Department does not carry medical or accident insurance for program participants. Although the Recreation Staff members will endeavor to provide each participant with due care, we cannot ensure that your child will remain free of injury. Your child also has a responsibility for his/her safety and the safety of others.

I/We acknowledge that I/We must provide the staff with any medical or other information with I/We feel is important for the Recreation Department to know about our son/daughter. This information will be kept confidential.

I/We acknowledge my/our child must adhere to all the rules, regulations and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in any programs.

I/We acknowledge and understand the risks and requirements to participate in any programs offered by the Farmington Parks and Recreation Department. I consent to my child's participation in any program. I/We hereby release the Town of Farmington, its employees, volunteers and agents from any and all claims for damages I, or my child may have against the Town of Farmington and the Parks & Recreation Department.

I/We hereby consent to transportation to a medical facility & authorize treatment by a qualified and licensed medical doctor/dentist of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent.

I understand that the Farmington Parks & Recreation Department may take pictures or videos of program participants that may appear in future promotional materials.

Person/Parent or Guardian: _____ Date: _____