



Hillsboro Parks & Recreation

Medical Release Form

Last Name	First Name	Middle Initial / /
-----------	------------	-----------------------

Address	Birth Date (month/day/year)
---------	-----------------------------

City ()	State ()	Zip Code ()
-------------	--------------	-----------------

Home area code and phone	Business area code and phone	Cellular/Pager area code and phone
--------------------------	------------------------------	------------------------------------

Medical Insurance Co. Zone Adventure Camp	Group ID	Member Number June 27 - August 4, 2016
---	----------	--

Trip Location	Date(s)
---------------	---------

Pick-up Date & Time	Pick-up Location	Pick-up by
---------------------	------------------	------------

In the event of an emergency, I understand that it may be necessary to pick up my child during this outing. An emergency contact number is required.

In case of emergency, I can be reached by phone at: _____

If I can not be reached, contact: _____ at: _____

Alternative Contact is required. _____ or: _____

Does the Participant have any of the following that we should be aware of, in order to participate in this outing:

Medical condition(s) and/or limitation(s)?

If yes, please list.

Currently taking any medications? Yes _____ No _____

If yes, is it required that the Participant bring the medication on this outing?

Participant will be required to either self-medicate or be medicated by an accompanying parent or guardian.

Does the participant have any allergies?

Is there anything else we should be aware of (special needs, etc)?

Permission and Medical Authorization

I hereby approve and agree to all of the terms and conditions of this application and certify its correctness. Further, I certify that this participant can meet the health and physical fitness requirements of the activity and has my permission to participate. As the parent or legal guardian of the above named participant, I authorize the instructor(s) to render First Aid should the need arise. In the event of an emergency I also give permission to the physician or other authorize medical personnel, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other emergency medical treatment, as needed. I also assume the responsibility for the payment of any such treatment.

Signature of Parent or Guardian	Date
---------------------------------	------