SEATTLE DEPARTMENT OF PARKS AND RECREATION MEDICAL HISTORY AND AUTHORIZATION

Name of Participant		
treatment or all other related care, inc named minor person that may be orde	luding the administration of drugs, tests, an ered by a physician and/or dentist in attendent to the release of medical report(s) to an	al, and surgical examinations or operations and testhesia and/or blood transfusions to the above ance and the medical center deemed necessary for y doctor or agency and consent to the admission of the
*Sign here 'Parent/Guardian signature required.		Date
I understand that the City of Seattle, it employees and volunteers assume no or my child's behalf makes a claim ag Community Center, or their officers, e programs, I agree to indemnify and sa costs they may incur due to the claim this agreement on my behalf and on be	s Department of Parks & Recreation, Advisor innancial obligation or liability in the case of ainst the City of Seattle, its Department of Imployees and volunteers arising out of relative and hold them harmless from any litigation made against any of them, whether the cla	sory Council, the Community Center, and their officers, of my child's accident or illness. If I, or anyone on my Parks & Recreation, the Advisory Council, the sted to my child's participation in Parks department cion expenses, attorneys' fees, loss, liability, damage or im is based on their negligence or otherwise. I sign gns, heirs and next-of-kin. I hereby give my permission
*Sign here		Date
*Parent/Guardian signature required.		
Printed Name		Relationship
First person to contact in an en	nergency:	
Name	Phone (day)	Phone (eve)
Alternate person to contact in a	an emergency:	
Name	Phone (day)	Phone (eve)
Physician		
Name	Phone	Address
Health Insurance Co		Medical Policy #
Asthma Yes NO	Does your child carry an inha	aler?
Usual cause of asthma occurre	ence	
Allergies		
Medications		
Diabetes Yes NO	_ Frequency of dosage and type o	f Insulin
May Sunscreen be applied? \	ES 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		
` ·		. injured knee, as well as what activities your
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