



Medical Releases Information 2016

Participant's Name _____ Emergency Phone _____

Date of Birth _____ Age _____ Gender: M F

Address _____ City _____ Zip _____

Hospital Preferred _____ Phone # _____

Physician to be called in case of emergency _____

Physician's Phone # _____

Allergies _____

Chronic Illnesses _____

Regular Medication _____

Medical Problems _____ Learning Difficulties _____

Recent Injuries (within last year) _____ Contact Lenses Worn? Yes ___ No ___

Past injuries, illnesses or sports limitations that we should be aware of:

PARENT/LEGAL GUARDIAN RELEASE

As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize The City of Walla Walla Parks & Recreation Department to send the above-named child to the hospital or doctor most accessible.

Parent or Legal Guardian Signature

Date