City of Los Altos Recreation Department
97 Hillview Avenue, Los Altos, CA 94022
Recreation Office PH: (650) 947-2790 FAX: (650) 947-2738

MEDICAL INFORMATION FORM & RELEASE OF LIABILITY

PARTICIPANT INFORMATION

FULL NAME:_____

AGE:_____ BIRTHDATE:_____ F _____ M _____

PARENT NAME:_____

DAYTIME CONTACT #:_____

PARENT NAME:_____

DAYTIME CONTACT #:_____

EMERGENCY NAME:_____

PHONE #: _____

EMERGENCY NAME:_____

PHONE #: _____

Medication & Food Allergies:_____

Medical problems: _____

Medications taken during camp hours:_____

Physician:_____

Phone: _____

Kaiser/Insurance #:_____

PLEASE CHECK EACH PROGRAM IN WHICH YOUR CHILD IS REGISTERED:

_____ CAMP CANDY CANE

_____ PRETEEN HOLIDAY CAMP

I, the undersigned, do voluntarily agree to release and hold the City of Los Altos Recreation Department and their officers and employees, contractors, volunteers, representatives and agents, harmless from any claim, demand or cause of action for injury to the above named participant(s) or damage to his/her personal property which arises out of or is in any way connected with the Los Altos Recreation Department programs and any travel in connection with such programs. The City of Los Altos will not be responsible in case of accident, illness or property damage.

Consent for Medical Treatment

I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

This Release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read the foregoing, and am fully aware of the legal consequences of signing this document.

Guardian Name_____ **Guardian Signature** _____ **Date**_____