



City of Covington Parks and Recreation Athletics Program

YOUTH MEDICAL RELEASE FORM

As a condition of your child's participation in Covington Athletics Programs, you must complete and sign this form and return it to the City of Covington Parks and Recreation Athletics Program. If you do not want to authorize the City to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the Medical Authorization paragraph and sign below.

Child's Name _____ Parent/Guardian Name _____

Age _____ Date of Birth ____/____/____ Sex _____ Parent Ph# _____

Address _____ Parent Email _____

MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the City to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the City, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

EMERGENCY AND MEDICAL INFORMATION

PERSON TO CONTACT IN AN EMERGENCY:

Name/Relationship _____ Ph # (Day) _____

Address _____ Ph # (Eve./Wknd) _____

ALTERNATE PERSON TO CONTACT IN AN EMERGENCY:

Name/Relationship _____ Ph # (Day) _____

Address _____ Ph # (Eve./Wknd) _____

PHYSICIAN:

Name _____ Ph # (Day) _____

Address _____ Ph # (Eve./Wknd) _____

ALLERGIES: _____

MEDICATIONS/MEDICAL PROBLEMS: _____

INSURANCE COMPANY: _____

COMMENTS: _____

I/WE HAVE AGREED TO AUTHORIZE IMMEDIATE MEDICAL ATTENTION IF I/WE CANNOT BE CONTACTED, AND COMPLETED THE EMERGENCY AND MEDICAL INFORMATION.

Parent/Guardian Signature(s) _____ Date _____

Printed Name(s) _____