City of Covington Parks and Recreation Aquatics Program

2020 YOUTH MEDICAL RELEASE FORM

As a condition of your child's participation in Covington Aquatics Programs, you must complete and sign this form and return it to the City of Covington Parks and Recreation Aquatics Program.

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) ____