



Sept 1, 2020–Aug 31, 2021

PLEASE PRINT CLEARLY

Medical Information Form City of Pullman, Parks, Facility & Recreation

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Emergency Contact (parents/guardians/grandparent/friend)	Relationship	Phone 1 (Please circle) Cell/Home/Work	Phone 2 (Please circle) Cell/Home/Work	Sign up for SMS Alert Carrier (Frontier, Sprint, etc.)
1.				
2.				
3.				

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ I.D. Number \_\_\_\_\_

Special Medical Instructions: regarding allergies, chronic illnesses, regular medication, allergies to medicines, learning difficulties, or physical problems, etc.: \_\_\_\_\_

Liability and Medical Release Agreement: I, the undersigned adult, on behalf of myself and my child(ren) assume all risks and hazards reasonably related to the conduct of the program, and/or rental or use of any City of Pullman facility. Further, I do hereby release and hold harmless the City of Pullman, its elected and appointed officials and employees, organizer, sponsor, supervisor, contracted facilitator, or any volunteer connected with a program, facility rental and/or use, from any and all claims, injuries, damages, losses and suites, including attorney fees, arising out of or in connection with the program or rental and/or use of a City of Pullman facility. I acknowledge that I have familiarized myself with the description of the activity(ies), rental or use of a facility, and understanding the hazards, myself and my child(ren)'s personal limitations, and knowingly assume all risks.

In the event of an medical emergency, I authorize transportation to the nearest appropriate medical facility, and authorize emergency medical care if no one listed on this (Medical Information Form) can be reached. If applicable, I authorize City of Pullman program facilitators, to administer medication to my child as outlined on the MIF form, and release from all liability said facilitators for any injury resulting from the administration of those medications, provided all medications are administered in accordance with the schedule and conditions.

In the absence of a signature, payment of fee and participation in the program or use of a facility shall constitute acceptance of the conditions set forth in this release.

I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Pullman informational or promotional use.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_