



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: _____

Table with 5 columns: Emergency Contact, Relationship, Phone 1, Phone 2, Sign up for SMS Alert. Rows 1-3.

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.

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.

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: _____



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