



LOUISVILLE METRO PARKS AND RECREATION

MEDICAL RELEASE AND EMERGENCY MEDICAL CONSENT FORM

I, _____ Give the **LOUISVILLE METRO GOVERNMENT/LOUISVILLE METRO PARKS AND RECREATION** representative(s) permission to seek medical treatment for my child _____ should an accident or injury occur on this outing.

EMERGENCY MEDICAL CONSENT FOR TREATMENT OF A MINOR

In the event of a Medical Emergency related to the minor child listed above, I hereby, request any hospital, to contact me at the telephone number(s) listed below. In the event that I or my spouse is unavailable, I hereby, give my written consent to be deemed appropriate by the hospital's emergency medical staff necessary to contract with various health care professionals for their services. The following providers are not employees of the hospital, but are instead independently contracted to provide services for the patient, and are legally responsible for their actions: All physicians, pathologists, technical and professional components, radiologists, etc.

Site: Jefferson Memorial Forest Destination/Activity: Team Building

Description of Activity: Team Building

Name of Minor: _____ Date of Birth: _____ Age: _____

Address: _____

Telephone: Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Medication(s) being taken: _____

Allergies _____

Please indicate any special medical problems and/or physical limitations, which may affect your child's participation, such as asthma, severe allergies, fears, and required assist devices.

Date of last Tetanus Shot: _____ Family Physician: _____ Phone: _____

Printed Name of Parent/Guardian: _____

Relationship to Minor: _____ Date: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by the **LOUISVILLE METRO PARKS AND RECREATION**.

Signed: _____ Date: _____