

Lorain County Metro Parks
Medical Contact and Authorization Form



Participant Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

E-mail Address: _____

M F Height: _____ Weight: _____

Age: _____

1st Emergency Contact Name: _____

Relationship: _____

1st Emergency Contact Phone: _____

2nd Emergency Contact Name: _____

Relationship: _____

2nd Emergency Contact Phone: _____

3rd Emergency Contact Name: _____

Relationship: _____

3rd Emergency Contact Phone: _____

Please list alternate drop-off/pick-up people if you will not be dropping off and/or picking up your child.

Please List any physical/health conditions, including allergies, which should be known in case of an emergency or which may affect your child's participation:

If allergies listed above, please indicate signs and symptoms your child might be having an allergic reaction:

Please see reverse side →

Please list any medications your child is currently taking:

Preferred Physician: _____ Phone: _____
Address: _____

Preferred Dentist: _____ Phone: _____
Address: _____

Comments:

Photo Release:

I give my permission for the Lorain County Metro Parks to use photographs of myself in promotional pieces. These photos may be used in newspapers, television, social media sites, live closed Facebook groups, promotional pieces (The Arrowhead, brochures, flyers, posters, etc.), on www.metroparks.cc and in any other piece deemed appropriated by the Lorain County Metro Parks. For this I understand I will receive no compensation.

Initial _____

Waiver:

I agree to, and do hereby, waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Lorain County Metropolitan Park District, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I may sustain arising out of, or in any way associated with my participation in Lorain County Metro Parks summer camps.

If, in the unlikely event, the named child becomes ill or injured and the contacts on this form are not able to be reached, I hereby consent to the provision of emergency medical treatment for the named child. I understand that only treatments deemed necessary by the medical professionals listed will be administered, and that additional attempts to reach the emergency contacts will be made.

Parent or Guardian

Date