

Livermore Area Recreation & Park District Youth Medical Release Form

This completed form **MUST** be brought to the first class meeting

Participant's Name: _____

Date of Birth: _____ **(School)** _____

Father/guardian's name: _____

Address: _____ **(City)** _____ **(Zip)** _____

Phone: (home) _____ **(work)** _____ **(pager)** _____

Mother/guardian's name: _____

Address (if different from above) _____ **(City)** _____ **(Zip)** _____

Phone: (home) _____ **(work)** _____ **(pager)** _____

Alternate contact: _____ **(Phone)** _____

Doctor's name: _____ **(Phone)** _____

Insurance carrier/ number: _____

Special medical conditions (allergies, etc) _____

Medication(s) _____

In the event of an emergency, every effort will be made to contact the parent/ guardian of the above named minor.

If that person cannot be reached, does LARPD have permission to take the above named participant to the nearest emergency care facility to be treated?

Yes **No** If not, what procedure should be followed?

Parent/Guardian Signature

Date