



HUNTERDON COUNTY DIVISION OF PARKS & RECREATION



MEDICAL RECORD

Once the medical record is on file, we can use the same medical record for all subsequent programs. If your medical history has changed, please submit a new medical record.

Participant's Name _____ Gender (optional) _____

Today's Date _____ Participant's Date of Birth _____

Parent/Guardian (for minor) _____

Phone (h) _____ (w) _____ (c) _____

Address _____

Street

Town

State

Zip

E-mail _____ Check here to be added to our E-mail List.

EMERGENCY CONTACT(S) – AT LEAST ONE CONTACT WHO IS NOT A PARENT/GUARDIAN

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician(s) Name and Number _____

List all known allergies _____

Describe allergic reaction(s) and how it is managed _____

Medical issues _____

Current medications _____

(Parks staff do not administer non-emergency medication)

Health Insurance Provider _____ Policy number _____

Please describe any other relevant conditions or information that we should know _____

Terms of Agreement: Please initial next to all statements.

Waiver: I hereby waive and release all rights and claims for damages against the Hunterdon County Division of Parks and Recreation, County of Hunterdon, their employees and volunteers for all injuries or illness which may be sustained by the herein named participant while participating in the program. I understand the content of the program and the risks of personal injury therein. _____

Medical Release: In the event of injury or serious illness, and a parent/guardian cannot be reached (and/or if there is a medical emergency requiring immediate action), I give permission for Hunterdon County Division of Parks & Recreation staff to seek medical attention and to release all information contained in this document or known to Parks staff. _____

Photo Release: I authorize and acknowledge that I or my child may be photographed and/or videotaped for educational and publicity purposes (Website, Facebook, Instagram, Brochures, etc). Photos and videos will not include names or personal information about any individual unless permission is granted. _____

Participant or Parent/Guardian Signature: _____ Date: _____