



Medical Information and Consent to Treatment of Minors

Facility _____

Program/Activity _____

Program Dates _____

TO BE COMPLETED FOR ALL PARTICIPATING PERSONS:

Participant Information

Last Name, First Name _____ ☐ Male ☐ Female

Date of Birth _____

Swim Level

Non-Swimmer ☐ Beginner ☐ Advanced Beginner ☐

Medical & Physical Information

Please check if participant is subject to the following and explain:

Does camper have allergies? ☐ Yes ☐ No

Does camper take medicines at home? ☐ Yes ☐ No

Does camper have seizures? ☐ Yes ☐ No

Will camper take medicine at Camp? ☐ Yes ☐ No

If Yes, submit Medical Authorization Form.

☐ ADD/ADHD

☐ BLINDNESS

☐ DIABETES

☐ SPECIAL DIET

☐ ASTHMA

☐ DEAFNESS

☐ HEART TROUBLE

☐ SWIMMER'S EAR

☐ AUTISM/ASPERGERS

☐ DEPRESSION

☐ SEIZURES

☐ OTHER _____

Explanation:

Is your child current on all school-required immunizations? ☐ Yes ☐ No Date of last tetanus inoculation: _____

Please list any medical history or physical restrictions that could affect participation in camp activities: Describe any past medical conditions, which might require special attention (if none please indicate).

Please identify any special adaptations or accommodations necessary to assist the camper with participation in camp programs:

Describe any behaviors that may be disruptive to group learning:

Medical Release

I hereby give consent for my child to participate in all camp activities and receive routine and/or emergency medical care. In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be reached, I give my permission to the physician selected by Tualatin Hills Park & Recreation District to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

Parent/Guardian Signature: _____ Date: _____

Risk & Contract Management