



**City of Los Altos Recreation Department**  
**Office (650)947-2790 Fax (650)947-2738**  
**MEDICAL INFORMATION FORM & RELEASE OF LIABILITY**

**This document has legal consequences, please read carefully.**

\_\_\_\_\_ will be participating in the Camp Candy Cane.  
(Participant Name )

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell/Work:(\_\_\_\_)\_\_\_\_\_ Home:(\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

Please list **TWO** individuals, other than yourself, to be called in case of emergency & authorized to pickup your child:

Name	Area Code & Phone Number
_____	_____
_____	_____

Medical Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is your child allergic to any foods/medication? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Does your child currently take any prescription medicine we should be aware of?  
\_\_\_\_Yes \_\_\_\_No

If yes please list:\_\_\_\_\_

Does your child have medication, which must be administered IN CASE OF EMERGENCY?\_\_\_\_Yes \_\_\_\_No

If yes please explain:  
\_\_\_\_\_

***Continued on reverse***



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I, the undersigned, do voluntarily agree to release and hold the City of Los Altos Recreation Department and their officers and employees, contractors, volunteers, representatives and agents, harmless from any claim, demand or cause of action for injury to the above named participant(s) or damage to his/her personal property which arises out of or is in any way connected with the Los Altos Recreation Department programs and any travel in connection with such programs. The City of Los Altos will not be responsible in case of accident, illness or property damage.

**Consent for Medical Treatment**

I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

**This Release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

**I, the undersigned, acknowledge that I have read the foregoing, and am fully aware of the legal consequences of signing this document.**

**Guardian Name** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_