



City of Los Altos Recreation Department  
 97 Hillview Avenue, Los Altos, CA 94022  
 Recreation Office PH: (650) 947-2790 FAX: (650) 947-2738

**MEDICAL INFORMATION FORM & RELEASE OF LIABILITY**

**PARTICIPANT INFORMATION**

FULL NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

DAYTIME CONTACT #: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

DAYTIME CONTACT #: \_\_\_\_\_

EMERGENCY NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMERGENCY NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**PLEASE CHECK EACH PROGRAM IN WHICH YOUR CHILD IS REGISTERED:**

\_\_\_\_\_ CAMP JELLY BEAN

\_\_\_\_\_ CAMP SHOUP

\_\_\_\_\_ REDWOOD GROVE CAMP

\_\_\_\_\_ Explorers

\_\_\_\_\_ Adventurers

\_\_\_\_\_ Naturalists

\_\_\_\_\_ Survivors

\_\_\_\_\_ Trekkers

\_\_\_\_\_ Counselors-In-Training

Medication & Food Allergies: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Medications taken during camp hours: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Kaiser/Insurance #: \_\_\_\_\_

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** \_\_\_\_\_