



2010 MEDICAL RELEASE FORM



Contact Information

Participant Name: _____ Date of Birth (mm/dd/yyyy): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Group Home: _____
 Parent/Guardian Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Emergency Phone: _____ Cell Phone: _____
 Email Address: _____ Want to receive our E-news? Yes No

Medical Information

Male Female Height: _____ ft. / _____ in. Weight: _____ lbs.
Disability:
 Down Syndrome Cerebral Palsy Autism Learning Disability
 Other: _____
Assistive Devices:
 Wheelchair Walker Glasses Hearing Aids
 Other: _____
Other Conditions:
 Asthma Cardiac Disorder Vision Problems
 Bleeding Disorder Continence Problems Hearing Problems
 Epileptic Seizures Description of: _____
 Allergies Description of: _____

Reaction to:

Kind of Diet:

Motion Sun Heat Regular Diabetic Low Sodium
 Medicine: _____ Low Fat Other: _____

Medication

Medication name	Amount taken	When/Frequency	Special Instructions

Other Pertinent Information

Significant Medical Illness: (Please List) _____
 Surgery within last six months: (Type/Date) _____
 Tetanus Toxoid Date: (Required within last 10 years) _____ TB (PPD) Test Date: _____
 Physician: _____ Phone Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Insurance Carrier: _____ Policy #: _____



Please Turn Over



Other Comments: behavior tendencies, behavior plans, or non-behavioral issue, health issues, etc.

Parent/Guardian Release

Participation: I hereby give my permission for the participant named to participate in the City of Altamonte Springs Department of Leisure Services recreational activities/events. I hereby release the City of Altamonte Springs, its officers and employees, from any and all liability for all damages and/or injuries sustained while participating in this program.

Consent to Treatment: I authorize such physician or medical staff as the City of Altamonte Springs Department of Leisure Services may designate to carry out any minor medical or surgical treatment and/or medication necessary, or to take the named participant to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of such participant. It is understood, however, that if hospitalization or treatment of a serious nature is required, the parent/guardian will be contacted, if possible, by telephone for permission.

Permission to Publish: I hereby give permission for the participants images, captured during regular or special activities by video, photo, or digital camera, to be used solely for the purposes of the Altamonte Springs Department of Leisure Services promotional material and publications, and waive any rights of compensation or ownership thereto.

I, the undersigned, am a parent/guardian of the specified participant. I have read and fully understand the provisions of the above releases and explained them to the said participant. I hereby agree that I and the said participant will be bound thereby.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Relationship: _____ Date: _____

RETURN COMPLETED FORM & START PARTICIPATING IN ALL THE FUN!!

(After you return completed form, we will add you to our quarterly mailing list and/or e-newsletter)

Please return this form to Ranwa Nin El-khoury at any of our events or mail to:

City of Altamonte Springs
Attn: Ranwa Nin El-khoury
225 Newburyport Avenue
Altamonte Springs FL 32701

Office: 407-571-8814
Fax: 407-571-8809
Cell: 321-436-0675
Email: Rrel-khoury@altamonte.org



The City of Altamonte Springs – Special Community Services and the Advisory Board for the Disabled, Inc. provide social and recreational activities at a minimal cost to the mentally and physically challenged population in Altamonte Springs and surrounding communities. Programs are conducted in fun and safe environments with cheerful and dedicated volunteers.

