

**Town of Palm Beach Recreation Department
2019 Information & Release Form**

Participant Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ D.O.B. _____ Phone/cell phone: _____

Proof of Age is required for youth programs (i.e. birth certificate, passport)

E-mail address: _____

Participant/Parent City of Employment: _____

Child's School: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Person to contact in case of emergency when parent/guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relation: _____

Name: _____ Daytime Phone: _____ Relation: _____

Please list any special medical issues, allergies or instructions you feel staff should be aware of. A medical form (available at the Recreation Department main office) must be filled out by your physician in order to dispense any medication. _____

Program Waiver and Release of All Claims:

I agree to waive all claims my minor child/ward or myself may have as a result of participating in the Town's Recreation Program(s). I further agree to fully release and discharge the Town of Palm Beach, its officers, employees, and representatives from and against any and all losses, damages, injuries of any kind as a result of either myself or my minor child/ward's participation in such Recreation Program(s). In the event of an emergency, I authorize the Town of Palm Beach officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of all medical service rendered. I give consent to use any photograph taken of me or my minor child/ward during recreation activities, classes or programs for future recreation brochures and promotional material.

Camp/After School Program Participants Only

I have read and fully understand the Town of Palm Beach Policies & Discipline Procedures and the Program Waiver and Release of All Claims. I also understand payment is due in full at time of registration to guarantee space for my child and a late fee may be charged if my child is picked up after program conclusion. (please initial) _____

My child has permission to sign themselves in/out of the Recreation Center Programs (please initial) _____

Signature of Participant/Parent/Guardian

_____ Date _____

**TOWN OF PALM BEACH RECREATION DEPARTMENT
PHYSICIAN'S AUTHORIZATION OF MEDICATION**

Since there is no medical personnel at the Recreation Center to administer medication, careful consideration should be given by the parent or guardian to ordering or administering medication in a manner so that it is not necessary to administer to the participant while at the Recreation Center. **MEDICATION MUST BE IN ORIGINAL CONTAINER.**

NAME OF CHILD: _____ BIRTH DATE: _____
NAME OF MEDICATION: _____ Order Exp.(Date) _____
Desired action of medication (optional) _____
Form of medication: pill capsule inhalation liquid injection
Other (specify) _____
Dosage (amount to be given) _____
How often and at what time: _____
Symptoms of adverse reaction to medication: _____

NAME OF MEDICATION _____ Order Exp.(Date) _____
Desired action of medication (optional) _____
Form of medication: pill capsule inhalation liquid injection
Other (specify) _____
Dosage (amount to be given) _____
How often and at what time: _____
Symptoms of adverse reaction to medication: _____

The parent knows of this request and has agreed to supply this/these medication(s) as needed. Should the student manifest any of the above symptoms which may be caused by the medication, I understand that the parent will be contacted and the Palm Beach Recreation Department directive relating to emergency care will be followed.

Physician's Name (print) _____ Physician's Signature _____ Date _____
License # _____ Telephone # _____

I hereby give my permission for my child (named above) to receive medication while enrolled in a recreation department program. I understand the Town of Palm Beach undertakes no responsibility for either the administration of the medication or for the failure to administer or to dispense the medication. This medication has been prescribed by a licensed physician. I hereby release the Town of Palm Beach, its officers, agents and employees from any and all liability that may result from my child taking the medication or for the failure to take said medication.

Parent/Guardian Signature _____ Telephone _____ Date _____

(For Administrative Use Only) Names and Titles of persons to administer medication(s)

1. _____ 2. _____ 3. _____

Approved by: _____
(Director's Signature)