

# Newberry Parks & Recreation Medical Release Form

It is required that this form be completed in full before participating in any Newberry Parks & Recreation sports / activities.  
Please print or type. Any blank sections will result in the form being returned.

Participant's Name: \_\_\_\_\_  
DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business / Cell Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business / Cell Phone: \_\_\_\_\_

### Participant's Physician:

Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

### Medical History:

Check any of the following chronic illnesses or conditions that may apply. Please explain the extent of the illness or condition. Use back if necessary.

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_  
Seizures \_\_\_\_\_ Headaches \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Fainting Spells \_\_\_\_\_  
Heart Conditions \_\_\_\_\_  
Hemophilia / Bleeding Disorder \_\_\_\_\_

All other \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

No Known Medical Conditions \_\_\_\_\_

I have read, completed and understand all of the conditions of the Medical release form.

### Insurance Information:

Company \_\_\_\_\_  
Company Phone \_\_\_\_\_  
Policy # \_\_\_\_\_  
Name Insured \_\_\_\_\_  
No insurance \_\_\_\_\_

### Allergies:

Describe allergies and associated relations. Use back page if necessary.

Medicine \_\_\_\_\_  
Food \_\_\_\_\_  
Insects \_\_\_\_\_  
Other \_\_\_\_\_  
No Known Allergies \_\_\_\_\_

### Medical Consent:

I fully understand that the physician(s) and other health care personnel will be acting in good faith according to usual, acceptable medical practice. I understand that every attempt will be made to contact the emergency contact listed in the event of an emergency.

I hereby grant permission for the staff / volunteer to obtain emergency treatment, medical care, surgical care or appropriate medications that might be necessary.

### Liability Release:

In accordance with the above "I agree not to bring legal action or suit against emergency personnel, the physician(s), City of Newberry, it's staff, volunteers, agents or sponsors regarding emergency care, injury, loss, or damage to myself, said participant or property while participating in this sport / activity.

\_\_\_\_\_  
Signature Parent / Guardian

\_\_\_\_\_  
Date