

Kittery Community Center Medical Informational Release Form

Please print clearly in ink and one form per person:

Participant Name: _____ Date of Birth: _____

Street Address: _____ Age: _____ Male / Female

City, State, Zip: _____ Home Phone: _____

Parent/Guardian Name 1: _____ Daytime Phone: _____

Parent/Guardian Name 2: _____ Daytime Phone: _____

Email Address: _____

Name and phone # of **person to be contacted when a parent/guardian is unavailable** in event of an emergency:

Name: _____ Phone: _____

Confidential Nature of Information: The Kittery Community Center will maintain the information supplied in this form on a strictly confidential basis. Upon your completion of this form, any such information will be released to third parties only for the purpose of health care and treatment of the participant.

Allergies - Food, insect, bees, medication, other - please list : _____ none

Medications - Please list any current medications and the condition for which they are taken : _____ none

Past Pertinent History – Heart, Diabetes, Epilepsy, Asthma, etc. - please list below: _____ none

Physical Conditions or Illnesses - Are there any physical conditions, injuries, or disabilities, which might limit physical activities? _____ none

Additional Pertinent Health Care Information: _____ none

Primary Physician - Please provide name, address, phone number and hospital preferences:

_____ **Hospital Preference** _____

Insurance Carrier (if any): _____ Policy# _____

(please see other side for Medical Information Agreement and Release)

Date :

First Name :

Last Name :

Medical Information Agreement and Release

By signing below, I authorize the Kittery Community Center, its authorized representatives and employees, to release any of the above information about the participant as it is necessary to assist in the care and treatment of the participant in the event of injury or illness while at the Kittery Community Center or involved in any Kittery Community Center sponsored activity. I certify that the information provided in this **Medical Information and Release Form** is accurate to the best of my knowledge and belief. I agree to advise the Kittery Community Center in writing to be attached to this **Form**, of any change(s) in the medical condition or circumstances of the participant. I understand and agree that unless the Kittery Community Center authorized personnel hears from me otherwise, it can assume that all medical information appearing on this **Form** or attached sheets hereto is unchanged from the date of this **Medical Information and Release Form** or any attachments. In case of injury, illness, or any other emergency medical event requiring immediate medical attention to the participant, I authorize that the Kittery Community Center, its representatives or employees obtain medical treatment for the participant and to release any of the medical information contained herein to any health care personnel involved in the treatment of the participant. I further understand that participant shall have the primary responsibility for payment of any medical expenses that result from such injury, illness, or other medical event resulting from the participant's involvement in Kittery Community Center activities. If the participant is not insured or the participant's insurance company does not cover all such expenses, it is the responsibility of the participant, his or her parent or legal guardian to deal with this matter.

Participant Signature

Print Name

Date: _____

Parent/Guardian Signature if participant is a minor

Print Name

Date: _____

