



# 2009 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:** (Please check all that apply)

Mental Handicap  Physical Handicap  Wheelchair  
 Down Syndrome  Cerebral Palsy  Autism  
 Developmental Delay  Learning Disability  Other: \_\_\_\_\_

Asthma  Cardiac Disorder  Vision Problems  
 Bleeding Disorder  Continence Problems  Hearing Problems

Epileptic Seizures Description of: \_\_\_\_\_  
 Allergies Description of: \_\_\_\_\_

**Reaction to:**  Motion  Sun  Heat  Medicine: \_\_\_\_\_

**Kind of Diet:**  Regular  Diabetic  Low Sodium  
 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 #: \_\_\_\_\_

**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)*

**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.

