

MISSION OAKS RECREATION AND PARK DISTRICT
Participant Medical Release Form

We the undersigned parents or guardians of _____
do hereby consent to any examinations, x-rays medications and anesthetics and surgical
treatments that may be rendered based on the recommendation that may be made by the
physicians on duty.

It is understood that this consent is given in advance of any accident or illness that requires
diagnosis and treatment and is given to encourage the physicians to use their best judgment and
proceed immediately with any necessary treatment.

The authorization for diagnosis and treatment is valid only if I cannot be reached in case of
emergency and shall remain in effect until revoked in writing.

Parent or guardian Date

Parent or guardian Date

ADDITIONAL INFORMATION

Participant's (Child) name Age Gender Birth date

Participant's (Child) name Age Gender Birth date

IN CASE OF EMERGENCY NOTIFY:

1. _____
Parent or guardian relationship home phone work phone

2. _____
Other (i.e. relative, neighbor) relationship home phone work phone

Insurance Company Type of coverage group number

Person responsible for medical bill Relationship to patient

Participant's (Child) physician Physician's phone number

List any pertinent medical history, allergies to drugs, foods, etc. and any fractures, operations, or
conditions currently affecting health. Use back of page if necessary.

