

**TOWN OF LOUISVILLE
SUMMER RECREATION 2021
Medical Information/Permission Form**

Name: _____

Parent or Guardian's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

If parent or guardian cannot be contacted in an EMERGENCY, notify:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Any pertinent health information:

Any restrictions in activities:

Food restrictions:

| | | | | |
|------------------|-------------------|-------------------|-------------------|------------------------|
| Diseases: | Epilepsy: _____ | Allergies: | Alcohol: _____ | Mosquito Bites: _____ |
| | Diabetes: _____ | | Aspirin: _____ | Calamine Lotion: _____ |
| | Hemophilia: _____ | | Penicillin: _____ | Bee Stings: _____ |
| | | | Fly Bites: _____ | |
| | | | Other: _____ | |

Most recent medical examination by:

Doctor's Name: _____ Date: _____

Doctor's Phone #: _____

My daughter/son: _____ has my permission to participate in all phases of the Town of Louisville Recreation Program. I will not allow her/him to attend should she/he be exposed to any contagious diseases, or if for any reason she/he is not in good physical condition. She/he may receive First Aid as needed while at the event. In an emergency, when either I, or the person named above cannot be reached, I hereby authorize the physician selected by the adult in charge to take any action deemed necessary for the best interest of my daughter/son. During the event I will/will not (Please Circle) be at home.

Date: _____

Signature: _____

INSURANCE RELEASE

Name of Child Attending: _____

In consideration of the Town granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to attend the Summer Recreation Program sponsored by the Town of Louisville. On behalf of my child, I hereby release the Town of Louisville, its officers, employees and agents from any and all liability, claims, damages or expenses sustained by my child in connection with such participation in the program. Further, I recognize that we are living in the time of the covid-19 pandemic and am fully aware of the risks posed by covid-19 and being exposed thereto while in public places and at public events. I hereby, specifically release the Town of Louisville, its officers, employees and agents from any and all costs, liability, claims, damages, sicknesses, injury, expenses and/or death sustained by my child as a result of covid-19 and assume all risks of such exposure on behalf of my child. I further agree to hold the Town of Louisville, its officers, employees and agents harmless and agree to indemnify them from any costs, liability, claims, damages, sicknesses, injury, expenses and/or death sustained by my child as a result of said child's participation in the Summer Recreation Program.

In case of an injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, x-ray, and any needed emergency care. I understand the Recreation Director will try to contact me in case injury occurs.

I have explained to my child that she/he is to obey the Town of Louisville staff and to follow rules and regulations set by them.

IMPORTANT NOTICE: Please be advised that the Town of Louisville’s recreation program is being conducted for the general benefit of the community, entering your child in the program or advising us of any special situations will help in running our program. However, it is impossible for the Town of Louisville to guarantee the health and safety of every child in the program or that all Town employees will have knowledge of each and every special situation. The expense of liability insurance would preclude the Town for having this recreational program for the general benefit of the community if a special relationship was legally established with each child.

PARENT OR GUARDIAN SIGNATURE

Date