



# 2020 L.E.A.P. CAMP MEDICAL/RELEASE FORM

**ONE FORM PER PARTICIPANT IS REQUIRED PRIOR TO PARTICIPATING IN CAMP**

The information on this form will help us to best care for your child. **This information will remain confidential and will only be used in the event there is an emergency.** This form is only required to be filled out once in 2020, it does not need to be filled out each week your child attends camp unless any of the information has changed.

Please submit this completed (2-page) form to the Edmonds Parks, Recreation & Cultural Services Department at least **one week prior to the start of your first week of camp** utilizing one of the following "no contact" drop off options:

1. Mail to: Frances Anderson Center Attn: LEAP (700 Main Street Edmonds, WA 98020)
2. 24-hour "no contact" drop box outside of City Hall (121 5th Ave N Edmonds, WA 98020)
3. Fax forms to: (425) 771-0253

### **PARTICIPANT INFORMATION:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION (if Parent/Guardian cannot be reached):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### **MEDICAL INFORMATION:**

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **ALLERGIES & MEDICAL INFORMATION WE SHOULD KNOW IN CASE OF AN EMERGENCY:**

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

WILL YOUR CHILD BRING MEDICATION TO CAMP? Yes  No

If yes, please list medication (s): \_\_\_\_\_

Note: Camp staff will not be authorized to administer any medication.

### **ADDITIONAL INFORMATION:**

Please share additional information that will help us ensure your child has an enjoyable experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIABILITY WAIVER and PHOTO CONSENT:**

It is important to me that this child be allowed to participate in recreation programs offered by the City of Edmonds Parks, Recreation and Cultural Services Department. I understand that there are certain risks of physical injury, illness or death inherent in this activity, including but not limited to contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including COVID-19, or other harmful consequences which may arise directly or indirectly from my child's participation in the activity. I am aware that it is impossible to eliminate the risk that my child could be exposed to and/or become infected through contact with or close proximity to an individual with a communicable disease. I understand that the Frances Anderson Center, where the camp will take place, is an historic building, and that while this program will make every effort to comply with CDC guidelines during the COVID-19 crisis, it may be impossible to comply with all such guidelines. I understand and agree that I may obtain additional information on CDC guideline compliance by contacting the Recreation Supervisor at (425) 771-0229 and have had an opportunity to do so. Being fully informed as to all of these inherent risks and in consideration of the City's allowing my child to participate in this sponsored and/or co-sponsored activity and/or use of City facilities I, on behalf of myself and on behalf of the above named participant child, knowingly and freely assume all risk of injury, illness, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities, both known and unknown. I further understand that City staff is not permitted to safeguard or administer prescription or non-prescription medication to children, including Tylenol, cough medicine, EpiPens, allergy medicine, sunscreen, etc. If this child takes medication regularly or for a temporary condition, any medication will be brought in the original container and be clearly labeled with the child's name, description of medication, physician and dosage. I further understand that children must be in possession of their own medication and/or sunscreen and must be able to administer it themselves, and that, for medical emergencies, City staff will call 911 and provide emergency first aid under the direction of the 911 emergency medical communications operator. I hereby agree, individually and on behalf of the above-named child and his/her/our heirs, executors and administrators, to release and hold harmless the City of Edmonds, its officials, employees and agents and agree to waive any right of recovery that we may have to bring a claim or lawsuit for damages against them for any personal injury, illness, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity.

I hereby authorize the use of photos/video of above listed participant for marketing purposes:

Agree

Disagree

I have read, understand and agree to the terms as presented above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_