

Medical Information & Waiver Form

Does your child require special care or any disabilities?

Yes

No

If yes, please specify: _____

Is your child currently taking any prescribed medication?

Yes

No

If yes, please specify: _____

Does your child have an existing or previous illness?

Yes

No

If yes, please specify: _____

Has your child been hospitalized in the past 12 months?

Yes

No

If yes, please specify: _____

Does your child have any known allergies to foods, insect stings or medications?

Yes

No

If yes, please specify: _____

In consideration of myself or my child, being allowed to participate in the Austin Junior Golf Academy, Inc, sponsored by the City of Austin Parks and Recreation Department. I, the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable the City of Austin Parks and Recreation Department, its officers, agents and employees; from any and all actions causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her or my property, arising from or resulting from an act or omission, negligent or otherwise, of the City of Austin, the Austin Junior Golf Academy, Inc., and Parks & Recreation Department, Junior Tournaments, its officers, agents and employees or any other person or at any participant in the program while participating in the said activity or while traveling to or from the place at which such activity will be conducted.

YES -- Consent is hereby given for the applicant to participant in the Austin Junior Golf Academy program and permission is given for any emergency medical treatment, operation, or anesthesia, which might become necessary. I agree to be responsible for the expense of medical treatment of service.

Child's Name: _____

Physician Name: _____ Physician's Telephone _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Additional Information or Phone _____