

# City of Albuquerque Parental Permission for Travel, Medical Release, and Waiver Form

**Parental Permission:** For: \_\_\_\_\_ (Name of Child)

I hereby give the City of Albuquerque (the City) permission for my Child (named above) to participate in the *Outdoor Recreation Program* (the Program) and the following specific activity conducted by the Program:  
· \_\_\_\_\_ . City vehicles will be used to transport students

**Medical Release:** I authorize the City staff to act on my behalf if medical treatment for my Child is necessary. In the event of illness or injury to my Child. I authorize the City to obtain medical treatment for my Child and authorize medical services to be provided under the medical insurance identified below, or if none, at the expense of the Responsible Party identified below.

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**Liability Waiver.** I agree to hold the City harmless for any injury or medical or other health care problem my Child may incur during my Child's participation in the Program and the Activity. I agree to pay all medical cost related to any injury or illness that my Child may incur during my Child's participation in the Program and the Activity. I further agree that the City shall not be responsible for payment of medical services for my Child and acknowledge and agree that any City insurance that may exist does not cover my Child's medical costs.

**Medical Information:** Medical insurance that provides health care coverage for my Child is shown on the attached health insurance card\*. The following is a list of all medical problems, allergies, medications being taken, and restrictions due to my Child's health condition: \_\_\_\_\_  
\_\_\_\_\_

My Child **may not** take the following medications: \_\_\_\_\_

My Child's physician is: Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_  
Address/City)

**Responsible Party:** Identify who is the responsible party for payment of health care for the Child. Provide this information in addition to providing the medical insurance card. Provide this information even if there is no medical insurance.

Responsible Party: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Medical Care Contacts:** List at least two people the City may contact in the event the City determines that the Child is in need of medical care or if the Child requests medical care:

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**Authorization to Release Child:** In the event my Child requires medical care, as determined by the City or requested by the Child, I authorize the City to release my Child to the custody of any one of the people named above as Medical Care Contacts.

Signature: \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Parent or Guardian signing above: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Insurance cards change periodically, copy the card for each trip, do not use previous copies on file.

Return to: 1801 4<sup>th</sup> St NW 87102-1425

## Instructions Concerning Waiver Forms for Children in City Programs

1. **Who Is a Child.** A Child is anyone under 18 years of age. If there is any question about age, require proof of age including a birth certificate or government issued photo identification card.
2. **The Program:** The Program is the name of the City program in which the Child participates. If there is more than one program, please list all such programs on the waiver forms or fill out a form for each Program.
3. **The Activity.** When listing a specific activity, specify the type of transportation such as public bus, airline, or train, or specify if private or City owned or leased vehicles are being used. Risk Management does not want transportation to be provided except by public transportation companies.
4. **Activity Dates.** When listing the dates of the Activity include travel dates.
5. **Medicine.** When listing medications being taken, identify prescription drugs. You may want to take precautions to prevent other children from taking prescription drugs away from the child for whom they are prescribed.
6. **Responsible Party.** The responsible party may or may not be the parent or guardian signing the form. If there is no insurance or responsible party other than the parent signing the form, then the parent or guardian signing the form should be listed as the responsible party.
7. **Medical Care Contacts.** Medical care contact listings should be only people who can be reached by phone because the purpose of section is to identify who can pick up the child when necessary.
8. **Health Insurance Cards.** Do not use previous copies of health cards. Require the current health insurance card for each trip, checking to make sure the child's name is on the card and that the doctor's name on the card is the same as shown on the permission and medical release form.
9. **Additional Information.** Use a second copy of the Form for any information that will not fit on the initial form. For instance, you should allow the listing of more than two people for emergency contact when provided.
10. **Release of Child.** Custody of the Child should not be released to the Responsible Party unless that person has also been listed as a medical care contact. Also, if the parent or guardian signing the form provides you with a Court Order specifically prohibiting a parent (whether relatives or other people) from having contact with the Child, you should make a special note of this situation, copy the court order and inform staff not to voluntarily release the Child to such people. If the Court order is not clear or the person listed in the Court Order is also listed as a Medical Care Contact, you should obtain review by the City Attorney's Office.