



# Albuquerque Parental Permission for Travel, Medical Release, & 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.

**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: \_\_\_\_\_ Cell 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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