



Heroes Of Tomorrow Summer Camp

MEDICAL INFORMATION



THIS FORM MUST BE SIGNED AND COMPLETED IN FULL TO VALIDATE REGISTRATION

Please list all known allergies:

Please list any medical conditions HOT Camp facilitators should be aware of:

List any medications your child will be administered the day of the camp:

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for any injury or illness that may occur to myself or my child due to participation in this activity or service. I agree to indemnify and hold the City of Longview, the Community Services Department, and /or school district and its representatives, successors, employees, and volunteers harmless from any liability, loss, cost, or expense (including attorney's fees, medical, and ambulance costs) that may incur while participating in Community Services activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/ parent/ guardian. **Permission is given for my child to have his/her picture taken by Partners in Prevention and the Longview Fire Department for the purpose of promoting the Heroes of Tomorrow summer camp.**
_____(initials please)

Parent or Guardian Name (If under 18 yrs) _____

Signature _____

Date _____