



**Papillion Fire Department
Fire Safety Kid's Camp
Medical and Liability Release Form**

Child's Information

Name: _____ DOB: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

In an EMERGENCY, notify: _____ **Emergency Contact Phone:** _____

Health History

Allergies:	Food/Insect/Other	Medications: Y / N	Other: _____
Conditions: (circle)	Heart Epilepsy Physical handicap	Asthma Hay Fever	Diabetes Other

Please provide further information on medical needs or concerns:

Are there any medications that need to or could be administered during camp hours?

In the event that I, the Parent or Guardian, cannot be reached in an emergency, I hereby give my permission to the Papillion Fire Department to transport my child for medical care, and to the physician or dentist selected by the Papillion Fire Department to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Every activity sponsored by the Papillion Fire Department is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume all risks and hazards inherent in the fire safety camp. They also agree to not hold the City of Papillion, its employees, or volunteer assistants liable for damages, losses, or injuries to the person or property of the undersigned. The parent or guardian understands that they are signing for the minor listed on the form and the signature is for both medical and liability release.

Parent or Guardian Name (please print): _____

Parent or Guardian signature: _____ **Date:** _____