CITY of NORTH OLMSTED
Parks & Recreation

Medical Release Form
Child's Medical Information

Child's Name (Required): _____

Birthdate (Required): _____

Gender (Required):
(Select only one option) ☐ Female ☐ Male

Primary Contact (Required): _____

Relationship To Child (Required): _____

Cell/Home Phone (Required): _____

Work Phone: _____

Secondary Contact: _____

Relationship To Child: _____

Cell/Home Phone: _____

Work Phone: _____

List Allergies: _____

_____

_____

List special precautions or treatment for allergies: _____

_____

_____

_____

List any medications currently being administered: _____

_____

_____

_____

Emergency Contact

In case I cannot be reached, the following person/persons is/are designated to act on my behalf.

Name (Required): _____

Relationship To Child
(Required): _____

Cell Phone (Required): _____