





**Skateboard Park Medical Information Form  
City of Sammamish**

Skater's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Phone # \_\_\_\_\_

Physician to be called in case of emergency \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_ Regular Medication \_\_\_\_\_

Medical Problems \_\_\_\_\_ Learning Difficulties \_\_\_\_\_

Recent Injuries (within last year) \_\_\_\_\_ Contact Lenses Worn? \_\_\_\_\_

Past injuries, illnesses or sports limitations the city should be aware of:

**PARENT RELEASE**

As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Parks Department to send the above-named student to the hospital or doctor most accessible.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**Must be signed in front of Parks Department Staff**

**STAFF:** \_\_\_\_\_