



**July 4th FUNFEST Eagan Funfest Ambassador Program**

**Health & Medical Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

History of Medical Concerns: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship to the Candidate: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Family Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Holder Insurance ID: \_\_\_\_\_ Group #: \_\_\_\_\_

**Informed Consent, Release Agreement, and Authorization**

I understand that participation in Eagan Funfest Ambassador Activities (“Activities”) involves the risk of personal injury. Information about these Activities may be obtained from the Funfest Ambassador Leadership Committee (“Committee”). I also understand that participation in these Activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the above named parent/guardian and/or individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that these people cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Committee volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Activities.

With appreciation of the dangers and risks associated with programs and Activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Eagan Funfest Ambassador Leadership, The Eagan’s July 4<sup>th</sup> Funfest Committee, the Activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or Activity.

Participant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If participant is under the age of 18)*