

**COBB COUNTY PARKS**  
**THERAPEUTIC RECREATION SERVICES**  
**Participant Medical Information**

Revised 07.2022

This form will expire in two years.

Date \_\_\_\_\_

**It is imperative that you notify us of any changes in condition or medications during the year.**

If registering more than one participant, **please** complete a separate form.

**This form must be completely filled out before we will register the participant.**

**Participant Information**

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Caregiver Contact Name \_\_\_\_\_ Caregiver Number \_\_\_\_\_

Alternate Emerg Contact \_\_\_\_\_ Alternate Emerg Number \_\_\_\_\_

**Circle All That Apply:**

Mild Intellectual Disability	Moderate Intellectual Disability	Severe Intellectual Disability
Profound Intellectual Disability	Emotional & Behavioral Disorder	Specific Learning Disability
Orthopedic Impairment	Hearing Impairment	Visual Impairment
Speech-Language Impairment	Autism	Pervasive Developmental Disorder
Traumatic Brain Injury	Attention Deficit/Hyperactivity Disorder	Seizure Disorder
Attention Deficit Disorder	Fragile X Syndrome	Epilepsy

**Please circle the correct response(s), complete each category and list any other information you feel Cobb County PARKS should be aware of to provide safe and enjoyable activities.**

**MEDICAL CONDITIONS:** Diabetes Shunts Braces/Canes/Walker Hearing Aid Ear Tubes Catheter  
Needs Interpreter Glasses Wheelchair (type) \_\_\_\_\_

**COMMUNICATION:** Verbal Communication Non-verbal Communication

**ALLERGIES** (specific) \_\_\_\_\_

**SEIZURES:**

How are seizures controlled? \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Type of Seizure: \_\_\_\_\_

Desired Treatment: \_\_\_\_\_

**MEDICATION:** Please complete the attached form so Cobb County PARKS has a record of all medications, in case of an emergency. *For participants needing more assistance than a reminder to take prescribed medication, please check \_\_\_\_\_. A permission form must be obtained, signed and returned to Cobb County PARKS for staff to assist. Contact Cobb County PARKS to obtain a form.*

**DOCTOR'S NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SAFETY:** Cobb County PARKS is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. Cobb County PARKS continually strives to reduce such risks and provides safety rules and instructions to protect participants.

**INSURANCE:** Cobb County PARKS carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive; therefore, it is the responsibility of each individual or family to **provide their own medical insurance**. Cobb County PARKS must have the following information, however, in case of an emergency.

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

**Cobb County PARKS provides an approximate 1:4 staff to participant ratio.** Please note if participant requires a closer ratio and why: \_\_\_\_\_

**Inappropriate Activities:** \_\_\_\_\_

**Areas/goals** for the instructor to work toward: \_\_\_\_\_

**Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to leave for home on own, etc.)** \_\_\_\_\_

**IS A BUS AIDE REQUIRED?** Yes \_\_\_\_ No \_\_\_\_ If yes, explain why: \_\_\_\_\_

**SWIM INFORMATION:** Beginner \_\_\_\_ Advanced Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_ Diving \_\_\_\_

**TOILETING ASSISTANCE:** Yes \_\_\_\_ No \_\_\_\_ If yes, explain why: \_\_\_\_\_

**OTHER HELPFUL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

**Photo permission for Cobb County PARKS publicity purposes:** Yes \_\_\_\_ No \_\_\_\_.

RELEASE AND HOLD HARMLESS AGREEMENT  
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County PARKS, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County PARKS to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless Cobb County PARKS, Cobb County Recreation Commission, Cobb Arts Commission, Cobb County Board of Commissioners and Cobb County, Georgia, and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County PARKS. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ (Signature of **Participant**)

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ ( **Parent** or **Guardian**)

**NOTE: Signature of participant *and* parent/guardian are both** required if participant is **under age 19** or is registered for a program for the mentally or physically disabled, or other special population member.

**In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff that work with the program/facilities aware so that we can reasonably accommodate your need.**