



EXETER PARKS & RECREATION MEDICAL RELEASE FORM

Please return to:

**Exeter Parks & Recreation
Department
32 Court St.
Exeter, NH 03833
Phone: 773-6151
Fax: 773-6152**

I, _____ (Parent/Guardian's Name) hereby give permission for Exeter Parks & Recreation Department of 32 Court St. Exeter, NH to consent to, in my absence and absence of other legal guardian, any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of a recognized medical facility, under the general or special supervision of a licensed physician or surgeon until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Checking this box acknowledges that I have read and agree to the waiver.

Please type your name to confirm. _____ DATE: _____

Child's name: _____ Age: _____ D.O.B. _____

Primary Contact: _____ Work/Cell number: _____

Secondary Contact: _____ Work/Cell number: _____

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

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

PHYSICIAN: _____ PHONE: _____

INSURANCE CARRIER: _____ POLICY NUMBER: _____

ALLERGIES: _____

IF ALLERGY, WHAT IS THE REACTION? _____

THE TREATMENT FOR ALLERGY EXPOSURE? _____

MEDICATIONS: _____

TETANUS (DATE GIVEN): _____

ANY OTHER INFORMATION STAFF/VOLUNTEER OF EXETER PARKS & RECREATION DEPARTMENT SHOULD BE MADE AWARE OF?
(MEDICAL, FAMILY, DEVELOPMENTAL)

Note: If you need to provide more information than space allows please use the back of this form or attach a separate sheet and indicate that there is more "over" or "attached".

Note: All forms will be kept on file. Please review before each program to assure the information is correct.

Thank you for completing this form, it will be in the possession of your child's coach/staff member in the event of an emergency.