

RUTHERFORD RECREATION
Emergency Contact and Medical Release

| | | |
|--------------------------|---------------|----------------------------|
| Child's Name | Date of Birth | M F Sex |
| Parent's/Guardian's Name | | Parent's/Guardian's Name |
| Home Phone | Work Phone | Home Phone Work Phone |
| Email Address | | Email Address |
| Address | | Address |
| City, ST ZIP Code | | City, ST ZIP Code |

Alternative Emergency Contacts

| | |
|---------------------------|-----------------------------|
| Primary Emergency Contact | Secondary Emergency Contact |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Address | Address |
| City, ST ZIP Code | City, ST ZIP Code |

Medical Information

Hospital/Clinic Preference

| | |
|-------------------|---------------|
| Physician's Name | Phone Number |
| Insurance Company | Policy Number |

Please list any allergies/medical problems/conditions, behavioral issues, including those requiring maintenance medication:

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
| | | | |
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Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

| | |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|