

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	Work Phone	Home 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, diagnosis, behavioral issues, including those requiring maintenance medication:

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

Parent's/Guardian's Signature	Date
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