



Emergency Information

Please print and complete for Child.

Name _____ Birth Date _____
First Last

Address _____ Home Phone _____
Street City

NY _____ **Parent's/Guardian's Park ID#** _____
State Zip

o **Father's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

o **Mother's / Guardian's full name:** _____

Work phone: _____ Cell phone: _____

Email: _____

o Child lives with: ___ Parents ___ Father ___ Mother ___ Guardian ___ Other

Every effort will be made to contact parent first unless otherwise specified _____

o **Emergency contact name:** _____ **Phone:** _____

Medical Information & Liability Release

MEDICAL INFORMATION:

o Family physician's Name _____ Phone _____

o Date of last tetanus shot: _____

o **Allergies**, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Animal _____ Other _____

o My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact the emergency contact person or me. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless the Monroe Joint Park Recreation Board, the Town and Village of Monroe, their employees, and volunteer staff from any liability. I give my permission for my child's photo to be taken and submitted/posted/used in conjunction with any of Smith's Clove Park's informational advertisement.

_____ Date _____

Signature of Parent or Legal Guardian

