EMERGENCY MEDICAL AUTHORIZATION
SEVEN HILLS COMMUNITY RECREATION CENTER

Student's Name _____
Last First Initial

Address _____ Phone _____

School Attended _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Recreation Department authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT or GUARDIAN

Mother's Name _____ Daytime Phone_____ Cell Phone _____

Father's Name _____ Daytime Phone_____ Cell Phone _____

Other's Name _____ Daytime Phone_____ Cell Phone_____

Name of Relative or Childcare Provider _____ Relationship _____

Address _____ Daytime Phone _____ Cell Phone_____

PART I or PART II (Must Be Completed)

~ PART I - TO GRANT CONSENT ~

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____

Date _____ Signature of Parent/Guardian _____

~ PART II REFUSAL TO CONSENT ~

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Recreation Department authorities to take the following action:

_____

_____

Date _____ Signature of Parent/Guardian _____

SEVEN HILLS COMMUNITY RECREATION CENTER
HOME COMMUNICATIONS CARD
Please Complete ALL Items

Participant's Name _____
Last First Middle

Date of Birth _____

Address: _____

Home Phone _____ Unlisted? _____Yes _____No

Your child will ONLY be released to the following people unless the Recreation Center Management is otherwise notified in advance.

1. PARENT / GUARDIAN TO BE CONTACTED FIRST:

   Name _____ Daytime Phone _____

   Secondary Phone _____ Cell Phone (if not already listed) _____

   Address _____

   RELATIONSHIP TO CHILD: _____ Parent _____ Step-Parent

   _____ Guardian _____ Grandparent _____ Other

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2. SECOND PERSON TO BE CONTACTED:

   Name _____ Daytime Phone _____

   Secondary Phone _____ Cell Phone (if not already listed) _____

   Address _____

   RELATIONSHIP TO CHILD: _____ Parent _____ Step-Parent

   _____ Guardian _____ Grandparent _____ Other

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3. THIRD PERSON TO BE CONTACTED:

   Name _____ Daytime Phone _____

   Secondary Phone _____ Cell Phone (if not already listed) _____

   Address _____

   RELATIONSHIP TO CHILD: _____ Parent _____ Step-Parent

   _____ Guardian _____ Grandparent _____ Other