Emergency Information Sheet

THIS FORM IS REQUIRED FOR ALL YOUTH PROGRAMS

_____ M F _____
Child' Name: First, Middle Initial, Last Sex (circle) Date of Birth

_____
Address Home phone

_____
Mother's/Guardian's Name Work Phone

_____
Father's/Guardian's Name Work Phone

_____
Doctor's Name Doctor's Phone

_____
Insurance Provider Policy #

_____
Subscriber's Name

Medical Information
Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

_____

_____

Behavioral Information
Please note any special recommendations/goals which would be help for the staff to understand

_____

_____

Emergency Information
In case of an emergency, who should be contacted if a parent can't be reached. We must have TWO other people to call upon.

_____
Emergency name 1 Telephone

_____
Emergency Name 2 Telephone

Please call Recreation Office if any information changes. Attach additional sheet if needed for further information.

Parental Consent & Parent/Guardian Release Form
I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Ipswich Recreation Department.

On behalf of myself and my child I also agree to forever release the Town of Ipswich and all of their employees, agents, officials, board members, volunteers, and also any and all individuals and organizations assisting or participating in programs of the Recreation Department ("The Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past , or arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the voluntary programs of the Ipswich Recreation Department.

On behalf of myself and my child, I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past or may be asserted in the future arising directly or indirectly from my child's participation in voluntary programs of the Ipswich Recreation Department

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in such programs. By signing this Form I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

_____
Parent'/Guardian's signature Date

_____
Please Print Name

Note: Occasionally the Recreation Department photographs or video tapes programs and activities for promotional use. Unless the participant or parent/guardian informs us of their desire not to be photographed, the Recreation Department will use photographs or video tapes for their promotional purposes.