

EXETER PARKS & RECREATION DEPARTMENT
32 COURT STREET EXETER NH, 03833
PHONE: 778-0591 EXT:151 FAX: 773-6152

* **CONSENT FORM FOR TREATMENT** *

I, _____ hereby give permission for Exeter Parks & Recreation Department Of 32 Court St. Exeter, NH to consent to any and all emergency medical attention that is necessary, in the event of my accident, Injury, sickness, etc., under the direction of a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I also assume the responsibility for the payment of any such treatment.

SIGNATURE _____ DATE: _____

Name: _____ Age: _____ D.O.B. _____

Home Phone: _____ Work/Cell/Pager number: _____

Home address: _____ Work location: _____

The following person/persons is/are designated to act on my behalf.

Name: _____ relationship: _____

Home Number: _____ Cell/Pager Number: _____

PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

INS. INFORMATION: CO: _____ NUMBER: _____

KNOWN ALLERGIES: _____

MEDICATIONS: _____

TETANUS (DATE GIVEN): _____

ANY OTHER INFORMATION STAFF/VOLUNTEER OF EXETER PARKS & RECREATION DEPARTMENT SHOULD BE MADE AWARE OF? (MEDICAL, FAMILY, DEVELOPMENTAL)

Note: If you need to provide more information than space allows please use the back of this form or attach a separate sheet and indicate that there is more "over" or "attached"

Note: Due to the fact that we do NOT keep your medical form on file here at the Recreation Department we require you to fill this form out **BEFORE** the start of the program.

Thank you for completing this form, it will be in the possession of your child's couch/staff member in the event of an emergency.