

**EXETER PARKS & RECREATION DEPARTMENT  
32 COURT STREET EXETER NH, 03833  
PHONE: 773-6151 FAX: 773-6152**

**\* PARENTS CONSENT FORM FOR TREATMENT OF MINOR \***

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for Exeter Parks & Recreation Department of 32 Court St. Exeter, NH to consent to in my absence and absence of other legal guardian, any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of a recognized medical facility, under the general or special supervision of a licensed physician or surgeon until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

SIGNATURE OF PARENT \_\_\_\_\_ DATE: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell/Pager number: \_\_\_\_\_

Home address: \_\_\_\_\_ Work location: \_\_\_\_\_

In case I cannot be reached, 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)

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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 child's 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 coach/staff member in the event of an emergency.