

City of Vandalia Department of Parks and Recreation
Emergency Medical Authorization Form

Participants Name

Address

Telephone

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, when parents or guardians cannot be reached.

- Part I Or II MUST Be Completed -

Part I: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone no.) or _____ (other parent or guardian) at _____ (phone no.) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), 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 _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) 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, medications being taken, and any physical impairments, to which a physician should be alerted:

Date

Signature of Parent or Guardian

- Do Not Complete Part II If You Completed Part I -

Part II: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action

OR

Date

Signature of Parent or Guardian

**City of Vandalia Department of Parks and Recreation
Acknowledgment of Risk Form**

Program/Activity: _____

Participant Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Other) _____

Program Instructor: _____

The nature and scope of the program/activity listed above has been explained to me by the Instructor/administrator, and I understand that there are risks and dangers associated with this program/activity. I understand that it is not possible for the City of Vandalia, its employees, agents, operators or the Instructors, to guarantee the complete safety of this program/activity.

While participating in the program/activity minor injuries such as strains and sprains may occur as well as the possibility of a more severe injury such as torn ligaments or broken bones may occur.

I also understand that each participant has the responsibility to exercise due care in performance of this program/activity for the safety of herself/himself and of the other participants.

In consideration of _____, being permitted to enroll and participate in the activity, I hereby release and hold harmless the City of Vandalia, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, expenses for any harm, injury, damage, suit or loss which maybe sustained as a result of, or relating to participation in this program/activity.

In witness whereof, I have executed this liability release of my own free will on this _____ day of _____, 20____.

Participant

Date

Parent or Legal Guardian
Participant is under 18 years of age.

Date

**City of Vandalia Department of Parks and Recreation
Confidential Medical Record**

Program/Activity: _____

Participants Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Other) _____

Emergency Contact Name and Phone: _____

Participant Age at Last Birthday: _____

Physician: _____

Hospital of Choice: _____

General Health (Please Check):

Excellent Good Fair Poor

Approximate Date of Last Physical: _____

Is participant currently taking medication? If yes, name prescription and purpose for taking:

Does Participant Have Allergies? YES or NO

If Yes, What Are You Allergic To: _____

Any Other Medical Problems The Coach/Staff Should Be Aware Of:

The City of Vandalia Department of Parks and Recreation reserves the right to restrict participation in programs/activities based upon risk.

Parent/Guardian Signature

Date