LAWRENCE TOWNSHIP RECREATION DEPARTMENT

PARENTAL PERMISSION AND MEDICAL DATA FORMS

I hereby give permission for my child _____ to participate in the Lawrence
Please print child's name

Township Recreation Department _____ Program. I also give permission for my child to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent.

MEDICAL INFORMATION AND DATA

Date of Birth _____ Age _____

Health Insurance (name & number) _____

_____

Child is allergic to the following _____

_____

Special medical problems of child _____

_____

Hospital Preference _____

Emergency Contact _____ (_____) Phone _____
Relationship

Relative Name _____ Phone _____

My child is permitted to: ride a bicycle home ____ Yes ____ No

walk home ____ Yes ____ No

Signature _____ Date _____

Name (printed) _____

Address _____

Home phone _____ Work phone _____

PLEASE COMPLETE AND RETURN TO INSTRUCTOR/COACH