

**Village of Evendale  
Recreation Department  
Emergency Medical Form**

**Participant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

My child has permission to participate in the \_\_\_\_\_ through the Evendale Recreation Department. I understand that the Village of Evendale, Chaperons or the Recreation Department will not be responsible for any accidents or injuries that may occur while participating in this program.

I authorize emergency medical treatment if I am unable to be reached at the following numbers:

**Home** \_\_\_\_\_

**Mother's Work** \_\_\_\_\_

**Father's Work** \_\_\_\_\_

**Cell #1** \_\_\_\_\_ **Cell #2** \_\_\_\_\_

If I am unable to be reached, please contact the following people:

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Cell** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*Please list any allergies or special medical information that should be known if a problem does arise:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_