



## Warsaw Recreation Medical Release

Players Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

### **Part I or II must be completed before your child will be allowed to participate in program**

#### **Part I**

Contacts

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

In the event reasonable attempts to contact any of the above have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

or in the event the designated preferred practitioner is not available by another licensed physician or dentist: and

(2) the transfer of 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.

Fact concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardians signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Do not complete Part II if you completed Part I**

#### **Part II: Refusal of 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 person that represents the recreation program take no action or to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardians signature \_\_\_\_\_