

North Ridgeville Parks & Recreation: Medical Release Form

Child's Medical Information

This form only authorizes the City of North Ridgeville Parks and Recreation Department to secure emergency transportation for a child. This form DOES NOT authorize or guarantee treatment upon arrival at the designated source of emergency medical facility as each emergency facility sets their own treatment procedures.

Child's Name (Required): _____

Birthdate (Required): _____

Gender (Required):

(Select only one option)

Female

Male

Primary Contact (Required): _____

Relationship To Child (Required): _____

Cell/Home Phone (Required): () - _____

Work Phone: () - _____

Secondary Contact: _____

Relationship To Child: _____

Cell/Home Phone: () - _____

Work Phone: () - _____

List allergies:

List special precautions or treatment for allergies:

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List any medications currently being administered:

Emergency Contact

In case I cannot be reached, the following person/persons is/are designated to act on my behalf.

Name (Required): _____

Relationship To Child (Required): _____

Cell Phone (Required): () - _____

Physician Information

Physician (Required): _____

Phone (Required): _____

Insurance Carrier: _____

Policy Number: _____

Permission To Transport

I give the City of North Ridgeville Parks and Recreation Department permission to have the above listed child transported for emergency medical care to the doctor or clinic listed on this form or the nearest available source of assistance.

Signature (Required): _____

Date (Required): _____