

**EMERGENCY MEDICAL FORM**  
**Hancock Park District**

**Return to:**  
**Hancock Park District**  
**1424 E. Main Cross St., Findlay, OH 45840**

**Program(s)/Camp(s) attending:** \_\_\_\_\_

**PLEASE PRINT:**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number(s) (where parent/guardian can be reached during camp hours):  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Alternate person to contact in case of emergency: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Emergency Medical Authorization – Consent for Treatment of a Minor**

Hancock Park District will make every reasonable effort to contact parent(s) or legal guardians of children left in our care before authorizing any medical treatment. In the event that the above named child has an accident and the HPD staff cannot contact me, I give permission to have the child properly cared for by the personal physician and dentist and/or authorize the treatment and/or hospitalization of my child by an emergency medical physician on staff at \_\_\_\_\_ (hospital/clinic preference) in case of any accident or illness that may arise during my/our absence or availability.

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Childs' Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Childs' Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any health problems, allergies, or disabilities? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Last Tetanus or DPT: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Any Special Medications? \_\_\_\_\_

**Permission to Pickup Child**

Other than myself, \_\_\_\_\_, the following people have permission to pick up my child.

Please list up to three persons who have permission to pick up your child.

Please remind them that **they will be asked to present a photo I.D. BEFORE leaving with the child.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Permission to Participate**

I have read the program information and understand it clearly. My child has my permission to participate in all scheduled activities. I understand that the Hancock Park District does not furnish accident insurance and all medical bills are the responsibility of the parent or guardian.

Signature (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_